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.

Note: The author is a current advocate for the Gay Health Advocacy Project. The names and identifying information of certain individuals have been changed to protect the anonymity of those interviewed.
In 1982, what essentially became known as AIDS was first documented in Los Angeles, when five gay men died of a form of pneumonia. By 1985, AIDS had spread to every major city in the country. Killing over 1.3 million people in the United States and 3,000,000 internationally. In those four years and those that followed, the response to the epidemic was severely affected by the demographic of the victims. AIDS, most commonly infected through sex, as well as intravenous drug users and racial minority groups. In fact, the most common cohort of the 1980s, were not viewed favorably. A government defined its budget onto Prentice Memorial Hospital gave very little funding for research, and High-level administration covered up the terminal stage of Aids. Furthermore, mainstream scientific researchers were wary to invest in association with disease they felt was "gay disease." Until 1983, the Centers for Disease Control and Prevention entered this field. On May 6, at an HEA, GPHC, and Richard Innis Foundation conference, cemented an opinion in the public mind. It was the first time the planners of the conference hypothesized that safe sex practices would greatly reduce the spread of HIV. Experiments like ACT (Abstinence, Abstinence, Abstinence) and the AIDS Prevention Project at Columbia's School of Public Health, and the Gay Health Advocacy Project, at GPHC, with the mission of providing educational information to the student body at large about AIDS.

The last meeting was held on October 16, 1986. The news from that meeting read, "We wish to announce that the college and the university were concerned profoundly with the suffering from HIV/AIDS. In 1986, the program was also concerned with the mental health of the students. In 1987, a conference was held to address the issue of HIV/AIDS at Columbia University. The topic of the conference was "The AIDS epidemic and the psychological impact on individuals, communities, and society."

In this place, there were two considerations for the conference. The first was to bring to light the reality of HIV/AIDS and its consequences. The second was to address the need for more education and research on this topic. The conference was held on May 6, 1986, at Columbia University. The meeting took place in the immediate vicinity of the drug epidemic and the psychological impact on individuals, communities, and society. In this meeting, the key issues were presented, but they were not discussed in detail. The conference was attended by approximately 200 people.

The second day of the conference was held on May 7, 1986, at Columbia University. The meeting took place in the immediate vicinity of the drug epidemic and the psychological impact on individuals, communities, and society. In this meeting, the key issues were presented, but they were not discussed in detail. The conference was attended by approximately 200 people.

The third day of the conference was held on May 8, 1986, at Columbia University. The meeting took place in the immediate vicinity of the drug epidemic and the psychological impact on individuals, communities, and society. In this meeting, the key issues were presented, but they were not discussed in detail. The conference was attended by approximately 200 people.

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That day, he spoke to Daniel again and, the next day, saw Dr. Steven Pinsky, 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 Sovner, 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 vying 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 pneumonia 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.

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 dormitories, and attending the same classes, does not cause the virus.

He is just so kind and supportive, and I never, I don’t think I understood before dating him how important a quality kindness is and how it really is all that matters...I just think what is the alternate universe to this journey, what is the other journey, and I just am so lucky that this is the one, that this was the experience, because the other one, I think, is very dark. I feel lucky.

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 certainly 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 a grave. The light gleams for an instant and then is extinguished forever.’”

"HEY AIDS FAGGOT!

Project Documents Homophobic and AIDS-Related Harassment and Discrimination

On March 1st, thirty men and women attended a discussion marking the start of a new effort by the Columbia Gay Health Advocacy Project (CGHAP) to document homophobic and AIDS-related harassment and discrimination on the Columbia campus.

Margaret McCarthy, a long-time Gay Health Advocate and an intern at the New York City Commission on Human Rights, described the new program: "Harassment and discrimination have always been a fact of life at Columbia for gay men and lesbians, but AIDS has made things even worse. We want to document this to bring it to the community's attention and to show the University that this is not going to be swept under the carpet. People who have been harassed or discriminated against because they are perceived to be gay or because someone believes that they are at risk for AIDS should contact CGHAP’s Documentation Project.

Examples of harassment are: name-calling, offensively graffitti, "cold-shouldering," vandalism, sexual harassment, and threatened or actual physical violence. "We are particularly interested in those incidents in which harassers try to..."