Fight On

The story of AIDS at Columbia  by Will Hughes

Rediscover the art of the New York City subway system, pg. 14
FIGHT ON

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Names on the cover are part of the Columbia University AIDS Memorial updated online by GABLES-CU.

CONTENTS

03 EYESITES

04 On the Market Shayna Orens

05 Work in Progress Laura Booth

06 The Politics of Pussy Riot Andrea Garcia-Vargas

ART

12 Art Underground Frances Corry

IDEAS

13 College.com Julien Hawthorne

20/20

14 On Flo Rida and P.J. Sauerteig

Gregorian Chants F No, FNO Anneliese Cooper

VFH

15 Driver’s Ed Zoe Camp

LETTER FROM THE EDITOR

In the summer of 1992, in the midst of the Bush-Clinton election race, Newsweek published a cover designed by Barbara Kruger that asked in her signature bold red banner, “Whose Values?” The values in question were, of course, “family values,” the moral majority beliefs that dominated political discourse—and, in many ways, still do.

Kruger’s simple, disruptive question rings especially true today, as a debate over “values” once again clouds a presidential election. The barrage of shocking comments in the past several months concerning women’s health, abortion, and birth control from politicians, pundits, and the public alike have turned into an all-out War on Women.

When Rush Limbaugh called a Georgetown student a “prostitute” and a “slut” for testifying in front of Congress about contraception, it wasn’t that surprising (because really, nothing he says surprises me anymore)—but by the time Paul Ryan classified rape as just another “method of conception,” I wondered, as I’m sure many did, how this could be happening in 2012. Forty years after Roe v. Wade and the sexual and feminist revolutions, how could conservative morals still have sway over my health care?

Then and now, the medical is inextricably bound up with the moral. In this way, the controversy concerning women’s health is similar to the response to the AIDS crisis of the 1980s—a tragic example of how some people’s beliefs can influence other people’s health and well-being. While thousands of men were dying of an unknown illness, politicians remained caught up in moral quandaries over diverting resources to a so-called “gay disease.”

In this week’s lead story, Will Hughes discusses the history of AIDS at Columbia—in particular, the Gay Health Advocacy Project, organized in 1985 to provide information and support for gay men facing an epidemic alone. Today, GHAP still provides HIV testing, treatment, and counseling on the fourth floor of John Jay.

Because of organizations like GHAP and other seminal activist groups, the issues surrounding HIV/AIDS no longer pose so serious a threat to gay men. Still, our current political climate reminds us that, in many ways, the fight is far from over.

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I woke up with a fever, and a headache behind my eyes, and within three days I had lost 10 pounds, and I was sweating all the time and itchy all the time. And I knew what was going on. I had read enough WebMD pages to know that those were the signs.”

Andrew is a gay male graduate student at Columbia. About a year ago, he moved to New York from Los Angeles to pursue a master’s degree. In Los Angeles, he had started having anonymous sex, sometimes protected and sometimes not, and using crystal meth, a drug that goes hand in hand with sex in certain segments of the gay community. Throughout this, HIV was always on his mind. In West Hollywood, the gay enclave of Los Angeles, billboards about getting tested are ubiquitous, and when having sex, conversations beforehand about one’s HIV status are the norm.

“It was always on my mind. Just by being homosexual, I have HIV. It was something I always worried about. And it was just this major cause of anxiety.” When Andrew moved to New York, he started having more and more anonymous sex, and using more crystal meth. During the break between fall and spring semester of the last academic year, he went on a two-week binge, culminating in an incident that left him determined to change his habits.

Two weeks after that, he woke up with a fever and realized he should get tested.
**IN FOCUS**

In 1982, what eventually became known as AIDS was first documented in Los Angeles, when five gay men died of a form of pneumonia. By 1983, AIDS had spread to every major city in the country, killing over 20,000 people in the United States and 3,000 more internationally. In those four years and those few dozen cases, the response to this new disease was entirely reflected in the demographics of the era. AIDS was most commonly identified in men, as well as numerous drug users and racial minority groups. It was a public health crisis that was not, as we are reminded, an infectious disease. In the conservative climate of the 1980s, were not viewed favorably. A government directed its budget cuts toward President Ronald Reagan gave very little support to AIDS research, and high-level administrators overruled the top scientists who tried to invest in antiviral research that stood a chance of wiping out "gay disease." Until mid-1983, even the Committee on Disease Control and Prevention, which had a budget cut, was funded, was hesitant. Now, historians are considering its role in the public mind. The story of the creation of the federal government's AIDS program can be told in one of the most personal and proud ways to accomplish the goals set by the Hyde Amendment. Women's groups were formed, and men became involved in the gay community. When AIDS was diagnosed, men and women who were HIV-positive were forced to do so by the public.

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In the mid-1980s, AIDS became a global issue, with the number of cases in the United States surpassing those in any other country. By 1987, the number of cases worldwide had surpassed 500,000. The disease had spread to every continent, and it was clear that a global response was needed. The United Nations declared 1988 as the International Year of the People Living with HIV/AIDS. The focus of the year was on raising awareness and funding for research and treatment.

In the United States, the response to AIDS was slow and hesitant. The Reagan administration was wary of the disease and its potential to disrupt the conservative agenda. The federal government was slow to respond, and funding for research and treatment was limited. It wasn't until the mid-1980s, with the election of President Bill Clinton, that the government began to take the disease seriously. The National Institutes of Health were established, and funding for research was increased. The first AIDS conference was held in 1985, and it was attended by scientists from around the world. The conference was a turning point in the history of the disease, as it marked the beginning of a global effort to understand and treat AIDS.

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**IN A TIME WHEN GAY MEN WERE DINING CONSTANTLY AND UNPREDICTABLY, GAHP BECAME A WAY TO FIGHT BACK AGAINST BOTH THE DISEASE AND THE MORALISM THAT DOMINATED THE CONVERSATION.**

The same afternoon he woke up with a fever, Andrew went to rest with a CHAP advocate at Columbia's Health Services. They talked through the mechanics of the test and assessed his risk, and for the first time, Andrew told someone what he had been doing. His experience of telling the story to his friend was finally over. He had his blood drawn and went home, still shaken. Andrew came back the next morning and met with Donald Chiarilli, the coordinator of GAHP. They talked, just as the initial interview, about what he had done and how he was feeling. Similar to the first meeting, he left an interview and someone wanted to talk to him. Andrew then sat down with doctor in the Health Services, who preferred to call someone else. He never was told anyone had been called to keep someone else informed. The doctor told him he was HIV-positive.

"(What) my next reaction was almost laugh, like what do you want to think going to happen. You spend all this time stressing over this thing, getting this disease, didn't have to worry about (it)." Andrew realized too late that he should have been concerned about his own health, but he had never thought about it. He was shocked and didn't know what to do.

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That day, he spoke to Daniel again and, the next day, saw Dr. Steven Radowitz, one of the preeminent HIV doctors in the city, and began taking medication. Andrew also had an appointment that day with Laura Pinsky, who still works as a social worker in Counseling and Psychological Services. They immediately began to work together in therapy to process what had happened, work that would continue for a number of months.

The day he found out, Andrew told one person. Tom was a man he had met a few weeks before, right after the end of the binge, and they had gone on a few dates. They hadn’t had sex, but they had been physically together enough so that Andrew felt Tom should know. It was also clear that they were romantically interested in each other, and the fact that they had plans for that night did not leave Andrew with much time to mull things over.

In the moment he told Tom, he was sure that it would be the end of the relationship. Instead, he found the opposite reaction. Tom didn’t express concern about the ramifications for his own health; he only asked how Andrew was processing everything. Andrew describes “this beautiful kindness that was shocking to me, that same kindness that I was getting out of Daniel and Laura.” While there were many uncertainties moving forward, his first experience telling someone had gone unexpectedly well.

Due to the lack of consolidated information on AIDS, by 1986, GHAP advocates were among the most knowledgeable people on campus about the disease. Meetings of the AIDS committee were contentious, although never adversarial, and influenced frequently by emotions and political concerns rather than science and public health. A senior professor who sat on the committee expressed discomfort with the possibility of his son living with a student with HIV, despite knowing that impossibility of casual contact transmission was impossible. Pinsky and Douglas prepared a report for the committee based on the research they had been doing for GHAP; that outlined basic transmission information as well as what to do if you were positive. Almost all the literature that was coming out at the time assumed that its reader had tested negative, meaning the narrator was ignoring those who needed the information most. Furthermore, Douglas’s own HIV status and his presence on the committee was a constant reminder that AIDS was not a disease that happened only to other people, but instead permeated the walls of the ivory tower.

This report was eventually published and distributed to all undergraduates. The booklet was undeniably informative, and very soon after its distribution, the committee was inundated with requests from various other Columbia offices for copies. Repackaged as being authored by “The Columbia University AIDS Committee,” thousands of copies were distributed free of charge.

In an internal letter to the president of the University, Michael Sovern, Mullinix wrote, “While we are not eager to have the University closely identified with a controversial issue such as AIDS, we believe that a substantial public service can be effected.”

Shortly after the success of the Columbia booklet, Pocket Books approached Pinsky and Douglas about a commercial printing. After another revision and update, the report of the committee was published in 1987 as “The Essential AIDS Fact Book.” It was very successful, going into four printings, and sold in bookstores and supermarkets nationwide. Organizations ranging from other universities to the United States Marine Corps placed bulk orders for the book, which ended up selling hundreds of thousands of copies and was translated into four languages.

GHAP continued its scientific work in other arenas: An advocate, Gerard Ilaria, wrote a paper published in *The Lancet*, one of the world’s leading medical journals, on the risk of transmission from pre-ejaculatory fluid. Pinsky and Douglas organized annual conferences titled “AIDS: Improving the Odds” from 1987 to 1989. Bringing together scientific experts, community organizers, gay leaders, and drug researchers, these conferences were packed to the brim.

The first conference was held in a large conference room in the Columbia Law School. Pinsky and Douglas arrived an hour early to set up and found guards in the lobby frantically attempting to contain a semi-riot of people trying to gain entrance to the first—come—first—serve event. Because of the desperation and seriousness of the topic, the conference was raucous, with people shouting over each other and heckling the speakers. The conference was also attended by members of the AIDS denialist movement, which argued that AIDS was not real and that AZT (then the drug of choice against it) was a poison designed to kill homosexuals. GHAP ended up holding “AIDS: Improving the Odds” again in 1989, in Miller Theatre. Both conferences, logistical issues aside, provided a great amount of information and the transcripts were widely circulated.

GHAP’s place within Columbia Health has changed. In its early years, GHAP received funding from Health Services but was organized under Earl Hall. Over time, the coordinators that ran the day— to—day operations of the group turned the long—standing support from key individuals into a full integration with Health Services. Today, GHAP has an office and dedicated rooms within Health Services for counseling, and strong relationships with the primary care providers. Just as it has been from the beginning, volunteers from various schools within the University staff the organization entirely. It administers some 1,300 tests annually, and for those few like Andrew that test positive (about three to six a year), there is strong follow—up care, both medical and psychological. Pinsky remains the director of GHAP, and for positive students, provides practical and psychological support.

Gone are the mandatory floor sessions during orientation, as well as the two—week waiting period for results. Furthermore, the name “Gay Health Advocacy Project” strikes many people as out of place, either because the service is so widely used by straight students or because “gay” is not as encompassing as “queer” or “LGBTQ.” The group has kept the name, first to honor those who founded it, who were almost exclusively gay, and second, because although AIDS is not a gay disease, almost all of the positive students on campus remain gay men.

Andrew is doing well. He takes four pills once a day at 6 o’clock. Every day his phone alarm goes off to remind him. For a while, he thought about it constantly, but now, it is not really on his mind aside from every day at 6 o’clock. He says, “In terms of my emotional and mental health, I have said before, and I think it might be a little bit hyperbolic, but it also might be true, HIV kind of saved my life. Because if I hadn’t gotten it, how soon would I have gone back to that, how soon would I have found myself on another binge, this time three weeks, and the next time two months, and suddenly I’m scratching my skin off and my teeth are falling out. How soon would that have happened? I don’t know.”

Andrew’s story is not the case across the board. There are clinics all over the city, but due to time and money constraints, they are often unable to provide the level of personalized follow up that GHAP can. Moreover, the positive rate at Columbia is much lower than it is in the city as a whole, so the support for positive students is proportionally greater. But most of all, GHAP has 27 years working with preeminent AIDS doctors and researchers,
Students at Risk for AIDS Offered Expert Treatment Through the Columbia University Health Service

If there is any chance that you are infected with HIV, the virus that can cause AIDS, you should be aware that expert treatment is available here on campus through the University Health Service. A recent study has shown that the pneumonitis that has been responsible for 60% of fatalities from AIDS is now generally preventable. If you might be infected with HIV (the virus that can cause AIDS), you should be evaluated and followed by a health care provider expert in AIDS so that, if necessary, you can begin preventive therapy against this pneumonia and other aspects of HIV illness at the earliest time possible.

IN THIS ISSUE

- Potentially life-saving treatment available on campus
- Project documents harassment and discrimination
- AIDS Committee Report released
- AIDS Memorial Quilt coming to Columbia
- Condom Awareness Week at Columbia
- 800 attend conference on early treatment for AIDS

AIDS COMMITTEE RELEASES REPORT

What follows are excerpts from the Report of the Columbia University ad hoc Committee on AIDS, released this spring after nearly two years of research and deliberation:

...Present evidence has documented HIV infection only through sexual intercourse, the sharing of intravenous drug paraphernalia contaminated with fresh blood, the receipt of contaminated blood or blood products, or perinatally from infected mothers to their fetuses. All current medical evidence indicates that casual contact, such as working together, living together in dorms

(Continued on page 2)

Paul Douglas died in 1995 of complications from AIDS. He had been the first advocate to test positive for HIV in 1985 and continued to work with the group for the last 10 years of his life. His memorial service downtown filled St. Mark's Church. There was not one empty seat. When he died, he was on the waiting list to start a drug trial for protease inhibitors, a key component of the cocktail of anti-retroviral drugs that allows people like Andrew to live with few of the medical consequences of being positive.

"The influence he had had and Laura had had broadly, not only at Columbia but around the city and around the country, was really astounding."

Even when he knew that it was probably inevitable that he would die, he never stopped. And that was the spirit that eventually emerged from all this, which I think is really quite extraordinary. That is the Columbia that I know and love," says Peter Awn, dean of the School of General Studies.

In a session given in 1988, Douglas counseled a young gay couple that was at significant risk for AIDS. Both of the men had had many instances of unprotected sex, as they learned of the necessity of using condoms in 1987, six years into the epidemic. They were almost certain going to test positive, but did not want the test performed, because they believed that knowing their status would inevitably ruin their summer together.

Paul wrote in the report of the session, in the form of a letter to Laura, "[They] are a young couple, very much in love... they seem devoted to each other and plan to spend the rest of their lives together." He ends the summary with a quote from Waiting for Godot: "The tears of the world are a constant thing... we give birth astride of a grave. The light gleams for an instant and then is extinguished forever."