BEFORE I GET AIDS

A PAST, PRESENT AND FUTURE GUIDE
TO THOSE WITH AND WITHOUT HIV

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DEDICATION AND ACKNOWLEDGMENTS

Some doctors heal with their hearts,
while others heal with their hands,
and some just go through the motions
but do not heal at all.

I hope to heal with these words.I dedicate this book to my mother, Carol Sallinger Mitchell, and my father, Walter Bert Mitchell, for giving me the opportunity to live and make my own choices. Thank you both very much.

My brother David is pretty cool, too.

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PREFACE

Vision is a matter of interpretation,
therefore it is quite possible
to look directly at something
and not see it.

Though this book is a compilation of my personal experience with and the things I have learned about AIDS, I believe the majority of its content can be appreciated and used by any person concerned about preventing AIDS in their lives and the lives of those they love. To better help the reader understand why I wrote this text, I would like to preface it by explaining that anyone who knows me and my prior works will think the title of this book very strange: BEFORE I GET AIDS - A PAST, PRESENT AND FUTURE GUIDE TO THOSE WITH AND WITHOUT HIV. I am currently beginning my last semester at medical school by taking off the month of January 1997 to write this book, or at least, I hope, complete its first draft. I began medical school back in 1992, served an extra year on a pre-graduate fellowship, extending a four year program into five years, and am, thus, writing this book as a fifth year medical student. During my training I studied AIDS from both an academic and clinical perspective. My lessons have enhanced and altered my understanding of this disease, and for the past two years I have had the outline for this book running through my head.

It has been ten years now since I began writing my first book about AIDS. Back then I had recently moved to Miami, Florida, and worked full-time for the medical campus of Miami-Dade Community College as a computer system manager, and part-time at Lambda Passages Book Store as a sales clerk. The bookstore was a special place for two reasons. First, it sold gay literature, rather than pornography. Second, it was the only openly gay storefront business in Dade county where Miami is located, other than the gay bars. Thus, at that time it functioned as both a literary and non-alcoholic social center for the gay community of Miami. Working there exposed me to the latest in both mainstream and radical ideas then circulating about AIDS.

It was in 1987 while working at Lambda Passages that I first read a book by Dr. Harrison Coulter titled AIDS AND SYPHILIS - THE HIDDEN LINK. The theme of his writing centered around the concept that HIV had never been proven by strict scientific standards to be the cause of AIDS, a fact which still stands today. Such proof would be: 1) defining how HIV's genetic code produces its pathology, 2) developing an effective treatment or vaccine for AIDS which targets HIV, or 3) fulfilling Koch's postulates for HIV and AIDS (see the first appendix for further explanation). Coulter also hypothesized that Treponema pallidum, the organism which causes syphilis, might be the actual cause of this relatively new disease. His book was interesting but poorly documented, and this subtracted from its credibility. However, I was very intrigued by his ideas, so I decided to use my resources at the community college to check the validity of what he had claimed.

In the late 1980's, Miami-Dade Community College, with an array of two year programs granting associate degrees, was ranked amongst the largest educational institutions in the United States. It enrolled over 100,000 students annually through its five campuses, and was larger than most four year

universities. The medical campus, where I worked, specialized in training nurses, dental assistants, and other professionals in allied health fields. About the time I finished reading Dr. Coulter's book a memo came across my desk that said our campus library was installing a new state of the art computerized database which would have access to both national and international medical archives. The memo stipulated that the system needed to be tested, and that any research requests to retrieve literature through this system would, for a brief period, be done free of charge. I decided this was a good opportunity to see if there was any literature which would indeed back Dr. Coulter's claims. Hence, I filed a few inquiries through the librarian in charge of the database project.

Two things happened. First, to my surprise, the results of my searches all came back in support of what Dr. Coulter had said. Second, the librarian who assisted me stated that I was one of only a few people who had responded to their request for searches to test their new system. Given how expensive it was back then to do research by computers, and the implications of what Dr. Coulter had stated, I began to flood the library with every type of relevant data request I could imagine. I also exploited one other resource.

The medical campus where I worked was located two blocks from the main library for the University of Miami medical school. Through professional courtesy, I was granted access to the library and all its resources, including the cage; a small area on the top floor enclosed by wire caging. It was here that the University stored its oldest medical books, some dating back to the fourteen hundreds. Over the next year I spent much of my free time scouring the floors of this library and, in particular, the cage. Between the computerized data coming through Miami-Dade and the five hundred years of medical textbooks available to me at the University of Miami, I was able to piece together a complex yet comprehensive picture of how syphilis, a disease which has plagued man since the recorded history of medicine began, had not been conquered in the 1950's but only temporarily subdued and was now resurfacing once again as AIDS.

At this point, with the 1980's coming to a close, there was little question as to what I had to do next: get the word out. It seemed quite possible to me that an entire decade of AIDS research had gone and would continue to go in the wrong direction if I did not advance the concepts which Dr. Coulter had first published. So for the better part of 1988 and 1989 I wrote what would be published in 1990 as my first book: SYPHILIS AS AIDS. This was quite an undertaking for me since I had failed freshman English five times in a row while an undergraduate at Syracuse University (Syracuse, New York). Yet, with a degree in science education, and high school teaching experience in chemistry, physics and biology prior to my arrival in Miami, I was able to write what to this day is considered the most comprehensive piece of literature on this subject. Though not definitive proof that syphilis caused AIDS, nor that HIV does not, it did present compelling data that the concept of HIV as the cause of AIDS was an educated assumption rather than scientific fact, and that the medical literature strongly supported Treponema pallidum as the actual cause of AIDS. Ultimately, my text created more questions than I could answer, but I let it stand as it was. I believed it wrong to focus all our research attention and resources on HIV, and I hoped that my book would challenge medical professionals to examine the questions I was raising and consider another approach to understanding AIDS.

If I could have achieved this it would have been a job well done. Unfortunately, the book was a flop. The publisher pressed some five thousand copies of which approximately three thousand were distributed, paid me a modicum in royalties and then promptly went out of business in 1991. He gave

me the remainder of the unsold texts at no charge, almost all of which sit in boxes behind me in my study as I begin typing this second book. However, for me, unlike my first publisher, this was not the end of the story.

Though I had found a tremendous amount of medical and scientific data to support Dr. Coulter's claims, and though I had written and managed to have published a book which, unlike Dr. Coulter's, had documented citations to literature verifying these claims, the word had not gotten out. Few of the books sold ever made it to the hands of people who could have created the kind of change I hoped to inspire, and the brief stir caused by my writing vanished as quickly as my publisher. I was at a major turning point in my life. I realized that I could not just say to myself, oh well, I tried. Having lost many friends to this disease, and for the sake of my own sanity, I was incapable of walking away from this issue knowing I may hold an extremely important, though obscure key to the final solution for AIDS. As my book had not inspired anybody in either the medical or political arenas to consider this new perspective, I decided that I would do whatever was necessary to see this research through to its final conclusion. And so, in late 1991, I studied for and passed the entrance exams to medical school in the hope of becoming a physician and performing clinical trials to either prove or disprove syphilis as the cause of AIDS.

My first lesson at medical school occurred before classes began, during my personal interview at Southeastern University in Miami, Florida (now Nova-Southeastern University in Fort Lauderdale, Florida). I had submitted a copy of my book along with my application package, and several of the members of the interview panel had read it. One of the panel members, a physician and faculty with the university who had many AIDS patients in his private medical practice, was in total disagreement with what I had written. He insisted that syphilis could not possibly be the cause of AIDS, and declared both my thinking and writing to be out of date. He vocalized his disdain of me and my work so thoroughly during the interview that another member of the panel had to intervene on my behalf and request that he cease from making any further comments.

Southeastern University was the only medical school to which I had applied, and to my amazement, after that interview, I was accepted. However, a lingering thought stayed in my mind. It was true that I had not done any new research since the publication of my book in 1990, so it was quite possible that this doctor was correct and that HIV may have been proven to be the cause of AIDS during the two years prior to my interview. My acceptance to medical school was announced by early 1992, with classes starting the following fall. I decided to use the intervening time to review the published literature for any new evidence proving HIV causes AIDS. After exhaustive inquires both at the University of Miami medical library and through computerized database searches at Southeastern University, my old conclusions stood firm: there was no new scientific proof for HIV as the cause of AIDS.

It was quite a shock for me to come face to face with an experienced physician who could be so adamant and yet so wrong about something so important. Months later he would apologize to me after a colleague of his explained to him why HIV was the assumed, but not the proven cause of AIDS. Yet, given the impact his outburst had made upon me, and the fact that once school began I would likely be out of the research arena until after my graduation, I decided to try one last time to get someone else involved in this investigation. I did this by writing a short but concise paper which reviewed the main points from my original book and then updated the lack of new information for the intervening two years. It was published in mid 1993 in a London based medical journal under the

title SYPHILIS AS AIDS - A CALL FOR RESEARCH (see the first appendix for a copy of the article). The response was international, and I received nearly fifty letters of praise and interest from physicians and researchers around the world. However, as with my book, any interest it spawned was short lived, and so I hunkered down to complete my studies.

Traditionally, the four years of medical school are divided into two halves. The first is academic and spent in classroom studies, while the second is clinical and spent working in hospitals or medical offices. It was during this second half that my radical views about AIDS began to change. I knew my declaration about HIV being assumed but not proven to cause AIDS did not mean that it was not the cause of AIDS. It only meant that to my satisfaction it had not been proven to be the cause. I also understood that my assertion that syphilis might be the cause of AIDS did not prove it to be the cause of AIDS. I had only provided what I considered to be adequate reason to further investigate the relationship between syphilis and AIDS, without an automatic bias in favor of HIV. As previously stated, my work raised many more questions than it answered, questions which I was hell bent to find answers for. However, during the latter half of my medical school career, clinical exposure to hundreds upon hundreds of AIDS patients brought me to a whole new conclusion. What if there was a third factor more important than either syphilis or HIV in the progression of AIDS? What if social, rather than biological factors set the fundamental stage upon which this disease was to be played out on? I had not considered this possibility before, but after working in the hospitals and clinics for a year I could easily see one thing staring me in the face: self-abuse.

To better understand this, let us assume that HIV does cause AIDS. For me this is quite a leap of faith to state, let alone write. However, no matter what is finally proven to be the cause of AIDS, there is no current evidence that this agent is so virile that a minuscule exposure to it is lethal. If this were true then the hundreds of health care workers who have annually been stuck by needles contaminated with HIV infected blood would all die from AIDS. Not only do they not all die of AIDS, but only a tiny fraction of those thus exposed ever convert to being HIV positive after years of being followed clinically. So, though it may be the cause of a lethal disease, HIV is not all that virile a virus. Why is it then that anybody comes down with AIDS?

It would appear that for the average person in good health, a one-time minute exposure to HIV is not life threatening. Their immune system should be strong enough to destroy the virus or at least keep in from causing immunosuppression or disease. What about the average AIDS patient then? Are they the average person who is in good health when they are struck with this disease? I would say no they are not. This, then, is the crux of my new view about AIDS: nearly all AIDS patients I have met have been practicing several types of self-abusive behaviors for years before they came down with AIDS. These negative behaviors include unhealthy sexual practices, the overuse and abuse of drugs, and self-deprivation of proper sleep, exercise, diet, and hygiene. Through these acts people with HIV and AIDS have depleted their energy reserves, lowered their immune systems, and made themselves vulnerable to diseases which a healthier person would overcome.

Put simply, I do not believe that AIDS is a gay disease, nor that being exposed to HIV means that you will die of AIDS. I do believe that AIDS is a disease of opportunity which attacks those who have lowered immune system function. These statements are nothing new as many people have been saying them for years. I would add, however, that aside from pediatric, hemophiliac and accidental cases as seen in blood transfusions, the vast majority of AIDS patients are people who have abused their bodies for years prior to the onset of disease, thereby lowering their immune systems and making

themselves susceptible to AIDS. If this abuse had not taken place, then perhaps there would be no AIDS.

As for the question of syphilis and AIDS, I think it is a moot point for the next two to five years. I spent a better part of last year working in a clinic which specialized in state of the art medical treatments for AIDS. With the advent of new medicines such as protease inhibitors and combination drug therapies, the medical community is able for the first time to lower the amount of HIV in the body to below detectable levels (HIV is still there but in such minute amounts that no laboratory machine can detect it). Now we must wait and see. If our ability to eradicate HIV is followed by a slow but steady decline in the occurrence of AIDS, then HIV will have been finally proven to be the cause of this disease. If, however, we eliminate HIV but the number of AIDS cases continues to grow, then HIV will have been proven not to be the cause of AIDS.

Personally, I hope that I have been wrong all along, that HIV is the cause of AIDS and that we are on the brink of conquering it. This statement brings me back again to the point I was making at the beginning of this preface. Given my background, I chose a very strange title for this book. After years of proclaiming HIV to not be a proven cause of AIDS, I have named my second book BEFORE I GET AIDS - A PAST, PRESENT AND FUTURE GUIDE TO THOSE WITH AND WITHOUT HIV. Yet, to me it is a perfect title, for it demonstrates my recognition that more important than knowing the cause of this disease is knowing how to prevent it. This is what I have written about in these pages. Hopefully this book will help others avoid what so many have had to suffer through.

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01/01/97

INTRODUCTION

If life's a stage, then why put on a bad play?

Of all the patients that I have seen, whether it be in a hospital emergency room, a public health clinic, or a physician's private office, ninety percent of the illnesses which walk through those doors have been self inflicted. This is to say that nine out of ten of these patients need not have been ill if only they had been taught how to prevent their illness, or not ignored the knowledge they had about maintaining their health. The other ten percent are accidental injuries, patients born with inherited illnesses, or unintentional illness acquired through daily activities such as the common cold. This small minority is where modern medicine should focus its limited time and resources. Yet, it cannot because its doors are flooded by people who do not take care of themselves and then expect doctors, nurses and other health care professionals to be responsible for what the patient could have, but did not prevent in the first place.

Three of the most common patients seen by health care workers today are the patient with breathing problems such as emphysema or chronic bronchitis, the patient with a history of congestive heart failure or coronary artery disease, and the obese patient who is diabetic. It is not uncommon to find a person who has all of these problems, represented by the overweight smoker who drinks alcohol on a regular basis. While there are hundreds of different illnesses from which any one person might suffer, these three probably account for twenty percent of health care dollars spent in our country annually. Sadly, they send people to early, unpleasant deaths. Worst of all, for the most part they need not happen at all.

There is nothing more pitiful and ludicrous than to see someone with chronic bronchitis or emphysema who smokes. After all, smoking is the number one cause of both emphysema and chronic bronchitis. I could not imagine that someone with food poisoning would go back day after day to eat the same food which made them sick in the first place; or that a carpenter who broke his finger while hammering would keep purposely hitting his hand again and again; or that a person who was shocked by accidentally sticking their finger in an electrical outlet would keep doing it over and over. Then why would someone with lung disease who knew the dangers of smoking keep on smoking? Why, for that matter, would anyone who knew the dangers of smoking start in the first place? The answer is simple, and two-fold: 1) because they learned that it was better to smoke than not to smoke, and 2) once it became a habit they were addicted to it. The habit of smoking and its associated pleasures - the image created through advertisements, the peer pressure of youth to accept and conform, and the physiologic adrenalin high - all start a decade or more before the onset of noticeable breathing problems. Yet, if they had been smart enough and strong enough to not start smoking when they were younger, these patients would never have had these problems in the first place.

The average heart patient is very similar to the smoker in that most heart problems are self induced over decades. Again, I do not want to get confused with the small minority who have non-preventable heart problems such as atrial or ventricular septal defects, congenital pulmonic stenosis, or coarctation of the aorta. These are illnesses people are born with and have little control over. My average heart patient, however, is the person who has no inherited coronary problems, but

has had chest pain, congestive heart failure, and possibly one or more heart attacks. While there is no one singular cause associated with these illnesses as there is for chronic bronchitis and emphysema, the four most common factors here include smoking, excessive drinking of alcohol, diets high in fat and salt, and sedentary lifestyles. Usually, patients will actively have three if not all four of these behaviors, and the most amazing thing is that they chose these behaviors to be part of their lives. Of course, no one ever wanted to have heart disease, let alone self inflicted heart disease. But somewhere along the line they decided that it felt better to breath Camel's rather than fresh air, it was more fun to drink Dewar's than plain water, it was tastier to eat McDonald's instead of steamed vegetables, and it was easier to watch Monday Night Football than to go to the gym and exercise. It all comes down to choices.

Finally we have our diabetic. There are really two types of commonly recognized diabetes. The first is called type one or juvenile diabetes. These people lose their ability to control blood sugar levels before the age of twenty due to destruction of their pancreas by their own body. These are the diabetics who must inject themselves with insulin from a fairly young age. I do not include them in my discussion as there is currently no known way to prevent their disease from occurring. The patient I wish to address is the type two or adult onset diabetic. These are the ones who develop diabetes at a later age because they are fat. These people used food to eat themselves into diabetes the same way the patient with emphysema used cigarettes to smoke their way to lung disease. To verify this point I simply need to tell you that the first line medical treatment for this type of patient is dietary control: learn to eat better, lose that excess weight, and your type two diabetes will likely resolve. Though not easy to do, again, the conclusions are the same as above. If the bad habit is never started then the disease can be prevented. If, on the other hand, the behavior has begun but can be stopped, then the illness may be reversed and possibly cured. If, however, the patient continues on their self-destructive path, then the outcome will be an untimely, painful death.

I try to tell my patients that they are their own best doctors. I try to get them to understand that unless their problem is due to either something they were born with or an accident, by the time they come to see me they have really screwed up. I try to impress upon them, "If only you had not..., and if only you had..., so if only you would..." After five to ten minutes of my bantering, they look at me and say, "Doctor, if I do all these things you tell me to do, will my problem go away?" Here is where I pause. It is true, there is a point of no return. If someone has smoked their way to terminal lung cancer, or is two thousand cheeseburgers into and one day away from a final heart attack, why bother? I will tell you why: because you never know. Sure, for those who are far gone into their disease, the miracle cures are few and far between. However, the vast overwhelming majority of patients with preventable illnesses can either be cured or at least dramatically improved if they will only take control of and change their self-abusive behaviors. Also, as a physician, I am more than willing to work with any patient who is willing to work for themself. So, it is after that moment of pause and reflection that I reply, "Let's find out."

The same can be said for AIDS. As I stated in the preface, the one thing I saw that almost all AIDS patients had in common - pediatric, hemophiliac and blood transfusion cases not included - was some form of long term, self-abusive behavior which predated the diagnosis of AIDS, or, for that matter, their diagnosis of being HIV positive. It is not a matter of whether we are gay or straight, but how we choose to live our lives as either gay or straight. Thus, my contention is that if a person chooses to avoid these self-destructive behaviors then they can prevent themselves from becoming

HIV positive. If, however, they are already HIV positive and can both identify and eliminate these habits, then I believe that most can avoid having AIDS even though they are HIV positive. And if, unfortunately, they already have AIDS, then I would say that modifying their lifestyle will still have tremendous impact upon their state of health, perhaps to the point of putting their disease in complete remission.

It is not easy to identify abusive behaviors in oneself, and it is seldom that any one behavior is the key to creating wellness. Just using condoms will not be enough if you are also drinking and drugging yourself out on the dance floor three to four times a week. The one time that condom breaks may be all it takes for HIV to take hold of you, whereas someone healthier might have fought off that exposure. Bad habits run in packs and their cumulative effects are greater than the sum of their individual impact.

Most often, these negative behavior patterns have developed over years, sometimes decades, in response to pressures and desires which govern our lives. They are also very individual, for no two people have identical forces pulling and pushing them in the same direction. It can therefore be said that no two cases of AIDS are exactly the same. Each person has their unique behaviors which have fostered and continue to support their disease process. Sure, it was not that one cigarette or one drink which made anyone sick. It was those years of not getting enough sleep, of failure to stay physically fit, of eating poorly, of being too stressed out for too long, of overusing and abusing drugs, and of unrecognized or willful unsafe sexual practices which have finally deteriorated the individual to the point of being at risk for AIDS.

This book discusses six areas of daily living which can influence our well-being: rest, exercise, diet, stress, drugs and sex. All are discussed in detail in a separate chapter, as they are far more complex than may be currently appreciated. These areas represent potential behaviors which can either increase health or augment disease. In addition, each chapter, except the one on stress, begins with an essay that explains an important scientific, political or social aspect of either the past, present or future of AIDS. Finally, as this book is predominantly a why-to text, its main focus being on reasons rather than methods to change your behavior, each chapter ends with a suggested bibliography of how-to books for further reading.

I do not want to suggest that what is contained in these pages is all that anyone needs to cure or keep from getting AIDS. Neither is it a substitute for medical treatments. It can be, however, an important part of any personal program to protect onself from AIDS or, for that matter, any other preventable disease. I tell my patients that is not only their job, but also their responsibility to seek out every possible form of therapy from which they can benefit. Due to the complex habits which underlie most preventable illnesses, no one source, be it medical, psychological or spiritual can completely treat all aspects of a person's disease. Thus, every patient must pick and choose from the array of help available those parts and pieces which benefit them most, thereby constructing a unique solution to their individual problem. Any person's disease, though similar to another's, is their's alone, and so is the solution. Part of that solution may be medication, part may be surgical, part may be behavior modification, and part may be spiritual. This book can be an integral part of improving the health for anyone at risk for or with AIDS.

In the preface to this text I wrote about the question of what really causes AIDS: is it HIV or something else? No matter what the actual cause, and no matter what pills we create to kill the causative organism, AIDS will not go away if we do not stop making it welcome in our bodies. It

takes more than medicine to cure any disease. It takes willful action and compliance with daily regimens that strengthen and improve our well-being. What good is it to put out a fire one day, only to start playing with matches the next? If we continue behaving in ways that weaken us and lower our immune systems, then what will come tomorrow? Maybe not AIDS as we know it now, but surely something just as horrible.

No patient I have ever met chose to become HIV positive or have AIDS. It is a devastating illness that for many ends in death. However, if one chooses to live healthier, if one chooses not to do the things that laid the ground work for their illness, if one chooses not to continue weakening themselves when they are already weakened, and if one chooses to replace harmful behaviors with beneficial ones, won't they get better? Let's find out.

The only thing you ever really possess is your body;
and that for just a short time.

Cells are considered to be the smallest units of life. They can perform all of the necessary functions of life, which include the intake of nutrition, the excretion of waste, growth, and reproduction. Each cell in our body has the capability to perform these functions to one degree or another, throughout or at some key point in their individual life. Our lives, as human beings, depends not only upon the ability of cells to carry out these roles, but upon them happening at the appropriate time. It is a mind boggling scheme of actions and interactions occurring on a scale beyond the comprehension of our imaginations.

The complexity of cellular life is truly amazing. The sheer number of cells that make up our bodies is in itself astounding. There are more cells in the average newborn's hand than there are people living in New York City. There are more cells in the average eight year old's brain than there are people living in the United States. There are more cells in an average sixteen year old's leg than there are people on this planet. And there are more cells in the average adult's body than the total number of people who have lived since the beginning of time.

The average adult's body is comprised of between fifty and one hundred trillion cells. That is an amazing number. In my daily experience I have a difficult time visualizing what one million of anything looks lie. It takes one million millions to make one trillion, and our bodies have between fifty and one hundred trillion cells. It's incomprehensible for me to truly grasp the number of cells required to make me. The only thing I can honestly say about this is wow!

These numbers alone display the gravity of our situation. You are responsible for the well-being of more individual cells in your body than the total number of citizens who depend upon the president of the United States. In fact, your body is a society of cells far outnumbering the total number of people living on this planet. You command more cells than the number of soldiers any ruler in history, current or past, ever commanded, and all of these cells are fighting for you. It is, therefore, your responsibility to fight for them.

The daily functions of life are many and complex. In addition, there are many factors in our lives which we have no control over. Yet, this chapter, and those to come, focus solely upon areas in which we make conscious decisions about our lives. These decisions, in turn, impact the lives of each and every cell in our body, all fifty to one hundred trillion of them. Ultimately, our health is no more than a reflection of the total health of our individual cells. Anytime we hurt them, we hurt ourselves, and anytime we help them we help ourselves. The connection is direct, unbreakable, and crucial to the quality and continuity of our survival as individuals and as a species.

Understanding the enormity of the cellular society your body represents brings appreciation for the role each of us plays in our own health care. We live with and within these tiny units of life on a daily basis. We are bound to them as inescapably as we are bound to time, and what we do with that time defines their lives and ours. Every action we take is an opportunity to improve the quality of life for these trillions of individuals which live to keep us alive. Every moment we have the ability

to choose between doing things to help our microscopic citizens, or hurt them. They, in turn, are born, live and die in the environment which we provide for them. True, we as people do not have total control over the circumstances in which we find ourselves. This may often hinder our ability to provide as good and nurturing an environment for our tiny residents as we would like. However, each of us, even with our limitations, still has some degree of choice which we can express. It is our job to discover what that degree is and how we can best use it to benefit the cells which depend upon us daily for their lives, as we depend on them for our own.

The process of discovering choices is a process of understanding our limitations. Someone who lives in a city may not have the choice to breath fresh mountain air every day. Someone who works in a textile factory may not have the choice to avoid potentially toxic fumes while at work. A person living in an isolated rural region may not have access to the wide variety of fruits and vegetables that urban life provides. Yet, each of them still has better and worse choices which they can make through the day. The person living in the city can go to a large city park on a regular basis and at least breath the best air the city has to offer. The worker in the textile mill can be conscious of the hazards in their workplace and thereby avoid them or wear protective gear whenever exposed. The person living far off in the middle of nowhere can learn about the variety of foods available in their area, thus increasing the array of available nutrition. For sure, the average person does not live in the Garden of Eden, but each of us can do our utmost to make where we live as garden like as possible. It is our choices which refine the word we must live in, and, therefore, the world in which our microscopic citizens survive. These two worlds are as indistinguishable and inseparable as are we and our cells.

There are two ways in which we learn to make choices in our lives: passively and actively. The passive ones are those we make when we do as we are told to do by others. These are the times when someone else says, "Do this," and we, from amongst a host of possible choices, do as we are told. This is the way in which children are raised. Parents tell their children what to do, and for the most part children do so. Most often this is a good thing, as most parents love their children and tell them to do things which are in their own best interest. Passive choices, however, are not restricted to just childhood, as they are also the basis upon which people obtain and keep their jobs. Our bosses tell us what to do, and we, for the most part, just do it. Therefore, at any age passive choices represent a vast amount of the decisions we make in our daily lives.

Passive choices reflect our understanding of how the world wants us to be. In contrast, active choices reflect the way we wish to be in the world. These are the choices we make independent of outside intervention. Active choices are decisions which are based solely upon our own wishes and desires, and they express the things we do for ourselves because we want to, not because someone else told us to do them. These decisions are made in areas of our lives where we have the control to define the quality of the environment in which we live. In the most strict sense, passive choices define the limits and restrictions the world places upon our lives, while active ones define our ability to manipulate that world for our individual purpose.

The difference between active and passive choices is not always a clear cut one. In daily life, seldom are any of our decisions purely passive or active. Usually, our actions are based upon a combination of many active and passive options, the final outcome being a compromise between the driving forces behind all those choices. For example, when you were a child you went to bed when your parents told you. Not only did you do what you were told, but you also went to bed where you were told. The majority of these decisions were passive, your parents deciding where and when you

should sleep. However, as an adult your array of sleeping choices increased. Now, you can choose the time when, and to some degree the place where you will go to sleep. Maybe you will go to bed an hour later so you may watch the end of a wonderful movie on television. Maybe you will go to bed an hour early so you will be better rested for that special job you have to do at work tomorrow. You might even go to bed over a friend's house because you want to be together tonight. Unfortunately, maybe your television is on the blink and there is nothing to stay up for and watch, or the neighbor's are being loud and you cannot get to sleep early, or your friend has a headache and does not feel up to your company tonight. So even as an adult, when your degree of freedom places many more active choices at your disposal, the world you live in still demands its say in what you do.

Growth is a process of learning, and learning is a process of distinguishing between choices. At birth we have a very limited ability to manipulate our world, and our choices are restricted. We are highly dependent at that point on others to make decisions for us. They manipulate the world we live in, hopefully for our benefit. As we grow, we become larger and stronger, and our ability to influence our world increases. Now we begin to see ways in which we may change our environment to benefit us as we see fit. This happens at an extremely early age, a time which most parents call the terrible two's. Here the once docile and dependent infant changes into a rampaging toddler. For many of us, it is the most demonstrative period in our lives, and a trial for both our parents and us. It is now that the concept of punishment begins, for we as toddlers have begun to make our own decisions and must, therefore, bear the consequences. Not that all choices made by toddlers are bad, but simply that here, for the first time, we are throwing active choices into the mix and learning how they can change our lives. Not only are we doing what mommy wants, we are also doing what we want, too. Let us hope mommy does not get too mad.

As adults, we have been through decades of trial and error, learning which choices determine our best actions. The precise balance between choosing what others want versus what we desire is a complex mixture that is continually being refined as we continue to grow. Our happiness, and the happiness of those in our life is directly dependent upon that balance. Our health, and the health of our trillions of cellular citizens is also directly dependent upon that balance. You must continually strive to perfect this mix until the day you die. As the world about us is in continual flux and change, so is the world within us. Our individual cells, like our bodies as a whole, grow and change year to year, day to day, and even moment to moment. You can never be sure that the decisions which worked for you one day will be successful for you the next. You can, however, try to be constantly aware of what is happening around and inside of you, thus preparing yourself to act quickly and appropriately in ways which benefit both your micro and macroscopic worlds.

Life gives us the opportunity to make choices and gain knowledge from the choices we have made. Add to this our ability to assess life's status from moment to moment, and we possess the three key elements for successful living: awareness, decisions, and learning. First we must be aware of our inner and outer surroundings. We must be able o interpret them and understand the needs of the world about us, as well as the world within us. Next, we must decide from amongst the many choices we have what we will do to meet those needs. Some may have to be met immediately ("Oh boy, do I have to go to the bathroom"), others may have to be put off for a while ("I cannot wait to go home when work is done"), and some are definitely best not done at all ("I am so mad I could just kill you"). Whatever we finally do, our growth depends upon our learning the consequences of our actions: "Boy, I feel relieved after taking that leak"; "Hooray, it's quitting time and I can go home

now without being fired for leaving early"; "Gee, I kind of miss you now that you are dead and I am in jail".

Whatever we do, we must always think, then act, and finally rethink our actions based upon their results. In this way we learn to improve our behavior and its outcome. We live in a constant cycle of deciding then doing again and again, with the goal being to improve our actions each time. It is like a never ending journey in which you first determine where you are, and then decide where you want to be, yet with each step you take towards that destination your surroundings change. This requires you to reassess where you are with every move you make, repeating the cycle of deciding then doing over and over until you finally reach your goal. People who are good at this process can effectively adapt to both the short and long term changes in their development. Those who lack the confidence and motivation to react in this manner tend to develop unproductive habits which slow their growth and negatively impact their lives.

Bad habits are often difficult to see in oneself. These behaviors originally developed in response to life stresses, and at their time of origin they may have seemed like good ideas. However, between that time and the present, things changed and now these behaviors are maladaptive instead of beneficial. Smoking is a prime example. Most smokers begin as adolescents in response to peer pressure and the desire to create their own identity. When they start, the nicotine rush feels good and the friends they smoke with think it is a cool thing to do. Also, they are actively choosing to do something that their parents, who might even smoke themselves, tell them not to do. Active choices are much more attractive than passive ones at any age, so teenagers start to smoke - it feels good, it is fun, and it is an active decision. Unfortunately, the down side comes decades later with respiratory problems, cancer, and premature death. By that time the smoker is so strongly addicted to nicotine and the smoking ritual that the average person finds it near impossible to quit. It becomes kind of like marriage: a life long commitment until death do you part.

As difficult as it may seem to identify and correct bad habits in one's own life, it is not hard to find behaviors in anyone's life which can be improved upon. If changing a bad habit is like learning to walk, then one should first learn to crawl. Instead of tackling a large adjustment, why not first accomplish something simpler which will provide practice and experience at successful behavior modification. For example, I remember when I was nineteen I wanted to stop eating garbage such as fast foods, processed foods, and desserts. However, before taking on such a major dietary overhaul, I first decided to give up adding salt and sugar - both of which I consumed regularly - to any of the food I did eat. It took over one year to accomplish this first goal. Yet, once I completed it I was able to overhaul all my other dietary habits in a matter of months. A smaller first step provided the self-confidence and reassurance I needed to create larger changes in my life.

The same principle is the basis of many stop-smoking programs. Rather than quit cold turkey, the smoker slowly reduces the amount of cigarettes they consume, and often uses cigarette substitutes such as nicotine gum or patches to lessen their urge to smoke. Wen the day finally comes for them to totally stop, it is much easier to do than if they had tried to quit while still smoking up to one or two packs per day.

An amazing thing often happens when someone eliminates a bad habit from their life. Due to their success and increased self-esteem, they become compelled to seek out and eliminate other maladaptive behaviors. The person who manages to stop smoking may later decide to eat a better diet. The person who manages to eat better may then choose to exercise more. The person who

starts to exercise more may also prefer to drink less alcohol. The combinations are endless, but the end result the same. Improving one area of your life makes you appreciate the possibility of improving others. Thus, I do not recommend that a smoker who eats garbage food, drinks a six pack of beer each day and does not work out to suddenly quit cigarettes and alcohol, join a gym and become a vegetarian. Instead, I suggest they smile more often and say a friendly hello to strangers they pass each day for the next few weeks. This is usually a fairly simple thing to do, and it helps to initiate in them the confidence they will need to tackle the larger issues in their life.

Self-confidence is a critical component of any attempt to change behavior. Nobody likes to throw themself off a cliff knowing that they cannot fly. But if one possess a parachute to safely guide you towards a desired landing, then you are much more likely to tackle the challenge. Along with confidence, however, one must also possess motivation. No matter how confident anyone is, they will not think, act and then rethink their actions if they lack motivation. Heroin addicts are classically trapped in this position. During the high, heroin is probably the most enjoyable experience anyone can have. However, between highs it is so physically draining that they have little energy to do much beyond thinking about their next high. A typical heron addict will even forego food in the pursuit of this most wonderful of self-destructive habits. It is not that they cannot see the negative side effects of their addiction, it is just that they are motivated more towards the great feeling they get from heroin than they are towards improving their lives and getting off the drug. They lack the motivation to quit. I could teach a heroin addict to smile at every person they see from now until doomsday, yet all the confidence this gave them would be for naught if they lacked the motivation to break their addiction.

Motivation is a funny thing. It can make you do amazingly good things or horribly bad things. Hitler was a very motivated individual, though the world would have been a much better place had he been more of a slacker. In biological terms, the thyroid gland, located in the front of our necks, is the seat of physical motivation for our bodies. It is there that we produce thyroid hormone, a kind of super charging substance which regulates how fast the cells in our body work. People who have abnormally low amounts of this hormone in their blood are usually very tired and sluggish, while those with too much are often jittery and quite irritable. Today it is possible to treat people with these conditions by giving hormone pills to boost those with low blood levels, and surgically removing part of the thyroid gland to lower the amount produced in those whose blood levels are too high. We can medically control, with a fairly high degree of accuracy and success the body's physical motivation to carry out the cellular functions of life. Unfortunately, it is not as easy to control the mental motivation needed to change behaviors which impede or impel our daily lives.

The presence or absence of motivation in any individual is determined by their assessment of the risks and benefits of pursuing a particular action. If they believe the results of their effort will somehow improve their world physically, emotionally or spiritually, then they will be motivated to action. If, however, they see the outcome of their action as ultimately deteriorating what they already have, then their motivation to strive towards a goal will be absent, regardless of how confident they are of conquering a challenge. It does not even matter what others think of a situation, for it is the individual's assessment of the risks and benefits of their behavior which determines their motivation.

It becomes easy to see that motivation and confidence provide the framework for applying the three key elements of successful living: awareness, decision, and learning. No matter how perceptive you may be, or what you might choose to do, or how much you may have learned from what you

have done, without adequate confidence and appropriate motivation you will not properly apply these skills. Though crucial to any achievement, these two foundation ingredients can be rather elusive. You cannot find confidence on a store shelf, you cannot order motivation from a catalogue, and they do not grow on any tree. They come from within and are the product of your values and self-esteem.

Self-esteem is something which grows with us as we grow. Like the smoker who learns to smile at strangers before quitting cigarettes, if we accept and accomplish small life challenges, then our self-esteem grows and we become confident in our ability to overcome larger obstacles in our lives. The greater the number and size of our successes, the greater our self-esteem. Conversely, if our failures outnumber our successes, we may lose our self-esteem and, thus, lack the confidence necessary to take on any further challenges. Self-esteem must not only be acquired little by little over time, but, given the constant challenges everyone faces in daily life, it must also be maintained by carefully choosing the problems we attempt to solve. If we choose too many goals which we cannot attain then our confidence will slowly and surely be whittled away. If, on the other hand, we nurture self-esteem by pursuing challenges appropriate to our abilities, then self-esteem and confidence will flourish.

Values, like self-esteem, develop over time. They represent the things which are important to us, and give us motivation to do the things we do. I am very motivated to write this book because I value its message and the benefits it offers to me and others. However, though important to me, not everyone may share its value with me. Just as everyone's face has a nose, eyes, ears and mouth, but no two faces are put together quite the same, we each have similar values, though in unique combinations. There are biological values for food and sex, physical values for possessions and property, emotional values for friendship and love, and spiritual values concerning life and death. Depending upon where, when and to whom we were born, how we were raised, and what we have learned from our life experiences, each of us uniquely weighs and balances the values in our lives. Like self-esteem, values are fluid and can change over time: what may have been important to us at age twelve may no longer be a priority in our lives when we turn thirty. Also, as our values span the gulf from primitive biological drives to ephemeral spirituality, it is improper to say someone has no values. Another's values may be different from yours, but everyone has values that are uniquely their own. Thus, it is our individual values which make each person's behavior special.

What makes a good commander, a magnificent ruler, a great president, king, queen, sultan, chief, ... is their ability to do what is best for those who follow them. They are the leaders who must ultimately choose which actions are best for the masses. Historically, these individuals have been extremely confident and highly motivated people. Their abilities to make beneficial choices for their followers was manifest in the prosperity and well-being of their societies. Good decisions by leaders lead to beneficial actions by followers, improving the quality of life for all concerned. Bad choices, however, inspire self-destructive behavior which deteriorates society and the lives of those living in it. It is little wonder that we value leaders who can make good decisions for us.

You are a leader. You have at your command far more cellular citizens than any general in history ever had soldiers. These citizens are obedient and skilled, each trained and prepared to perform a specific function necessary to maintain and protect you as a society. Legions of nerve cells criss-cross your body providing communication services from the top of your head to the tips of your toes. Millions of blood cells travel through some sixty thousand miles of arteries, veins and capillaries in your body, carrying nourishment to every nook and cranny of your being. Billions of muscle cells

push, pull and pump in every way imaginable, regulating bodily functions and turning your thoughts into actions. Trillions of these followers are at your disposal every day, constantly ready to do your bidding for better or worse. They are yours to use as you see fit, and they are stuck with you, in as much as you are stuck with them.

Having a body is an awe inspiring responsibility, when one appreciates the complexity of the cellular society within. Your arm is not just an arm. It is a struggling mass of countless cells, each preforming some specific function so as to support, maintain and carry on your life. Without them you are nothing (or at least absent one arm). It is the sum of their ability to accomplish individual tasks which determines how well or poor you are as a total being. A job well done ensures your being well, while a job poorly performed engenders illness and disease. It is, therefore, in everyone's best interest that all members of your bodily society work together to guarantee a good state of health.

As leader of your body, you must take charge by making the best possible choices. Every waking moment of your life is a chance to do something, an opportunity to choose from amongst limitless actions. Improve the environment in which you and trillions of cells must operate, and you improve the ability of your citizens to perform for you. Value this improvement and the health benefits it brings, and you will have the motivation for action to achieve this improvement. Attain this improvement steadily over time and your enhanced self-esteem will give you the confidence to create further improvements in your life. With confidence and motivation, you will become increasingly aware of your condition, actively decide which behaviors are of greatest benefit to you and your cells, and then learn from your choices ways to continually improve the quality of your life. This is the role and responsibility of any great leader, a greatness we can all aspire to in leading the millions upon millions of cells who must follow us.

Leadership is not inherited, it is learned through experience. All leaders must take chances and risk failure in an effort to explore new ideas and new ways of meeting challenges. Sometimes they make the wrong choices. However, if their bad choices are not too severe, then they will have the opportunity to correct their mistakes, learn from them and thereby lead better in the future. A repetitive cycle of trial and error is continually employed to refine and sculpt any great leader. From amongst the great ones, none has ever been perfect, yet all have tried to do their best for the benefit of those who depended upon them. Trillions are dependent upon you this and every moment. Your overall health is a reflection of your ability to properly lead and govern them.

The manner in which you govern your cellular society is manifest in your behavior. Based upon your values and self-esteem, your daily actions determine whether your cells and, therefore, you are in a state of improving or declining health. Health, like self-esteem, is a fluid and constantly changing state. You may be perfectly well today, but if you do not behave in ways which maintain that status, then your well-being will start to decline. It takes constant awareness by you as a leader to not only maintain but improve the state of affairs in your body. Begin by assessing the condition of your health on a daily basis. Then choose to behave in ways which will improve yourself. Finally, learn from your past actions ways in which to make better decisions for yourself in the future, and you will keep heading towards a better quality of life.

When I started medical school at the age of thirty two, I weighed nearly two hundred pounds. This was very heavy for me, as my ideal body weight was closer to one hundred and sixty pounds, a fact impressed upon me by a school physician during my entrance physical. Sadly, being obese

himself, he told me this while sitting behind his desk, with a cup of coffee in one hand and a doughnut in the other - a bad role model. Fortunately, my self-esteem was very high at that time from prior accomplishments such as my admission to medical school. Also, I was highly motivated to lose the weight as my pre-med training made me well aware of the health hazards of being so heavy: I valued my long term health more than I valued having ice cream for dessert. For the next year and a half I continually experimented with different types of food and exercise programs until I finally lost that weight and kept it off. The key to my success was the fact that I had enough confidence and motivation to persevere that trial and error cycle of thinking, acting and learning until I reached my goal. I am a great leader for my cellular society.

If you value your body and the individuals who live there with and for you, then you will be motivated to make yourself as healthy as possible. If you carefully plan in a realistic manner the ways in which you overcome obstacles to your improved well-being, then you will be confident in your ability to make that body a better place. If you are both motivated and confident, then you will think about how your habits affect you and take action to improve your behavior, learning through trial and error how to be a healthier society of cells. With confidence and motivation you can learn to behave like a great leader.

It is a long process to greatness. It took me eighteen months to learn how to get rid of and keep off forty pounds. I made many mistakes along the way, and on a few occasions even gained two or three pounds. Ultimately, it was my confidence and motivation which provided the determination and perseverance I needed to keep re-evaluating my condition and make better choices towards losing the weight. Indeed, though learning to behave in a healthy manner through behavior modification is a difficult task, the results are well worth it: I look better, feel better, and my self-esteem has increased further than ever before. I made myself a great leader for the trillions inside of me.

Personal greatness is at everyone's doorstep: that inner sense of satisfaction you get from reaching an important goal. Though we each are born with different abilities and limitations, within those boundaries each of us can strive to maximize our well-being. There is no doubt that you can achieve personal greatness. The question is how do you start? The fact that you are interested enough to read this book is proof that you value your health and are, therefore, motivated to improve it. Your confidence, however, may not be so apparent. Self-esteem is often fragile and, at times, elusive. Whereas our values tend to be relatively constant from year to year, the circumstances we find ourselves in can often change our self-esteem overnight. Sometimes, it only takes one bad choice, one mistaken action, to shatter the self-esteem you have built up over years, and without confidence your motivation is like a car without gas, a campfire without a match, or a body without a great leader. It takes both parts to make a working, vibrant whole. So though your motivation is evident, how do we define your confidence and assure that you have a complete foundation upon which to successfully build a healthy future?

As the baby who learns to crawl before it can walk, we must first look at simpler tasks before attempting the harder ones. Pick a goal equal to your ability and your self-esteem will grow. Choose one beyond your grasp and, like the baby who fell on its bottom, you will cry. Confidence grows as we learn to make and benefit from appropriate decisions. Where then do we start? Once born, the baby that wishes to walk must first learn to crawl. Before crawling, however, it must first learn to sit up. Prior to sitting up, it must first learn to raise its head, and so on. In fact, there appear to be so many antecedent tasks to the final goal that we might as well stick the baby back in the womb since

learning to walk is simply too difficult.

Fortunately for us, there is an answer for this dilemma of antecedents. The solution is so simple, though paradoxical, that it is as good a starting place for someone with total self-esteem as it is for someone with no self-esteem at all. Before learning how to take action, before learning how to do things successfully and boost your confidence, let us concentrate on learning how to do nothing at all. If you can do nothing at all to the best of your abilities, for the best benefit possible to your body, your cells and your health, then you will have begun to create the self-esteem needed to do anything. For this reason, the first chapter of this book is dedicated to rest and learning how to sleep.

Sleep is a primal biological drive that has been programmed into our brains and bodies over centuries of evolution. I can think of few plants or animals which do not go through a daily cycle of heightened activity followed by prolonged rest. Plants, in particular, are extremely sensitive to this cycle as the sun appears only during daylight hours. Plants use photosynthesis to combine carbon dioxide and water into carbohydrates, rich food sources for themselves and the organisms which feed upon them. Through photosynthesis, sunlight is converted to carbohydrates, a food both plants and animals use to survive. Plants, therefore, are the great harvesters of sunlight, turning its energy into edible food for all of us to enjoy.

The earth makes one revolution around its north-south axis every day. We experience this as the sun rising in the east each morning and setting in the west each evening, with roughly half of every day spent in sunlight while the remainder is spent in darkness. For this reason, plants can perform photosynthesis only during the half of each earth rotation when they face the sun. Plants must convert enough sunlight to carbohydrates during this period to last the entire day, otherwise they would die before the next morning. Thus, plants must produce in roughly twelve hours the food needed to survive for twenty-four. They must make twice the amount of food they need in daylight so they will have enough energy to survive through the night. Therefore, plants work extra hard when the sun is shining to produce an excess of food so that they may rest at night to conserve energy and recuperate from their hard work.

If the earth were stationary and did not spin on its axis each day, then plant life would be quite different. Under this condition, plants would only grow on the side of the earth continually exposed to sunlight, the other, dark half becoming a barren desert. In addition, as the lighted side of the planet would have continual access to the sun and its energy, plants could produce carbohydrates twenty-four hours a day. They would not have to produce food stores to last through the dark nights, and would only make more carbohydrates as they used them. With no need for reserves, no need to overwork during the daylight to produce food to last them the evening, plants could produce food continually at a slow, steady pace which would neither tire them nor require them to rest. However, this is not the case, and our spinning earth demands that they rest every night after overworking each day.

Evolution has instilled the same work-rest cycle in humans as it has in plants, but for different reasons. Unlike plants, we are mobile creatures which can easily travel from one place to another. The only traveling most plants ever do is as a seed when they are carried by the wind or some animal to the place where they will spend their entire lives. Unlike plants, however, animals cannot convert sunlight to carbohydrates. We are, therefore, dependent upon plants to create the basic food source for our survival. Thus, we either eat plants such as fruits or vegetables, or feed upon vegetarian animals such as cows which have already eaten the plant life for us. For this reason, humans are

classified historically as hunter-gatherers: hunters of animal meat and gatherers of plant food.

As hunter-gatherers, people rely heavily upon their senses to obtain their food. From amongst our five senses - sight, smell, sound, touch and taste - vision is the most important for satisfying our biological need to eat. Of course, all our senses are useful in acquiring food, however, under most circumstances, a blind person would have a much harder time finding sustenance than say a deaf person or one who could not smell. Because of this, as with plants, the earth's daily spin has impacted our evolution and the way we live.

When people first evolved on this planet, their greatest concerns were the acquisition of daily food and the avoidance of becoming food for something else: eat without being eaten. Sight was the most valuable asset we had in accomplishing both of these goals. Not only could we use it to find our food, we could rely on it to warn us of an approaching predator who might find us tasty. With the earth spinning round and round each day, the best time for us to hunt meat or gather plants was during sunlight hours when we could make the best use of our vision. The darkness of night decreased our sight, thereby lessening our abilities to both see food and avoid becoming food. It was not enough, however, to simply be awake during the day. People, like plants, had to capitalize upon daylight to acquire enough food to last them an entire twenty-four hours (the problem was actually more complex than this and will be further explained in the chapter on diet). Then at night, when our vision and hunter-gatherer abilities were limited, we could sleep to conserve energy and recover from the hard day's work. Due to the earth's spin, people and plants both evolved daily cycles of work followed by rest which still drive us today.

Our spinning planet has influenced our evolution for millions of years. It has only been since the late eighteen hundreds, with the advent of electric light bulbs, that we have been able to free ourselves from this sight limiting spin. With electric lights we can now turn night into day and make full use of our vision, even when we cannot see the sun. We may now walk about at midnight, lighting our way with flashlights or street lamps, go to a brightly lit convenience store, buy our food instead of harvesting or killing it ourselves, and then take it home to eat in a kitchen bathed in electric luminance. Not only can we find our food twenty-four hours a day, but we can easily see to avoid oncoming cars, trucks and trains, the last great predators of humankind. We may now eat without being eaten, or run over as it were, at anytime of the day we choose. Why then are we unable to stay awake twenty-four hours around the clock to take advantage of this new found freedom?

Evolution is a slow, painstaking process which takes millions of years to develop, and millions of years to change. We as a species have genetically selected over the countless centuries those qualities which improved our chances of surviving the conditions we lived in. For millions of years this has meant increased activity during the day and sleeping at night. Only in the past hundred years or so have we had access to reliable twenty-four hour lighting. It is not possible to alter in one century what has been genetically inbred into us over millions of years. The chance that we could remove ourselves from the daily sleep cycle in such a short period is as likely as that of our growing another eye in the middle of our foreheads to better see the flood off light we are now awash in. Perhaps over many centuries we will biologically adapt to non-stop lighting, slow down and lose our need to rest. For now, however, we are just at the starting line for such dramatic change, and our need for sleep is as strong as when people were hunter-gatherers living in caves. It is remarkable to think that when your mother told you to get plenty of sleep, she was actually invoking millions of years of evolution.

Sleep is an incredibly important time in our lives. Though it may appear that we are doing little

on the outside, our bodies are actively involved in daily maintenance we need to perform our best when awake. Like department stores which close for the night, we take this time to restock our shelves and attend to any internal cleaning chores that may have been neglected during the daytime. It is an opportunity for our bodies to assess where we have deficits, where we have reserves, and then shuffle the excess off to where it is needed most. Trillions of cells actively refuel our energy supplies so that we will not only be awake the next day, but also be able to perform extraordinary amounts of work as the need arises. If we deny them the chance to do this life sustaining work, then, like any building which is not properly maintained, we will become ragged, run down, and crumble back into the dust from which we came. Evolution demands it of us, our cellular citizens require it for us, yet many people fail to get enough rest.

The average person needs between six and eight hours of good quality sleep each night to feel rested the following morning. Both the quality and quantity of this sleep are equally important and unique for each person. I find that I feel best if I sleep seven to eight hours per night, wakening briefly two to three times during that period. Curiously, if I sleep an entire eight hours straight through, I actually feel less rested than if I had awakened a few times while sleeping. There is no necessarily apparent rhyme or reason why an individual needs a particular amount and type of sleep. Some people need six hours, while others cannot do without eight. Certain individuals can only fall asleep if there is music playing, while others need complete silence to properly relax. The din of city traffic annoys those who move there from the country, while the rural thunder of evening crickets keeps visiting city folk awake. As we each have individual requirements for falling asleep and how much we sleep, it is impossible to claim that everyone should sleep the same way as everyone else. However, there is an individual way which is best for each person to get the rest they need. By appreciating your biological drive for and health benefits from sleep, you can start changing your behavior to attain the amount and type of rest that you require to feel your best each morning.

Anyone wishing to avoid illness, or improve their sate of health if diseased, can best accomplish these goals by first attaining adequate sleep. Even when healthy, our bodies require many hours of rest each night. Illness further taxes our bodily resources, thus increasing our demand for even more sleep. It is easy to see that without proper rest a healthy individual soon runs down, no longer able to maintain and defend themself from disease. In addition, the ill person who pushes themself without enough sleep only hastens the progression of their illness. Sleep is the time for your cellular society to recharge and restrengthen itself on a daily basis. Deny your cells this opportunity and you deny yourself, and the trillions who depend upon your leadership, the chance to be healthy.

I often find it difficult to help my patients understand the importance of regular, good quality rest. Many ignore my advice by claiming there is nothing wrong with how they sleep or how much they sleep. They add, to my dismay, that no matter how much sleep they get, after that first cup of coffee in the morning they are rearing and ready to go. This is very sad. Caffeine merely releases chemical reserves in your body that would otherwise be used much slower and over longer periods of time. It provides in a relatively short burst, the energy that should be available to you for a better part of the day. If you sleep too little and do not replenish your chemical energy stores adequately, only to ingest a stimulant which forces out what remaining energy you have left, then you are sacrificing the reserves that you might otherwise use for fighting off infections and illnesses. We are limited beings with limited energy reserves. Resting helps to restore these resources, while caffeine works in ways which deplete them. Dependence upon that cup of coffee, rather than adequate sleep, to help get you

through the day may hurt your chances of staying healthy or becoming well when challenged by disease.

There is no substitute for good sleep. As a matter of fact, I have never heard of anyone staying continually awake for longer than four or five days in a row. People who have tried often end up in a state of psychosis, some even dying from electrolyte imbalance induced strokes or heart attacks. We are programmed by evolution to sleep on a daily basis in order to survive. Substances like caffeine can only be used safely over very short periods to extend our awakened hours. However, when used daily, they deplete our energy and lower our defenses. Not only is there little or no know nutrient value to these compounds, their side effects ultimately weaken rather than strengthen us. If you depend upon any such stimulants to get through the day, then the first place to start towards improving your heath is to get rid of them and get more sleep.

Resting better is often just a matter of sleeping more. Many people simply do not get enough rest to satisfy their basic needs. On the other hand, sometimes it is not how much you sleep, but how well you use that time you set aside for sleeping that matters. If three out of your seven sleeping hours are spent awake tossing and turning, then chances are you will not feel rested when you rise in the morning. Just as our requirements for sleep are unique to each person, so are the reasons that people do not get enough of it. However, if you require chemical stimulants to wake up or stay awake during the day, or begin to fall asleep halfway through the day, then you are not getting the sleep your body needs.

Sleep deficits and their consequences may be transient or long term. Consider the person who regularly gets adequate sleep without using stimulants. If they stay up late once a week to have fun, it is usually simple for them to replenish their energyreserves by sleeping a bit later the following morning. Overall, they have made a shallow dip into their back-up stores, a deficit quickly and adequately replaced through an extended period of rest. Barring an accident or overwhelming acute infection, they retain the reserves needed to maintain their health and fight off common illnesses. On the other hand, habitual coffee drinkers who sleep less than necessary, then pick themselves up each morning with a cup of java, have likely been nurturing a long term sleep deficit for many years. This type of bad habit develops slowly and constantly into a chronic addiction, leaving the body in a permanent state of depletion. They stay awake longer than they should by depending upon caffeine to release their chronically low back-up energy - a loss for which they never get enough sleep to adequately replenish themselves. When they finally come down with the common cold or some other ailment, they do not have the internal resources needed to fight back quickly and effectively. Like the person who gambles away all their money and does not save for a rainy day, they cannot pay their bills when they come due.

While I do not wish to topple the coffee industry or any foreign governments, I would say that the average coffee drinker drinks coffee for the wrong reason. Neither caffeine nor the invention of electric lights has significantly altered our millions of years of evolution. We need to sleep. We must sleep. Anyone concerned about their health owes it to themself to be sure they get proper sleep each and every night. If you are not getting enough rest, then take the time to think about what you are doing which prevents you from getting it. Perhaps it is your use of coffee, or maybe stress issues that keep you awake. Maybe it is the neighbor's dog barking at night, or even your own mattress which lacks proper support for you to get a good night's rest. Whatever the reasons, chances are you can identify several factors in your life, which if changed would allow you to sleep as you should.

In this day of AIDS, it is more important than ever to be healthy and stay healthy. Proper rest is one of the best means for investing in your health. As there are countless ways in which to sleep, it is beyond the scope of this book to list solutions that will work for everyone. In the final analysis, it all comes down to your motivation and confidence. Lack of proper rest results from inappropriate behavior. However, if you value your rest and have the self-esteem to change your behavior, then you can eliminate bad habits which detract from your sleep and diminish your health. Since there is no substitute for adequate rest, think about your sleep and ways to improve it, then start experimenting with new behaviors and learn how to become a better sleeper. You may make some mistakes along the way, but your motivation and confidence will see you through.

For now, be a great leader: close this book and go to sleep.

Suggested books for further reading:

HOW TO GET A GOOD NIGHT'S SLEEP
Richard Graber and Dr. Paul Gouin; Chronimed Publishing, 1995ISBN 1-56561-078-4

HOW TO GET A GREAT NIGHT'S SLEEP
Dr. H. Vafi and Pamela Vafi; Bob Adams Inc., Publishers, 1994ISBN 1-55850-442-7

SECRETS OF SLEEP
Alexander A. Borbely; Basic Books, 1986ISBN 0-465-07593-2

EXERCISE

If we do not take care of ourselves,
how can we possibly take care of each other?

Viruses are smaller than cells, and they do not perform all of the functions necessary to sustain life: ingestion of nutrients, expulsion of waste, reproduction, growth and development. Bacteria and viruses can both cause disease, however, bacteria are single celled organisms that, unlike viruses, can perform all the daily activities needed to maintain their lives. Viruses, on the other hand, are tiny microscopic capsules which, for the most part, contain only genetic material. Some have DNA, others RNA. DNA is the genetic blueprint for life, and it is so important for life that it is only found in two places: encapsulated in viruses, and inside the nucleus of living cells. The nucleus acts as a fortress which safely holds the vast library of our genetic codes. Even though the DNA inside this library contains the instructions which tell cells how to keep us alive, it is too important to ever leave the nucleus. What if some of a cell's DNA went outside of the nucleus and got lost? This could be catastrophic and possibly fatal to the cell. Instead, to prevent the loss of any genetic material, an expendable copy is made of the DNA instructions. This copy is called RNA, and it rather than the DNA travels outside the nucleus to tell the rest of the cell how to perform life sustaining tasks.

Every cell in our body contains in its nucleus the entire genetic code for all the bodily functions of our life. However, each cell only uses a small part of that library - the portion which tells it how to carry out its own unique life sustaining duties. For example, liver cells only read the part of the genetic code that tells them how to do liver like things, while brain cells only care about the brain portion of this immense library. This, like our sleep cycle, is a product of evolution.

Millions upon millions of years ago, before any plants or animals existed, life on this planet consisted mostly of simple, single celled organisms. Each cell had the ability to perform all the functions of life independently, without the help of any other cell. The genetic code contained inside their nucleus had all the instructions they needed to live, grow and produce offsprings. For eons this worked fine and dandy, with single celled organisms living, dying and reproducing independent from one another. Somewhere along the line, however, things changed.

Between the era of strictly single celled organisms and today, cells began to live together and work with one another, no longer floating aimlessly about all alone. They found it beneficial to organize in ways which improved their survival and procreation abilities. They started with loose associations, then merged first into two cell, then three, four and more celled organisms. Over the eons, as the number of cells in each new species increased, so did the complex abilities of new generations and the amount of genetic code needed to keep them alive. In addition, as species became more and more divergent from one another, so did the contents of their genetic storehouses. The DNA library for an albatross, though probably having many similar instructions, is vastly different from that of a cougar, which in turn little resembles the genetic codes for people.

Each species of life has different overall needs and ways of living, so each keeps a different overall genetic library. Yet, within any multi celled organism, the DNA code, which regulates and defines life, is too crucial to either keep in one place or be divided up into parts held only by the cells that use

it. If there were just one copy, what would happen if it were accidentally lost, damaged, or completely destroyed? If, instead, the library was broken apart and distributed amongst individual cells, what would happen if something went wrong in the complex dividing process and cells got incomplete or wrong parts of the code? To avoid these and other similar disasters from occurring, every cell inside of us contains more than just the genetic data it needs for its particular tasks. Each has a complete copy of the entire DNA record used by it and every other cell in our body. In this way all cells are certain to have access to the DNA they need to keep us alive, since each has its own complete copy of all the DNA we possess.

Evolution has driven life onward, from the age of single cell organisms to what we are today. Along the way, countless species have come and gone, each with its own unique way of living, and each with its own individual genetic library. In this process, some earlier species have acted as predecessors to later ones, giving the better parts of their older codes to the newer species' library. This passing on of genetic data allows evolution to pick and choose the best of its blueprints for successive generations. Yet, not all species pass their codes on. Some became extinct and disappeared without any successors, and with them went their vast libraries of genetic information. With no one to receive the volumes of experience catalogued in their DNA, billions of evolutionary years went for naught as these blueprints were trapped inside a dead end species. Yet, just as nature has had to be sure that all cells of an organism contain a complete genetic library, nature also provides a way to exchange genetic data between unrelated living organisms. In this way, should a particular species become extinct without a DNA heir, bits and pieces of their code will at least survive within the library of some other lineage. Thus, genetic data is conserved beyond a species and does not have to be re-created. This blueprint sharing occurs in the form of little interlibrary loans called viruses.

Viruses are like little envelopes of genetic letters which can be mailed back and forth between single cells and entire organisms. They may contain either DNA or RNA - HIV happens to contain RNA - and their goal is to transport genetic information between nuclear libraries. Unfortunately, the viral postal service is not a highly efficient one, and most of these genetic messengers travel aimlessly about until they fall apart or are destroyed. Even if they do manage to find their way to a receptive cell where they can deposit their contents, in the process of doing so they self destruct. At best, one virus can only share its contents with just one cell, and most never get that far. Yet, every so often one of these envelopes reaches its destination and gets to place its contents inside the nucleus of a cell. If the virus contains DNA, then its contents are placed right up on the genetic shelf inside the nucleus, ready to be read at a moment's notice. If, however, the virus contains RNA, then it also carries a special chemical, called an enzyme, which will convert the RNA data to DNA before entering the nuclear stronghold. In HIV, this enzyme is called reverse transcriptase.

Whether they contain DNA or RNA, a virus's only goal is to deposit new genetic material in the DNA libraries of cells. In this way an organism contains even more than just the genetic materials necessary for its species survival. Viruses share data between living libraries and thus ensure that individual codes will not be lost even if a species dies out. Who knows, we may have the blueprints for the teeth of a brontosaurus or tusks of a woolly mammoth floating amongst our genetic instructions, and one day we might even find a way to use them. For now, they sit dormant inside of us, science having labeled them nonsense or garbage codes, waiting to see if evolution has any further use for them. Only time will tell, but nature knows that once created it is much easier to hold onto a code, even if kept locked deep in a library basement, than to recreate it all over again.

Therefore, viruses constantly bring us new genetic information to add to our ever expanding warehouses. Though we may not use it in our lifetime, there is no telling what value these codes might be to future generations.

The job of the virus is so important that it does not just carry indiscriminate blobs of genetic data. Though a lot of the blueprints inside a virus may appear to be nonsense whose past or present applications are not understood, the viral package also includes key instructions for creating more viruses. Along with everything else these little interlibrary loaners bring to a cell, they also drop off their own blueprints in the hopes that the cell will read them and make more of these genetic couriers. Remember, viruses, unlike cells, cannot carry out the basic functions of life. They do not appear to ingest any nutrients in their travels, neither do they produce any waste products, and they cannot reproduce themselves. Therefore, they depend upon the cell where they deposit their data to reproduce them. It is a life imitating cycle in which new genetic material is, directly through DNA or indirectly through RNA, placed inside of a cell's nuclear library where it waits to be read. If the right part of that data is used, then the cell, along with all its other functions will be instructed to make more viruses which, in turn, leave the cell and spread the genetic news to other libraries.

For the most part, viruses do not carry any information that we do not already have, and the data they do have is most often of little use or importance to us. We have millions of these tiny messengers floating inside of us every day, with most wandering harmlessly about, never reaching a library in which to make their delivery. Even when a virus does manage to find a new home for its genetic cargo, viral reproduction blueprints and all, these codes often end up on dusty shelves and are never taken down to be read. On the rare chance they are, the instructions they contain are usually illegible to the cell and, thus, placed back on the shelf without ever being used. However, every so often one of these viral interlibrary loan deposits is taken off the shelf and found to contain legible instructions which the cell can carry out. Cells are curious things, and once they find a legible blueprint in their nuclear library, they tend to do, or at least try to do what it tells them. Yet, if the cell is not careful, following certain blueprints can be disastrous.

It is said that curiosity can kill a cat, and the same may be said of cells which read the wrong genetic information. Normally, a cell will read from its nuclear library, only those parts it needs to perform its unique life sustaining duties. Though they all have a complete set of instructions to do almost anything, heart cells have no use making urine as kidney cells do, and stomach cells do not try to breath for us the way lung cells do. Cells only read the things they need for their individual role in maintaining our lives. Sometimes, however, things go wrong.

For some unknown reason, maybe by accident or because cells get bored of reading the same old thing over and over, every now and then they open a new book and follow new orders rather than their usual DNA instructions. Under these circumstances, cells begin spending time on tasks they would not usually perform. Sometimes these activities are very minor and use up little of the cells resources. However, if these instructions are the blueprints for making more viruses, then a cell may become a baby factory, devoting more and more of its energy to manufacturing genetic messengers. This can be fatal for a cell, as viral production can start to supercede normal cellular activities which support our life. If too much time is spent pumping out these tiny genetic envelopes, then the cell will not have the energy to do its regular job and it will die. If enough cells in our body are affected by this same process, then they may all die, and our health will be at risk.

Under the current scientifically accepted mechanism for AIDS, HIV is widely produced by our

bodies, and the cells which are infected and die in the effort of making more of this virus are called T cells (also known as T-helper, T-4, or CD-4 cells). These cells are a key component of our immune system, and they normally work to defend us from a wide variety of life threatening infections. The AIDS virus is so devastating because it is able to infect and kill these T cells which normally would defend our bodies from viruses and other pathogens. However, after enough of the T cells have been killed by HIV, these other infections take advantage of this opportunity to make us sick, as there are too few T cells left to prevent them from hurting us. The infections, therefore, are called opportunistic infections, and they include things like Pneumocystis carinii which causes pneumonia, toxoplasmosis which produces brain lesions, and cytomegalovirus which causes blindness.

AIDS can be a horrible disease, with a protracted course of suffering before a person finally dies. As it is a syndrome encompassing numerous illnesses, it is hard to say what any one person with AIDS will suffer from. One might have tuberculosis, while another develops Kaposi's sarcoma, and yet a third comes down with some form of brain disease. The person with AIDS does not die from HIV itself, but from the rampage of infections which come after enough T cells have died in their effort to produce more HIV. Though this outcome is devastating for anyone affected, it is important to realize that while HIV is lethal because it may lead to AIDS, it is not a very strong virus.

A strong virus is one which can easily cause disease in someone it infects. Hepatitis B, which causes liver disease, is just such a virus. It, like HIV, is passed from one person to another through the exchange of bodily fluids, as occurs in sexual contact. Hepatitis B, however, unlike HIV, is very strong. I once read a comparison of the two viruses which stated that if you placed a single drop of hepatitis B contaminated blood in a large swimming pool, then had someone drink one cup of that pool water, they would become ill from the tiny amount of hepatitis B in the water they had ingested. However, under the same circumstances, a similar drop of blood containing HIV by itself would not be enough to cause a person to get AIDS. HIV, though able to cause a deadly disease, is simply a much weaker virus than hepatitis B.

Each year, as discussed in this book's preface, hundreds of health care workers are accidentally stuck by needles which are contaminated by blood containing HIV. Of these hundreds, or perhaps thousands of exposures, less than one percent becomes HIV positive. Over ninety-nine percent remain as healthy as they were before being stuck by those needles. If HIV were a strong virus, then everyone injected with it should get AIDS, or at least become positive, but this is not the case. Health care workers represent a broad spectrum of society, from those highly educated to those with little schooling, male and female, gay and straight, old and young, rich and poor. They come from many diverse backgrounds, and some are very healthy while others have a variety of illnesses. Therefore, aside from being hard working individuals, they represent an average cross-section of society. Their ability to fight off infection from HIV exemplifies just how weak this virus is, and how unlikely it is to harm the average person.

Weakness should not be confused with lethalness, especially when talking about viruses. Just because a virus is weak does not mean it cannot kill you if given the proper opportunity. HIV may not be as strong as the hepatitis B virus, but once it gets hold of you it can wreak havoc and devastation far beyond most other diseases. Fortunately, due to its weakness, many people can withstand infection from a single, minute exposure to HIV, as is the case with most health care workers. Overall, our well-being is like a fortress whose sides are too tall for HIV to climb. Under normal circumstances, the virus lacks the strength to scale the walls of health which surround us, and,

therefore, we are safe from its invasion. However, if HIV can find a weakness in our armor, a large enough tear in the fabric of our immunity, then it will undermine the very foundation of our castle by destroying the T cells of our immune system, and making us susceptible to other deadly invaders.

Common sense tells us that the best way to prevent getting AIDS is by not allowing yourself to become infected with HIV. Thus, the best way to prevent becoming infected with the virus is to avoid situations where you might be exposed to HIV. Unfortunately, as there are many different ways in which people are exposed to this virus, and the fact that it may be months or years between exposure and finding out one is HIV positive, these platitudes are not enough to protect us from this disease. What is needed in preventing AIDS is a comprehensive awareness of the fact that each person has the ability to prevent HIV from infecting them not only by limiting the possibility of their exposure to the virus, but also by maintaining their health so that if exposed infection will not be possible.

While I do feel compassion for everyone with AIDS, I seldom use the word victim when talking about patients with this disease. A victim is someone who had no reasonable way of preventing what has happened to them. There are, however, victims of AIDS. Babies who got HIV from their infected mothers are victims of AIDS. If their mothers had stayed healthy then these infants would not be sick, but the babies could not prevent this from happening. Hemophiliacs who acquired the virus through their medical treatments are also victims of AIDS. If the companies they depended upon for their life saving medicines were more careful in making these products then they might not have contracted HIV, but the hemophiliacs could not prevent this from happening. Hospital patients who were given HIV in their blood transfusions, too, are victims of AIDS. If blood banks screened their supplies better then these people would not be given HIV with their transfusions, but the patients themselves could not prevent this from happening. Though there are other examples like these, if all the true victims of AIDS were added up, their total number would only represent a small percent of all the people with AIDS. The remaining cases of this disease are people who are not victims, but those who had a way of preventing AIDS from happening to them.

The two biggest classifications for AIDS patients in the United States today are homosexuals, people who acquire AIDS through specific types of sexual behavior, and intravenous drug abusers, people who acquire AIDS through their habit of injecting drugs into their bodies. I would never say that anyone deserved to get AIDS, nor would I ever want anyone to get AIDS. Yet, I would not ordinarily classify someone in either of these groups as a victim of AIDS. Of course, there is that gray zone where someone has multiple risk factors for the disease, such as a gay hemophiliac. Perhaps they are victims, but in these cases, which are limited like the number of true AIDS victims, it is often impossible to tell. Though it would be cruel not to acknowledge this grey zone, the vast majority of patients with AIDS are not victims. To classify them as such would be to take away their power and responsibility in maintaining their own health.

Before writing anything further in this chapter I did three things. First, on January seventh, 1997, I called the Centers for Disease Control (CDC) AIDS and HIV hotline (1-800-342-2437). According to their most recent statistics, between June of 1981 and June of 1996 there had been a total of roughly 550,000 AIDS cases reported in the United States (548,102 to be exact), with a little over half of these considered to be men who acquired the disease by having sex with other men (51% to be exact). While some people would state that not all men who have sex with other men are homosexual - perhaps they were bisexual - let us avoid this philosophical pitfall and assume for the

sake of argument they were all homosexual. Then, for the past fifteen years, there were about 280,000 cases of male homosexuals with AIDS (51% of 548,102, or 279,532 to be exact). It should be noted that lesbians as a group are at a lower risk for HIV than heterosexuals, and represent such a tiny number of the overall AIDS cases that the CDC's hotline does not have a reportable category for them. Thus, I shall focus solely on gay males in this discussion.

With this first step accomplished, the second thing I did was to try and figure out how many homosexual men there are in the United States. The most famous studies to estimate this were done by the Kinsey Institute during the 1940's and 1950's. According to their reports, they claimed that roughly ten percent of the American population was strictly homosexual men or women (as opposed to being strictly heterosexual, or bisexual to some degree). More recent studies of the 1990's have estimated this number to be much lower, at roughly two to three percent of the general population. For my purpose, let us assume the actual number to be halfway between these estimates at six percent. Next, to determine the size of the general population, I called the Federal Information Center (1-800-688-9889) and they told me that there were about 260,000,000 people living in the United States as of January 9th of this year (266,533,885 to be exact). Therefore, I estimate that just under 16,000,000 of these people are homosexual men or women (six percent of 266,533,885, or 15,992,033 to be exact). Assuming half of these sixteen million people are gay males and the other half are lesbians, then there are about 8 million gay men in America today.

With my first two goals completed, the final thing I did was try to determine how likely it is for any gay American male to get AIDS. Armed with knowledge that roughly 280,000 homosexuals men had gotten AIDS during the previous fifteen years, and that there are about 8 million gay males in the United States today, even if all of these homosexuals with AIDS were alive today, which unfortunately they are not, their total number would be less than four percent of our overall gay male community (280,000 divided by 8,000,000 then times 100, or 3.5 percent to be exact). Over 96% of all gay men in this country do not have AIDS. In other words, if you were to randomly pick one hundred gay males from throughout the entire United States, then chances are only three or four of them would have this disease. Given the way HIV has been presented as an epidemic to the public, I find it astounding that such a small percentage of our gay population has AIDS. Perhaps this is a testament to the value of HIV education programs past and present. Whatever it is, I think this is good news.

Some people would argue that the statistics I calculated above are interesting, but it is more important to know how many people are HIV positive, since this gives a better picture as to the number of those at risk for getting AIDS. On the day I called the Centers for Disease Control, they told me they believed that between 650,000 and 900,000 people are currently HIV positive in our country, including those who already have AIDS. Taking the larger of these two numbers, if we again assume about half, or 51% of these are homosexual men, then we find that just a little less than six percent of the gay male community is HIV positive (51% of 900,000 divided by 8,000,000 then times 100, or 5.74 percent to be exact). Whichever statistic we use, the number of gay men who are HIV positive or the number who have AIDS, we discover that about 94% of our gay male population is HIV negative and over 96% do not have AIDS. Though local statistics may vary widely from region to region of the United States (I have heard it said that one out of every three gay men living on Miami Beach, Florida, is HIV positive), nationally, the fact remains that being gay does not mean you are going to get HIV or AIDS. While I am sure there are people who will argue with the

accuracy of my numbers, the point still stands: though about half of all Americans with AIDS are gay, the average gay person in the United States does not have and probably will not get this disease.

I believe, as shown above, that the vast majority of gay men in the United States do not have AIDS. Though there are many gay American men who do have AIDS, and though the majority of AIDS patients in the United States are gay men, there are far more gay males in America who do not have this disease than those who do. A similar situation exists with other diseases, say sickle cell for example, a painful and often fatal ailment of red blood cells. Though the majority of people in the United States with sickle cell disease are African Americans, and there are many African Americans with this disease, most African Americans do not have sickle cell. Just as being of African descendants does not automatically mean you are likely to have sickle cell disease, being gay does not mean you will eventually get AIDS. While these similarities are striking, the difference between the two diseases is that sickle cell is transmitted by genetics, whereas AIDS is most often acquired through behavior.

There are many ways to be gay in America, and while being part of a minority which this country discriminates against makes life difficult, not all ways of being gay lead to AIDS. While it is true that gays as a group are still deprived of many of the social support structures, such as marriage, which heterosexuals take for granted, most gays manage to develop a lifestyle which prevents them from becoming diseased. They, like the health care workers previously mentioned, have limited exposure to HIV and, if exposed, they are stronger than the virus, thereby able to prevent it from establishing a pathologic infection within them. Gay people such as this, the majority of gay people in the United States, are not victims of AIDS because their behavior prevents them from getting this disease. Just like any other person without AIDS, they are able to be healthy and stay healthy, a responsibility we take very seriously.

Being gay is not a choice, and I should know. Never in my wildest dreams would I have chosen to be part of group which is so detested and looked down upon by the rest of society. I find that the gay community today is at a similar point in its history as the African American community was after the Civil War. Even though there was a greater degree of freedom with the end of slavery, they were certainly not welcome members of society. It would take nearly one hundred more years just to work out the seating arrangements for blacks and whites on buses. A similar situation now exists for gay Americans. While many of the laws which punished gays in the past have been overturned, there are still other laws and many social customs which impinge upon our freedoms today. Just as most whites thought there was nothing wrong with the way African Americans were being treated after the war ended in 1865, many heterosexuals today feel empowered to be prejudiced and discriminatory against, rather than accepting and friendly towards gay people. While AIDS may well prove to be the gay community's Civil War, there is still a long way to go before we are accepted as equal members of American society.

Though most gay people grow up to live their lives without becoming afflicted by AIDS, many do contract this disease. Assuming they are not victims of the disease - they were not among those who could not avoid getting ill - then two factors, both within their control, separate them from the rest of the gay community. The first is how much and how often they have been exposed to HIV. I know of no reason why the average gay person's immune system cannot defend them against a minute viral exposure, as is the case with health care workers accidently stuck with HIV contaminated needles. On the other hand, if health professionals were to purposely restick themselves over and

over with needles containing the virus, then I would assume the likelihood of their becoming HIV positive would increase. The same can be said for gay people. If their exposure is minuscule and limited, then they should be stronger than the virus and able to fight off. Yet, if they do not prevent themselves from being stuck again and again by something containing HIV, and I am not thinking of a needle, then they increase the probability that the virus will find a way to infect them. It is, therefore, imperative for gay people to identify ways in which they may become exposed to HIV and learn how to severely limit, if not totally eliminate these exposures from their lives. As one of the most common ways of exposure to HIV is through sexual contact, much of this will be discussed in the chapter on sex. For now, know that there are alternatives to behaviors which increase your risk of exposure to HIV, alternatives which roughly 94% of all gay men and approximately 100% of all lesbians live by and stay HIV negative.

The other way in which gay people, or anyone for that matter, increase their risk of becoming HIV positive is by not maintaining their own well-being. Assuming the average person, gay or straight, is of good health and has not been previously infected with the virus, then there is less likelihood of actually becoming positive upon limited exposure to HIV. As we saw with our much aforementioned health professionals, a small, onetime shot of the virus is just too weak to overcome the strength of our immune defenses. Yet, if a person does not maintain their health, then the general state of their entire body, including their immune system, is lowered and what may have once been an easy attack to fend off now poses significant threat for infection. The virus did not become any stronger, but we became weaker. If one is not healthy to begin with, then even a limited exposure can become a major hazard.

There are so many ways in which someone can maintain and improve their health, and countless alternatives to the behaviors which expose people to HIV, that I find it difficult to consider the average person with AIDS a victim of this disease. They may be a victim of their own ignorance or lack of action, but given the proper motivation, adequate self esteem, and an understanding of effective ways in which we may stay healthy, there are too many things we can do to avoid this disease to say it was impossible for us not to get AIDS. This is, after all, the crux of this book: that we do have choices and we can prevent ourselves from having this illness. Whether gay or straight, male or female, old or young, we can choose to do things which will limit the possibility of our exposure to HIV, and still be gay or straight, still be male or female, still be old or young, and still be healthy. In addition, we can choose to act in ways that maintain our well-being, thus reducing the chance of infection if we are exposed to HIV. Proper sleep, discussed in the first chapter, is just one of the many ways in which we can work towards this goal.

Not only does being gay not mean that you must become infected with HIV, I would go so far as to say that being HIV positive does not mean that you have to get AIDS. In fact, I believe that if they start soon enough, most HIV positive people can keep themselves from ever becoming sick with AIDS. Of course, there is a point of no return, but if someone chooses to make significant changes in their behaviors, then they may never reach that point. It is a lot to ask someone to make these kind of changes, but if they act soon enough and stop using stimulants to stay awake and start getting better sleep, stop sitting around all day and start working out, stop consuming junk food and drugs and start eating a healthy diet, stop stressing themselves out day after day and start seeking a calmer way of life, stop ignoring their personal hygiene and learn to take better care of themselves, and stop sexual behaviors which exposed them to HIV in the first place and start finding other, safer ways to

enjoy themselves, then there is no reason why they should suffer from AIDS even though they are HIV positive.

Though no one person with HIV is likely to exhibit all of the behaviors which can place someone at risk for this disease, in my medical training experience most of the people with HIV have many if not most of these risk factors. These types of behavior develop over numerous years and undermine our well-being, lowering our resistance to all diseases. Simply put, they are bad habits which put us at risk of becoming ill from countless viruses and bacteria. Strikingly, though, they are behaviors which we can change, and by changing them we improve our health and decrease our chance of getting HIV, AIDS and many other ailments. Thus, the average person with HIV is victim to either an ignorance about ways of helping themself, or a lack of motivation and confidence in replacing unsafe behaviors with healthier ones. It all comes down to choices, and for most of us, we can choose to prevent AIDS from being part of our lives.

Every moment of every day is an opportunity to help yourself be healthier. Right now, while reading this book, what are you doing that may affect your well-being? Is your back hurting because you are too lazy to change your position and take care of your posture? Are your eyes tired because the light you are reading in is too little or too much? Are you lungs polluted because you or someone in the room with you is smoking? The questions are endless and so are your chances to find ways of being a healthier person. You may never be perfect, but that should not be an impediment to your seeking change, for you might become better than you are now. Even if you only think you can make a small change in your behavior, this is motive enough to change, as a slight improvement may be all the edge you need to become well and stay healthy. Also, if you keep making little changes, they can add up to big changes and improve your confidence in making even more improvements in your life. We can never be sure when we will be put to the test, but the better we take care of ourselves now, the more likely we are to be strong when it counts.

It is hard to say how much change is enough, for there seems to always be more ways to improve oneself. I would not suggest that anyone try to become Wonder Woman or Superman, as given what those two do for a living I am not at all sure that they lead very healthy lifestyles. Instead, seek to be the best you can within the limits with which you were born. For example, I am creating the best book I am capable of writing. It is not a question of writing the ultimate text about AIDS, or even writing a great book about health and disease prevention, but of how good a job I can do for me. After all, this book is for my satisfaction, as much as it is meant to help anyone else. This may seem a bit selfish, but selfishness is really self-interest, which is the basis of both self esteem and motivation for making changes we need to stay healthy.

One of the ways we can and should be selfish in improving our health is by performing regular daily exercise. As with sleep, many of us do not get enough exercise in our daily routine. Exercise provides us with multiple health benefits by increasing our metabolic rate and giving our internal components the opportunity to perform at their peak. Everything from our intestines to our arm and leg muscles benefit from exercise, and lack of a proper daily workout denies them the chance to be their best. We, as the sum of our individual organ systems, are only as strong as the weakest component within us. Therefore, what helps our parts helps us, and daily exercise helps to keep us and our pieces at our peak.

While there are many reasons to exercise, the best reason is to safeguard your health. Many people who exercise today do it for another reason, as exemplified by the gym addicts who pump

themselves up for looks and sexual gratification. Day after day you can find them in sleek, modernly designed gymnasiums and athletic clubs, sweating over iron weights hour after hour. Their workout is not driven so much by health concerns as it is by vanity, and some even do unhealthy things like injecting steroids to reach their goal. Though big muscles may be attractive to members of the same or opposite sex, depending upon your preference, there are health risks associated with putting on excessive muscle mass. Your heart must take on the added strain of pumping oxygen to your overload of muscle, your back and posture are taxed by the excess weight you carry each day, and this mass requires constant maintenance or it begins to be replaced by fat in a matter of months. In addition, if you use steroids to artificially increase your bulk, then you are liable to a further spectrum of problems ranging from mood swings, acne, and testicular atrophy, to liver dysfunction, congestive heart failure and malignant tumors. Though personal appearance can be an important part of self esteem, and exercise can improve one's looks, vanity is often far more expensive than it is worth. Therefore, it should be thought of as a side benefit and not the main reason for exercising.

One good reason for exercising is to increase your peak performance and, thereby, improve your daily performance. These two activities are integrally linked, with our daily abilities never greater than our peak. Through regular workouts, we can raise the ceiling on our peak abilities and thus broaden the horizons of our daily activities. If we hope to function effectively in our daily routines, then exercise is the key to peak fitness which permits us to adequately perform more challenging routine activities. For example, let us consider people working for a company in a two story building which has one office on each floor but no elevator. If once each day these people must travel between the offices, then climbing a flight of stairs is a daily performance required of them. Yet, not all of these people may be equally fit to perform this task on a daily basis. Those lacking adequate physical health will find it difficult to climb and descend the stairs when needed, becoming exhausted and slowing down in their other activities whenever they do. However, if these unfit people were to begin an exercise program which improved their ability to climb stairs, they could overcome this problem. By working out and training to do repetitions of climbing one, then two, then three flights of stairs comfortably, they could increase their peak ability. Once this peak surpassed their daily activity requirements, they would then be in proper shape to climb the stairs at work each day without draining themselves of energy needed for other workday tasks. If they can climb three flights when exercising, then they should have no problem climbing one flight at work. Exercise allows us to optimize our abilities so as to improve our capacity to perform our daily activities.

In addition to improving our peak and daily performances, exercise raises our heart rate and increases the flow of blood in our bodies. As blood travels through us, it brings nutrition to and removes waste from each of our cells. Cells are tiny factories which produce the things we need to sustain our lives. As such, they demand a constant input of raw materials from which to construct these goods, and during this production they also create a constant output of waste which must be carted away. If the raw materials are not continually brought to our cells, then they cannot make the things we require to stay alive. In addition, if waste is not quickly removed from our cells, then it rapidly accumulates to toxic levels which can make us sick, or even kill us. Therefore, blood has a two fold job to do, both parts being essential to our survival. It is a job which must be performed for each of the trillions of cells inside of us, and for this reason blood must go everywhere within us. There are, in fact, so many different places blood must travel to do its job, that if you were to place all of the blood vessels in your body - every artery, vein and capillary - end to end, they would stretch

over sixty thousand miles and could wrap nearly two and a half times around our planet at the equator.

Just as exercise can increase the peak and, therefore, the daily performance of stair climbing office workers, it can also increase the peak and daily activity of our heart. When working out, our heart pumps quicker and our blood flows faster. The more we exercise the heart on a regular basis, the better we are prepared to pump our blood to everywhere it must go during our daily routine. Curiously, the most common time for people to have heart attacks is not in the evening after a stressful day of work, but in the early morning hours after getting out of bed. It is not as likely that the amount of stress in daily life will burn out our pump, as how rapidly we move between the different levels of stress in our day's routine which can be fatal. If these transitions from one stress level to another are done slowly enough, then the heart has time to adjust to the increased pumping demands being placed on it. If, however, we are not of adequate fitness and attempt to jump too rapidly into heightened activities, then our pump may fail to support us and our efforts. Sadly, some people are so out of shape that the simple task of awakening and starting their day is enough to kill them. Yet, this can be avoided through regular exercise which maintains and improves our heart's ability to pump blood for thousands of miles throughout our bodies.

While our heart likes us to get exercise, things that infect us do not. Viruses and bacteria tend to be very sensitive to their surroundings and thrive best in a stable environment. In particular, most organisms which cause us disease prefer the climate provided by our bodies at rest. Slight variations in any of the components of this climate are often sufficient enough to stop or stunt their growth and disease producing capacities. Temperature, in particular, can be a crucial factor in this climate, and small daily alterations in our body's temperature can help limit the ability of viruses and bacteria to replicate and cause disease. Exercise is an effective way of producing heat in our bodies and safely raising our temperature for short periods of time. Done on a regular daily basis, it can make our bodies an unpleasant place for infective organisms to grow. While it does not take a lot of exercise to accomplish this, the average person should seek to do at least a half hour workout every day, producing a continuous moderate sweat for twenty out of those thirty minutes.

The exact amount of exercise we need each day varies from person to person, however, everyone needs exercise on a daily basis. Often I hear about programs that claim you can workout three times a week and produce abdominal muscles like those of a professional wrestler, or buttocks that resemble steel bowling balls. This may sound all well and good, but our goal is not to over exaggerate the features of our bodies, just to maintain and refine them. For this reason I stress the need for doing exercise every day, rather than condensing workouts into a few sessions each week. I have been confronted by patients who come up with excuse after excuse for why they cannot possibly set aside the time to exercise each and every day: they work too late, their children have to be picked up from school, they cannot afford to join a gym, etcetera, etcetera. In general it all boils down to not enough time and not enough money. However, though their excuses may all be true, when they finally keel over one day drinking that morning cup of coffee, then they will wish they had found a way to establish a daily workout routine.

It does not have to cost a lot or take a lot to exercise properly. You do not have to belong to a gym, and you do not have to buy a bunch of fancy and expensive equipment for your home. All too often I see people investing in weight sets and fancy machines which look good when company comes over, but usually end up getting little use other than holding down the carpet. Your body is the most

incredible piece of machinery you could ever have. Nothing people have ever made compares to the complexity of our own bodies. It has the capacity to grow, maintain, repair and, with the help of another body, even reproduce itself. If we take good enough care of it, then it can provide us with years of reliable service for up to a century or more. I know of no cars, airplanes, computer systems or any other inventions which can make this claim. Between your head and toes you possess most of what is required for good exercise. With a few simple, inexpensive additions, you will have everything needed to do a complete and proper workout.

I have experimented with many different ways of exercising over the past twenty years. I have done everything from joining upscale health clubs to buying trendy home equipment. At one point I belonged to a gym and also had seven different pieces of home equipment strewn about my apartment. That way, when it was too late or I was too tired to go out, I could stay at home and hop from one machine to the next in an effort to isolate and aggravate every major muscle group in my body. Though it worked and I was able to create good workout routines from all my buying and spending, I learned that money was not a key ingredient for getting proper exercise. Instead, time and space are really all you need. Of these two, the latter can often be the easier to find.

Where we exercise is often a matter of where we live. If we do not belong to a gym, then there are two places for us to perform our athletic labor: at home and in the great outdoors. One of the easiest and possibly best exercises to do at home is yoga. Yoga is an ancient, diverse art form which combines meditation and stretching, with some types centered more upon the spiritual aspect while others focus primarily on the physical aspect. I prefer the more physical forms of yoga and have spent several years studying it through a variety of sources, including books and classes. Yoga requires little in the way of space, and is a great way to spend part or all of your exercise time. I recall one particular type, called Bikram's Yoga, which is performed in rooms preheated to ninety-five degrees Fahrenheit. I once took classes in this for several months and I never sweated more before or since then as I did while performing this exercise. Do not be mislead into thinking yoga is all about sitting around and chanting. Depending on the type you choose to do, yoga can effectively work your body as well as your mind. In the past, I have even combined yoga with diet reform to successfully lose weight.

In addition to yoga, simple exercises called calisthenics can be done in the privacy and convenience of your home. These include things such as push-ups, abdominal crunches and, with the purchase of an inexpensive doorway bar, pull-ups and chin-ups. Calisthenic exercises, like yoga, require little of you other than your time and a small amount of space. In addition, it is highly effective to combine these different forms of exercise in order to come up with a more balanced routine. My personal daily workout changes every few months, but currently I do push-ups, abdominal crunches, and supine pelvic-tilt leg lifts divided into ten sets of ten repetitions of each. I then follow this with seven yoga stretches I have been working on for the past four years. The whole workout takes about thirty minutes, and I do it religiously at least six if not seven times per week.

If we include the great outdoors as a place where we can play, then a whole new world of exercise lays just beyond our doorsteps. Sports such as walking, bicycling, and swimming are effective outdoor activities which can become valuable components of our workout menu. Before I go on, though, a word of caution. While it is possible to break your nose during the descent of a push-up, or pull a muscle doing too aggressive a stretch, calisthenics and yoga are relatively worry free types of exercise. Conversely, though you might drown while swimming, fall down a flight of steps while

walking, or even get hit by a car when bicycling, for the most part these too are safe ways to workout. There are, however, two forms of outdoor exercise which I do not recommend for the average adult: running or jogging. While they can be excellent forms of exercise for your entire body if done on proper surfaces and with proper shoes, most people do not have access to appropriate tracks for running or jogging. The average person, therefore, must practice these sports on either concrete sidewalks or hard street pavement, and this is harmful for the following reason.

When we are born, our bones are not completely hardened with calcium deposits. A good portion is still comprised of soft cartilage like material, which makes the overall bone much softer and more flexible than those of adults. It also permits our bones to grow with us as we get taller, until sometime in our late teens to early twenties when we reach our full height. At this point our bones completely harden and we stop growing (at least in height). Until then, these softer bones give us the bounce and resiliency to withstand the jolts and jars of youth. However, once they harden, we have lost the hundreds of cartilaginous shock absorbers our bones once had, and we are less able to withstand the types of pounding activities as we did when younger. This is why a child may be carefree about bouncing down a staircase on its bottom, while few adults would savor doing this. It is also why adult runners frequently suffer impact injuries to their spines, hips, knees and feet, even though they may have run during their entire teenage years without any such problems. While it is possible for many adults to safely enjoy running, even on concrete or pavement, running and jogging associated complaints are so common that I seldom recommend them to my patients, especially if they are just starting an exercise program. Given the other options at our disposal, I prefer to recommend activities which are just as beneficial, yet less likely to cause pain or injury.

Once we understand the benefits of exercise, how important it can be to our health, how inexpensive proper exercise can really be, and how accessible it is in both our homes and just outside or front doors, the only thing left to complete our workout program is time. It is not hard to get people to see the importance of exercise, to realize they need to do it, and to understand they can afford it. Yet, unfortunately, the time factor is something which I often cannot resolve for them. Like finding enough time to sleep right each day, it comes down to a matter of priorities. If it is more important for you to sit around watching television, go out drinking at night, or hang around doing nothing, then you will always have an excuse not to exercise. However, if working out becomes an important enough priority to you, then you will find the time in your day to become and stay physically fit. Though it does take some, it need not take a lot of time each day to workout right. In fact, if you commit yourself to just a half hour program each day, then you can create a better body for you to live in, and a worse environment for viruses and other infective organisms to call home.

Take the time to workout each day and you will play an active role in your well-being. Given the endless choices from which to construct your exercise program , it is not as important what you do, as it is that you do something. Your choices are endless, but be sure that whatever you decide, do it for at least thirty minutes each day, six if not seven days per week, continually producing a moderate full body sweat throughout two thirds of your workout. Though no single book can possibly encompass all the different ways there are to exercise, there are plenty of good books out there to help you construct your own personal routine. In addition, consider taking a class or two in different activities, so as to broaden you perspectives and experience with various forms of exercise. Places such as community centers often offer these classes at a nominal fee. Let your workout be something which grows and changes with you, thus keeping it a vital and interesting part

of your life.

Finally, do not feel intimidated by or obligated to any one way of working out. Pick and choose from the smorgasbord of activities those parts you like best, thereby making your exercise unique, beneficial and enjoyable to you. It is a process of discovery in which you can constantly find new and better ways of getting the most from your workout. I, for example, like to do push-ups, but I also have early signs of carpal tunnel syndrome in both of my wrists. This condition makes it painful for me to do push-ups with my hands pressed flat against the ground. However, I discovered that if I place a tennis ball between each of my palms and the floor, then I can position my hands at an angle comfortable for me to do push-ups. I like being healthy and I like exercise, so I discovered a way to let exercise improve my health. You can, too.

Suggested books for further reading:

FITNESS FOR DUMMIES
Suzanne Schlosberg & Liz Neporent, M.A.; IDG Books Worldwide, Inc., 1996ISBN 1-56884-866-8

YOGA FOR BODY, BREATH, AND MIND: A GUIDE TO PERSONAL REINTEGRATION
A.G. Mohan; Rudra Press, 1993ISBN 0-915801-51-5

STRETCHING
Bob Anderson; Shelter Publications, Inc., 1980ISBN 0-936070-01-3

DIET

In the right environment, anything can be organic.

Faggot is an ancient word whose roots can be traced back to the vulgar Latin "facus", meaning unattested or something established by circumstantial evidence rather than direct proof. From its early conceptualization of putting things together, it worked its way through time into the English language of the first half of our millennium. During this period, from the twelfth to fifteenth centuries is when middle English was spoken. By this time the meaning of faggot had changed from circumstantial evidence gathered to infer a conclusion, to small branches of wood bundled together for kindling a fire. From there its evolution continued into modern English where today, in England, it is used to refer to cigarettes which, like kindling, come bundled in small packages for burning.

In the United States today, the word faggot has an entirely different meaning. It is used as a derogatory reference to homosexuals, usually of the male gender, much the same way the word nigger is used against African Americans, or the word kike is used against Jewish people. Interestingly, the roots for this derivation span the continuum of middle English through the European witchcraft trials of the fourteenth to seventeenth centuries. During the trials, which included the infamous Salem witch hunts of 1692 and the Spanish Inquisition, people declared guilty of this crime were often put to death. While in America the sentence was usually carried out by hanging, in Europe, being burned alive was a common method of execution. To carry out these burnings, huge fires would be started upon which one or more declared witches would be tied or thrown. These fires required large amounts of wood in order to produce enough heat to completely incinerate the live victims, and many faggots of kindling were used to start these immense pyres. Homosexuality was also a criminal offense throughout most of Europe during this dark period, also punishable by death. Whether to conserve kindling, or time, people declared guilty of homosexuality were also burned alive, often at the beginning of the fires which were then used to kill witches. Thus, homosexuals were mockingly referred to as kindling for a witch's fire and came to be called faggots.

Today, few human faggots are burned to death. However, we are still punished through laws and social practices. In the state of Florida where I live, a gay man or lesbian woman can legally be denied housing, employment and public accommodation (access and use of areas and services open to the general public). In one case I know of a gay couple who were thrown out of a movie theater for disturbing a woman sitting directly behind them not for making noise, but simply because they were holding hands on the armrest between them while watching the movie. Nationally, gay people are denied the right to legal marriages, and in most states cannot adopt children. As a matter of fact, homosexuality is often used as a excuse for denying a divorced parent custody of their own children.

One of the greatest offenders against gay people in the United States today is our own armed forces. Though President Bill Clinton's new policy - don't ask and don't tell - is a step in the right direction, the military still dismisses hundreds of service men and women each year on the charge of being homosexual. Many argue that this is done to prevent men from having sex in the barracks with one another. Yet, as the military has been able to find suitable places for women in the services, it should also be able to find appropriate places for all to serve regardless of sexual orientation.

Unfortunately, it does not do this, but prefers to expel homosexuals rather than include them. I suspect the reason for this is far more complex than just sex in the barracks.

The driving force behind dismissals of gay personnel from the military is to preserve moral amongst enlisted people. I believe that for a very unlikely reason this makes sense. The military has many functions in our society, the main one being to defend our country's political and financial interests. In order to carry out this mission, those serving in the armed forces, must be prepared to do as they are commanded, even killing if necessary. Anything which inhibits the ability of soldiers to follow orders detracts from the armed forces' ability to satisfy its primary goal. As most armies throughout history have been predominantly composed of males rather than females, men slaughtering men is the mainstay of war. Men who have difficulty with the idea or act of killing other males are of little use as front line soldiers, and favoring them with rear support positions would seem unfair to and demoralize those who must march off to die. Thus, all males in today's armed forces must be equally prepared if called upon to kill other men. Gay men, however, may see other men not as hateful objects deserving of death, but as sources of love and affection worthy of hugs and kisses. It is very difficult to kill something you have a tendency to love, as is exemplified in the heterosexual military dictum to spare all women and children during times of combat. Therefore, homosexuals, because of how we love and express our affection, are not seen as compatible with the armed forces' primary objective. For this reason, patriotic gay men are denied the right to openly and proudly serve their country in any military capacity. To make matters worse, this expulsion policy is also extended to lesbians, even though women are usually not permitted to serve in active combat duty regardless of their sexual orientation. In this and many other ways gays are segregated from and made unwelcome in society.

As a medical student, I have had to care for terminally ill people, a difficult time for the patient, friends, family and health professionals involved. These have included people dying from AIDS, and it is at times like these that the prejudice and discrimination against gay people can be at its cruelest. To my great dismay, I learned that it is legal for blood relatives of a dying gay person to deny hospital access to the patient's gay lover. It matters little that two people may have loved and lived with one another for years, or perhaps decades. Since federal law will not recognize gay marriages, hospitals must legally deny the status of family member to gay partners, and disapproving relatives can thus separate them at their time of greatest need for one another. To add further injury to insult, after the patient dies, barring a carefully written will, it is the blood relatives, and not the gay lover, who have legal right to the deceased's possessions and property. In this way, society legalizes the separation of gay couples during their final hours, and then strips them of a lifetime of shared possessions after one of them has died. AIDS is tough enough without having to live under these type of circumstances.

Social conditions of prejudice and discrimination which prevail today were the foundation upon which the cornerstones of AIDS were laid. However, though far from perfect, the current legal climate for gay people in the United States is the best it has ever been. When I was born back in 1958 things were much different. Most states had laws then which were actively used to strip gays of their rights, incarcerate them, and even justify medical experimentation upon them. At that point there had been little social reform in the world's view of gays since the middle ages. Few people were "out" back then, and most lived isolated and often lonely lives, even in large cities. However, big changes waited just around the corner.

Though too young to appreciate it, shortly after my birth the gay community, and the nation as a whole, went through a crucial turning point: the sexual revolution of the 1960's and 1970's. During these two decades, a whole generation of young people defied past traditions and openly experimented with different aspects of their sexual identity. For the gay population, this meant the beginning of a tangible community, with many cities having bars, nightclubs and other businesses which openly catered to the gay population. Gays finally began to publicly associate with one another and, with the help of straight sympathizers, they started to break down the barriers of second class citizenry which had existed for them since medieval times. The change in attitudes brought about during these decades was so profound that in 1969 the New York City Stonewall Bar Riots established the beginning of the gay liberation movement, and in 1973 the American Psychiatric Association declared it would no longer classify homosexuality as a mental disorder. These and many other advances were made during the sixties and seventies. However, not all of the gay community's problems were resolved then, and of those things that did change not all were for the better.

Any era of advance freedoms is also a time of both enhanced opportunity and increased responsibility. While it is understandably hard to restrain from enjoying new options, if this growth is not tempered with respect for its consequences, then the hope of freedom may soon turn into the regret of foolishness. This is how the sexual revolution of liberation turned into the AIDS era of devastation. To start with, sex during these two decades became a whole new ball game. Gays, finding themselves in a less oppressive environment, became like proverbial children in a candy shop. They began to aggressively seek out sexual gratification on an unprecedented scale, with lavish homosexual bathhouses and sex clubs prospering in most metropolitan areas. After centuries of denial, gay sex was at last being publicly acknowledged, both socially and commercially at an astounding rate. What was once scarce and dangerous to find was now readily abundant in nauseating quantities, and so the gay community sexually gorged upon itself.

The twenty years of the sexual revolution freed gays from many of the discriminatory laws which had previously oppressed them for centuries. Yet, while these laws against homosexuals were either repealed or no longer enforced, little action was taken on a national basis to create laws which would actually protect gay people. Like African Americans after the Civil War, we thought we had it made, but where we had made it to was still a pretty paltry place, with a long ways yet to go for real equality and justice. For better or worse, most homosexuals were so overjoyed with all their new found physical pleasures that few became involved in legal issues during these decades, and little occurred outside of the sexual arena to advance our human rights.

It was with this party in full swing at the end of the 1970's that AIDS first appeared. By that time, promiscuity had become the standard of urban gay lifestyle. However, along with this broader sexual horizon came the resurgence for a host of sexually transmitted diseases including gonorrhea, syphilis, and genital warts. Through the 1940's these diseases had been highly feared as untreatable illnesses, but with the advent of widely available penicillin in the fifties, they quickly became viewed as curable inconveniences. As a matter of fact, this scientific advancement, which removed most of the medical obstacles, probably did as much as any other single factor to stimulate the oncoming sexual revolution. While penicillin was effective in controlling pre-1960 sexually transmitted diseases, it was not enough to ensure health in the sexual rampage of the decades which followed, and was useless to defend anyone against AIDS. Yet with little concern for the consequences, the gay community squandered twenty years of freedom on sexual gratification rather than legal justice, a joy ride that

crashed headlong into HIV.

HIV has probably been around long before AIDS, as several researchers claim to have isolated it from frozen blood samples dating back to the 1950's. Until the 1980's, it was probably just another inconsequential virus, as up to that point, like many other viruses, it was ineffective against our immune system defenses. By the late seventies, however, many people had changed, especially those in the gay community. After years, or even decades of sexual experimentation, often combined with recreational drug use and assorted behavioral health issues (improper rest, bad hygiene, inadequate diet, lack of proper exercise, too much stress), many people had run themselves down to a point where they lacked sufficient immunity to defend themselves from HIV. What had once been an insignificant and unknown bug had now become an open doorway to a deadly syndrome.

Though AIDS has been devastating for the gay community, it may also turn out to be its resurrection, as with this holocaust has come a re-examination of the community's priorities. With the focus now switched away from sexual abandon - once the pinnacle of gay life - social reform, gay rights and the desire to obtain equal legal status in the melting pot of America have finally taken center stage in our consciences. Through the loss of thousands, millions have awakened to the consequences of our past, and taken heed to our need for a responsible future. Not everyone in the community is listening yet, and some still act as if the seventies never ended. Even though, as time changes, so is our appreciation for who we are, where we have been, and where our community must go if it is to survive the next millennium.

When compared side by side, I find little difference between being gay and being straight. Both are avenues to a host of lifestyles, from the roller coaster ride of multiple, brief intimacies shared with strangers, to the dedication of a lifelong, loving relationship created with one special person. In this respect, there is little difference between gays and straights, and in a perfect world neither would exist. The ideal human relationship is not based upon the size of one's chest or what is between one's legs, but upon the emotional bond between two people. In an ideal world, people would be able to love one another without regard for race or gender, and they would share their love for each other in a responsible and healthy manner. Sex is one of the most enjoyable ways in which two people can express their love for one another, yet today, through socialization we scar our children from a young age into being either straight or gay.

I myself would have preferred to be bisexual. In my life there have been people of both genders whom I have loved and been in loving relationships with. These lovers have allowed me to express, experience and learn about my emotions in ways which no book or class could ever teach. There are no scientific studies which could have shown me the vast array of human qualities and vulnerabilities which I have been taught by both women and men. Yet, I do not consider myself bisexual. Though I enjoyed sharing myself with the women I was with, I cannot identify with the attitudes of males in our predominantly heterosexual society. There is too much aggression and hostility in the straight world, with everything from date rape to stalking murders, welfare mothers to deadbeat fathers, teen pregnancy to revolving door abortion clinics. Because of this, I find it difficult to identify with the ways heterosexuals live their lives. Please do not get me wrong, for I am adamantly pro-choice. However, in this country alone there are between one and one and a half million elective abortions performed each year, and that seems to be a bit too many to me. Therefore, for these reasons, and though I have loved and made love with both men and women, I consider myself gay.

Being gay is not a choice, but a facet of one's identity. The choice involved with homosexuality

comes not in whether or not you are gay, but, if you are gay, then whether you let that facet shine like a diamond in your life or keep it buried like a lump of coal smoldering at the bottom of your soul. Fortunately, more and more people today are making the decision to express who they really are, and though, as in any great evolutionary process, mistakes are being made along the way, the gay community continues towards a brighter future with each new day. It most certainly is not a perfect world, and the straight community has as much growing up to do as does the gay community. In time, with enough progress, perhaps the labels gay and straight will cease to exist after we learn that sexuality is not a war which divides the genders, but one of the many opportunities to grow and harvest our love for one another, together. For now, however, I would settle for federally legalized gay marriages and civil rights.

Any change in society is, like an individual undergoing behavior modification, a process of education. In fact, reform at the societal level is the sum and product of behavior modification at the individual level. In order for any society to advance and overcome the obstacles to its further growth, a substantial majority of its citizens must first overcome these obstacles as they occur in everyday life. It is this maturation which advances the growth of society as a whole. Though often a slow and painstaking process, when enough people change their perspectives and behaviors, society reinvents itself in better ways for us to live and work together.

The average person who is homophobic dislikes gay people, but often has little personal experience with homosexuals upon which to base their phobia. Instead, their prejudice is something which has been inherited from and nurtured by other homophobes, including their family, friends, clergy and teachers. Yet, the people who taught them these attitudes usually did not have any personal experience on which to base their own prejudice either, as it was something which they inherited, too. This process of passing fear from one generation to the next does little to increase our social awareness of how other people actually live or what they are really like. Instead, it perpetuates ignorance of those who are different, and supports our fear of them by not allowing us to see how similar they are to ourselves. This cycle of fear breeding ignorance and ignorance breeding more fear prevents personal growth and development, and, therefore, detracts from the advancement of society as a whole.

Homosexuals, like heterosexuals, have existed throughout recorded time. Though for the most part they have lead unremarkable but productive lives, many have been notable figures in history. While some of them lived strictly as homosexuals, others practiced both homosexuality and heterosexuality during their lives. The list includes the following historical rulers and politicians in chronological order: Alexander the Great (356 - 323 BC, Macedonian ruler), Julius Caesar (110 - 44 BC, Roman emperor), Tiberius (42 BC - 37 AD, Roman emperor), Caligula (12 - 41 AD, Roman emperor), Nero (37 - 6 AD, Roman emperor), Hadrian (76 - 138 AD, Roman emperor), Richard the Lion Hearted (1157 - 1199, British king), Edward II of Caernarvon (1284 - 1327, British king), Richard II (1367 - 1400, British king), Henry IV of Castile (1425 - 1472, Castilian king), Montezuma II (1480 - 1520, Aztec emperor), Henry III (1551 - 1589, French king), Francis Bacon (1561 - 1626, British statesman and philosopher), James I (1566 - 1625, British king and commissioner of the King James Bible), Louis XIII (1601 - 1643, French king), Christina (1626 - 1689, Swedish queen), Peter the Great (1632 - 1687, Russian czar), Frederick the Great (1712 - 1786, Prussian king), Prince Henry of Prussia (1726 - 1802), Gustavus III (1746 - 1792, Swedish king), Alexander Hamilton (1758 - 1804, United States statesman), Harold Nicholson (1886 - 1968, British diplomat and

author), Ernst Rohm (1887 - 1934, German Nazi leader), Dag Hammarskjold (1905 - 1961, Swedish U.N. secretary-general), and many current day United States politicians including Barney Frank (congressman), Gerry Studds (congressman), and others like Elaine Noble (state legislator).

In addition to political figures, other notable homosexuals and bisexuals through history include Socrates (470? - 399 BC, Greek philosopher), Plato (427? - 374 BC, Greek philosopher), Aristotle (384 - 322 BC, Greek philosopher), Sixtus IV (1414 - 1484, Italian pope), Leonardo da Vinci (1452 - 1519, Italian painter and scientist), Michelangelo Buonarroti (1475 - 1564, Italian artist, poet, and painter of the Sistine Chapel ceiling in Rome), Julius III (1487 - 1555, Italian pope), Alexander von Humboldt (1769 - 1859, German naturalist), Ralph Waldo Emerson (1803 - 1882, U.S. poet and philosopher), Hans Christian Andersen (1805 - 1875, Danish author), Margaret Fuller (1810 - 1850, U.S. feminist, educator and writer), Charlotte Cushman (1816 - 1876, U.S. actress), Henry David Thoreau (1817 - 1862, U.S. poet), Herman Melville (1819 - 1891, U.S. novelist), Walt Whitman (1819 - 1892, U.S. poet), Horatio Alger (1832 - 1899, U.S. author), Camille Saint-Saens (1835 - 1921, French composer), Peter Illich Tchaiovsky (1840 - 1893, Russian composer), Edward Carpenter (1844 - 1929, British author and gay rights pioneer), Oscar Wilde (1854 - 1900, British playwright and author), Friedrich Krupp (1854 - 1902, German industrialist), Magnus Hirschfeld (1868 - 1935, German sexologist and gay rights pioneer), Marcel Proust (1871 - 1922, French author), Gertrude Stein (1874 - 1946, U.S. author), E.M. Forster (1879 - 1970, British author), Radclyffe Hall (1880 - 1943, British author), Virginia Woolf (1882 - 1941, British author), John Maynard Keynes (1883 - 1946, British economist), Hugh Walpole (1884 - 1941, New Zealand writer), T.E. Lawrence (1888 - 1935, British soldier and author, a.k.a. "Lawrence of Arabia"), Jean Cocteau (1889 - 1963, French author), Waslaw Nijinsky (1890 - 1950, Russian ballet dancer), Bill Tilden (1893 - 1953, U.S. tennis player), Frederico Garcia Lorca (1894 - 1936, Spanish poet and dramatist), Bessie Smith (1894 - 1937, U.S. singer), Ludwig Wittgenstein (1899 - 1951, Austrian mathematician), Christopher Isherwood (1904 - 1986, British author), W.H. Auden (1907 - 1973, British-U.S. poet), Janis Joplin (1943 - 1970, U.S. singer), and many other influential personalities of this century including Quentin Crisp, James Baldwin, Rock Hudson, Rita Mae Brown, Martina Navratilova, Leonard Bernstein, and Olympic gold medalist Greg Louganis.

It is clear to see from these above lists that homosexuals can make, do make, and have made major contributions to their societies and history. Yet, history has still not advanced our culture enough to fully view gay people as productive and valued members of our communities. Today, homophobia predominates national politics and perceptions of the gay community, with many people still viewing AIDS as a punishment for those who are gay. Though much progress has been made in the last half of this century, and even though the United States currently is one of the best countries for homosexuals to live in, the process of replacing homophobia with understanding has only just begun, and we are a long ways off from true equality and justice.

One of the most important factors moving this country and the world towards a better understanding and appreciation of gay people is the fact that many gays today are coming out and publicly pronouncing their homosexuality. Rather than hide their true nature from family, friends, and associates, homosexuals are beginning to openly admit who they are to themselves and others. This act, though played out on the small scale of one person at a time, has tremendous impact for it allows others to see and know real people who are gay. Those who once had nothing to base their biased opinions on except the stories they inherited from an older generation, now have the opportunity to

actually know a gay person instead of a myth, and a chance to replace prejudice with friendship. Coming out is a powerful, educational tool which on a one-to-one basis helps to break the fear-ignorance cycle which would otherwise perpetuate homophobia. Therefore, in and of itself, being openly gay is probably the single most important thing which any gay person can do to improve our community's standing within society.

One day, gay and straight people must learn to openly share the world together without fear and hatred for one another, as the final cure for AIDS not only awaits this, but depends upon it. AIDS is not just the product of a virus, nor just the result of a blood transfusion or sexual behavior. It is the culmination of centuries of homophobia which has forced an oppressed segment of society to involuntarily usher itself towards oblivion. When people are threatened with losing their families, being fired from their jobs, expulsion from their churches, and violence from hate crimes, they are compelled to find ways of adapting to these circumstances. I am sure that the Jews who lived and died in the Warsaw Ghetto in 1943 had to do many things for survival that were undesirable, unpleasant, and even unhealthy. Many gay people today are locked in their own ghetto of alienation and isolation from the communities in which they live. When they look out, their surroundings do not reflect an opportunity for them to create a home and family suitable to their character. Instead, in most parts of this country they get a daily message that only heterosexuals are welcome, and that homosexuals are not wanted at either the workplace or home as family, friends, or even neighbors. It is this environment in which we have been forced to survive that drove the gay community into a frenzy during the sexual revolution, seeking release and relief in a limited fashion from hundreds of years of repression and persecution. This, more than the virus, is responsible for AIDS, or at least creating and maintaining the social milieu in which this disease has flourished. Until this oppression changes and we are finally given the same opportunity for life and the pursuit of happiness as the rest of America, my community will continue to be at risk for behaviors which threaten an entire nation's health.

It is impossible to say just how long the process of social reform will take to make the gay community a healthy part of America. While AIDS is currently the most dramatic obstacle to our reaching that goal, it is certainly not the only one, and it is not the first time in history that gays have been threatened with the possibility of extinction. Earlier this century, countless homosexuals, along with millions of others, were murdered in Nazi jails, torture cells and concentration camps. In 1871 Kaiser Wilhelm the First adopted Paragraph 175 from Prussian Penal code into German law, which the Nazis later modified and ratified into their own legal system on June 28, 1935. This paragraph declared homosexuality a criminal act punishable by imprisonment, with loss of civil liberties and rights. The Nazi's, amongst their host of other insecurities, viewed gays as a threat to the Third Reich and employed Paragraph 175 to justify the wholesale torture and murder of what some authorities estimate at tens and others calculate to be hundreds of thousand of homosexuals in their death camps. Even after the war had ended, Paragraph 175 remained an active part of German legal code until its repeal in 1969, with post-war courts upholding the Nazi convictions against gays, forcing those who had survived to serve out the remainder of their original sentences.

Two incredible books, THE MEN WITH THE PINK TRIANGLE, written by Heinz Heger in 1980, and THE PINK TRIANGLE written, in 1986 by Richard Plant, document the horrors and fates of homosexuals at the hands of the Nazis. In Hitler's penal camps, all prisoners were required to wear a triangle on their clothing which signified the reason for their punishment. These triangles were

coded by color, including yellow for Jews, red for political prisoners, green for criminals, black for those declared anti-socials, purple for Jehovah's Witnesses, blue for emigrants, and brown for Gypsies. Homosexual, though considered criminals by Nazi law, were given a special insignia: a pink triangle. The pink triangle was viewed by both the guards and the other prisoners as a badge of shame and dishonor, and often marked the wearer for a brutal and tortuous ending.

Today, the pink triangle still survives in the gay community, however, it is no longer an insignia of horror. Its meaning has been turned around, and it now stands as an international symbol for gay pride, liberation and rights. The pink triangle now serves to honor those who were murdered by the Nazis for being homosexual, and to give today's gay community a sense of identity and heritage. Its successful conversion from a badge of death to a symbol of hope represents the kind of reformation society as a whole must undergo in order to become awelcome home for gay people. Doing so will not only allow us to close the book on AIDS, but it will give us the knowledge and understanding to prevent similar socially inspired epidemics from occurring in the future.

Another symbol of importance to the gay community, like the pink triangle, is the rainbow flag. Its multiple colors represent the diversity and beauty of gay people throughout the world. Unlike other minorities, there is no single thing which unites gays other than our affection for people of the same gender. We come in every nationality, every ethnic group and every social class, yet, we are invisible to most people around us. Homosexuality, unlike the color of your skin, is something you feel and share, not something you wear. Hence, it is quite possible for a gay person to live their entire life without coworkers, friends or family being aware of their homosexuality. Anyone hiding such an important aspect of their life from those closest to them, however, must tear themself into two halves: one that meets the social expectations of the world in which they live, the other satisfying their true inner being. This duality is both a solution to and punishment for unrealistic prejudices which society to this day continues to perpetuate from one generation to another. Leading two divergent lives is an unhealthy way to survive, yet it is often the only reasonable option available to a gay person living in a hostile environment. When we must cope with the usual pressures of daily life and then add to this the fear of being discriminated against, unhealthy choices are sometimes all that we have. With little else to hold on to, symbols like the rainbow flag and pink triangle give us hope that one day we will no longer have to make these types of choices.

Whatever ends up happening in the near or distant future, homosexuality has always been and will always be a part of humanity. Our ability to care for one another, be drawn to each other and love together is an emotional bond we are born with, and not something which can be overruled by law or corrected through surgery. In the past, everything from the infamous Paragraph 175 to lobotomies have been employed to either punish or exterminate homosexuals. Even though these attempts have continually failed throughout history, there never seems to be an end to those seeking a solution for something which should not even be a problem. Amazingly, today there are researchers who are trying to find a genetic cause for homosexuality. Though this may seem a trivial pursuit of little consequence, due to the social climate of our times I find this a troublesome subject. If such a gene existed, by discovering it we would be enticed to use it to manipulate and control people, just as the Nazi's would have had they discovered a Jewish gene. With knowledge of a gay gene, parents might seek genetic counseling prior to or during a pregnancy to determine the sexual orientation of their progeny, opting to abort and exterminate a gay child before it could be born. In addition, the concept of gene therapy might be used to repress homosexual behavior and prevent gay people from

expressing their true being. In the context of today's social atmosphere, these could be the likely consequences of discovering a gay gene, if it exists. Though in the future we will hopefully be better prepared to use such knowledge, society on the whole currently lacks the maturity to have such power without using it in an abusive manner against itself. This research, therefore, is best left for a time when homosexuality is seen not as a social dilemma, but as just another one of the many ways in which people can interact and lead happy lives together. For now, there are too many other important problem which need solving, amongst them AIDS, to play with such fire.

The solution to AIDS, like the solution to resolving society's malignment of gays, is the answer to a problem which affects everyone. Yet, like social reform, this healing process can only be as successful as are the individuals at risk for, or afflicted with this disease. It is imperative, then, that we examine our lives to understand ways in which our behavior can imperil or improve our health. As we hope for others to eliminate prejudice from their hearts and stop abusing us, we too must find ways to stop self-abusive behaviors through which we inflict pain and suffering upon ourselves. On a daily basis, we must take advantage of the limitless opportunities we have to act on our own behalf, make choices that help rather than hurt us, and behave in ways that will ensure our well-being. To this end, diet is one of the key factors in solving the problem of AIDS.

Proper nutrition is essential to good health. Those who are well depend upon the food they eat to maintain their health, while those who are ill require good nutrition to recover from their illness. There are four categories of nutrition which are important to any diet: protein, carbohydrates, fat and micro-nutrients. Protein is important to our diet as a building block for muscles and many of the chemicals which regulate our metabolism, including enzymes and hormones. Carbohydrates are a good source of energy and include foods such as bread, rice, starch and sugar. Fats are important structural components for cell walls and other membranes, and can also be stored as an energy reserve for times when food is not readily available. Micro-nutrients include vitamins and minerals which are essential co-factors to most of our body's chemical processes, and their absence can lead to specific diseases such as rickets (vitamin D deficiency) or scurvy (vitamin C deficiency). Together, these four groups determine the nutritional value of the foods we eat, and how much benefit our diet offers us in maintaining or regaining our health.

Most people tend to choose the daily food they eat not for its nutritional value, but for calorie content and taste. Calorie content tells us how much energy is in our diet, and it is of great concern today because we equate it with our ability to lose weight and stay trim. The average American eats a diet of approximately twenty-five to thirty-five hundred calories each day. If the calories in the food we eat equals the amount of energy we burn during our daily activities, then our weight remains stable. If the calories we eat are less than the energy we burn that day, then we lose weight. Finally, if there are more calories in our diet than those we burn during our daily routine, then these excess calories are stored in our body as fat and we gain weight.

Interestingly it is by the content of protein, carbohydrates and fat within a food that we can calculate the exact caloric content of the things we eat. Each gram of fat that we consume has nine calories of energy in it, while a gram of either carbohydrate or protein only have four calories each, with micro-nutrients considered to have no significant amount of calories in them at all. To see how this works in our daily lives, let us take as an example a single serving of Fig Newton cookies. According to the Nabisco food company, manufacturers of the popular obey-gooey-chewy Fig Newton, a single serving of this food weighs thirty-one grams, which is equivalent to two cookies.

On the side of the package, Nabisco lists in the nutrition table that two of these cookies contain a total of 2.5 grams of fat, 20 grams of carbohydrates and 1 gram of protein. If we use the calorie equivalents previously mentioned for each of these nutrients, then we can calculate the total calorie content for two Fig Netwons as in the following table:

Type of nutrient	Total grams		Calories per gram		Total calories
Fat	2.5	x	9	=	22.5
Protein	1.0	x	4	=	4.0
Carbohydrate	20.0	x	4	=	80.0

					106.5

Therefore, for every 31 grams of Fig Newtons which you eat you are consuming 106.5 calories. Curiously, on the package Nabisco lists the total calorie content of two Fig Newtons as 110 calories, which is 3.5 calories more than what was just calculated. On January 14, 1997, I called Nabisco at their toll-free customer service number (1-800-622-4726) and asked them where these extra calories came from. They told me that the act of rounding up the total calorie content to the nearest whole ten is an industry wide practice which compensates for any fluctuations in the content of individual cookies in their packages. Since they have no way to guarantee that each cookie will have precisely the exact same weight or amount of ingredients as every other cookie, they round up to account for any likely variations in overall composition. While this is a reasonable practice of the food industry, not all of the things which food manufacturers do are as considerate. To better appreciate this, let us talk about peanut butter for a moment.

When I think of peanut butter, I think of fresh roasted peanuts which have been ground up to a smooth paste, sometimes with a dash of salt added to enhance the flavor. Not all peanut butters are alike, however, and some are more candy than butter. While products labeled as old-fashioned or natural peanut butter usually follow the above formula, most of the more popular brands today do not. The oil of the peanut is actually quite valuable when separated from the butter, and brands of this creamy product, including Jif, Skippy and Peter Pan, have this oil extracted in the manufacturing process. The peanut oil is then sold separately from the butter and a less expensive oil such as soy, cottonseed or rapeseed is then used in its place. In addition, to further boost its flavor, sugar is added to the product, as is about one third more salt than is used in the natural or old-fashioned products. Therefore, while one person's peanut butter is a fairly natural product, another's can be a highly processed food with many additives.

As can be seen from peanut butter, it is important to understand what is really in the foods we eat and not to assume that their labels tell the whole story. For example, there is a great debate in the dietary world today over what is being called fat-free food. The label fat-free is used on foods which have no chemical fat in their composition. In other words, when a manufacturer produces a food to be labeled as fat-free, upon chemical analysis of its nutrient content there can be only protein,

carbohydrates and micro-nutrients, but no fat in that food. Many food producers are using this label on their packages and in their advertisements to sell their products, as consumers make the false assumption that fat-free also means non-fattening. Remember, when we eat food, if there are more calories in our diet than the amount of energy we use during the day, then the excess calories are stored as fat. Even when a food has no chemical fat in it, if that food has more protein or carbohydrate calories than we need, then these nutrients will be chemically converted to fat in our bodies.

To better see how this actually works, take as an example the fat-free version of Fig Netwon cookies, also made by Nabisco. When people buy a fat-free cookie, they are purchasing something which they believe will help prevent them from eating excess calories and, therefore, help them either lose or keep from gaining weight. On the package Nabisco states that the fat-free version of the Fig Newton has 100 calories per serving, a modest savings of ten calories per two cookies over the regular Fig Newton. Yet, things are not what they appear to be, for once we correct for actual differences in serving size and industry rounding, we find that the actual difference is less than four calories. The first problem arises in that the serving size of two regular Fig Newtons weighs 31 grams, while the serving size of two fat-free Fig Newtons only weighs 29 grams. Thus, some of the stated savings in calories with the fat-free version is simply due to using a smaller amount of cookie in their calculations. The second problem has to do with the fact that the food industry rounds its final calorie calculations upward, as previously discussed. Using the nutrient values on the side of the fat-free package, this can be corrected by creating the following table for the fat-free cookies which is similar to the one we made above for the regular Fig Newton:

Type of nutrient	Total grams		Calories per gram		Total calories
Fat	0.0	x	9	=	0.0
Protein	1.0	x	4	=	4.0
Carbohydrate	23.0	x	4	=	92.0

					96.0

Therefore, for every 29 grams of fat-free Fig Newtons which you eat you are consuming 96.0 calories. Wait, when we subtract these 96 fat-free calories from the 106.5 calories in the regular Fig Newton, we appear to get a savings of 10.5 calories which is actually one half calorie more than the ten calorie difference Nabisco wrote on the package's labels. The trick here comes back again to the problem of using different weights in the serving sizes, with the regular Fig Newton having 106.5 calculated calories for every 31 grams of cookie, while the fat-free version has 96.0 calculated calories for only 29 grams of cookie. If we even these serving sizes up to where they both weigh 31 gams then we find the following actual calorie savings:

Type of Fig Newton	Calories per serving size In grams		Calories in a 31 gram serving size
Regular	106.5 / 31	-->	106.5
Fat-Free	96.0 / 29	-->	- 102.6
			3.9

Therefore, once corrected for the differences in serving size and the industry practice of rounding, we find an actual savings of only 3.9 calories. As there are 453.6 grams in one single pound, there are a little over 4000 calories in every pound of fat in our body (453.6 grams times 9 calories per gram, or 4082.4 to be exact). Considering we must burn off thousands of calories from our body for every pound of fat we wish to lose, then reducing our diet by only 3.9 calories does not represent a significant caloric savings. However, though manufacturers do not legally misrepresent themselves with the fat-free label, the consumer must be smart enough to realize that fat-free does not mean non-fattening. In addition, as this label is often used on dessert foods such as cookies, cakes and ice-creams, it is important to know that fat-free foods may be a very fattening part of your diet and of little nutritional value.

In and of itself, fat has played a very important part in our evolutionary process. However, the conditions under which it was originally used as an energy reserve no longer exist, and today it often becomes a health hazard for us. Eons ago, when we lived in caves, people were driven to eat what they could, when they could, often in fear of being eaten themselves. As discussed in chapter one, people, like plants had to use daylight hours to maximize their ability to locate edible goods while avoiding predators. They not only had to find enough food to last the daylight hours, but also enough to see them through the evening hours, lest they spend the night awake in hunger. Unfortunately, as there were no supermarkets or convenience stores back then, there were times when food might not be available to people for several days or even a week or more. While plants derive their energy from the sun, animals must consume plants or other animals to survive. In order to create food reserves to see us through lean times, our bodies evolved over millions of years to store the excess calories we eat as fat. Thus, when food was plentiful we could eat more then we needed and keep the excess as fat. Then, when food was scarce, our bodies could convert this fat back to useful energy, thereby sustaining us until we could once again find more food. Today, however, food in the United States is overly plentiful, and though we seldom if ever have to go more than a matter of hours between meals, we still overeat and layer our bodies in fat. Unlike our cave dwelling counterparts who's lives were much more physically demanding, we do not easily convert this fat back to useful energy, but carry it around permanently as part of our bodies. The health problems resultant from this modern day dilemma are evident in the millions of cases of heart disease, diabetes, and strokes which parade before the medical profession each year.

Nutrition is the backbone of our well-being, with what we eat either limiting our bodies from, or empowering our bodies in maintaining our health. It is our individual responsibility to see that we

eat the best food possible if we hope to safeguard our own well-being. Food manufacturers will not continue to make products which we will not buy, therefore, we are the ones who create the demand for the food they make. If we buy junk food that is low in nutritional content, then we are telling them to keep making this same type of food. If, however, we become intelligent shoppers and learn to eat food with proper nutritional value, then they will start to make food which is better for us. If we can learn to eat fresh vegetables and unprocessed foods instead of fatty, greasy meals, if we can consume fresh fruits instead of candy and cakes as snacks and desserts, and if we can replace sodas with fresh juices, then we can make the food industry respond to our health needs. Yet, this is not what is currently happening in society overall, as we tend to eat food for its taste rather than its nutritional content.

Taste is the amount of pleasure food provides our physical senses as we eat. It is the summation of the flavors, aromas and textures which our diet offers that determines how food tastes to us. Taste plays an important role in our diet as, with fat, millions of years of evolution have been required to develop it. Yet, like fat, the features of taste which were once invaluable to us, now make it an obstacle to our health. Millennia ago when edible goods were not as easy to obtain as they are today, our sense of taste helped guide our choice in eating things which were of maximal benefit to us. There were no candy bar trees back then, but there were numerous fruits which contained high concentrations of sugars. Our preference for sweets drove ancient people to seek out these fruits which were bountiful sources of carbohydrates and energy. Also, there were no hamburger stands ages ago, so people needed to hunt and kill other animals, valuable sources of both protein and fat. Fat carries much of the flavor in many of the foods we still eat today, and in pre-historic times our desire for this taste helped to reinforce our carnivorous appetites. In those times, taste was a valuable asset in determining if an edible object was desirable and of likely benefit to us. Today, however, with an excess of high fat and sugar overloaded foods in easy access, our pre-historic drive for taste now endangers our well-being.

With the millions of years it took to develop our tastes for food, and our method of storing energy as fat both working against us, it is easy to see why people today have a problem with their diets. I know of no easy way to resolve this problem other than to make others aware of the reasons for and consequences of it, in the hope that this will provide them with the motivation to reform their dietary habits. The life of every cell within you is affected by what you eat. Every time you take a bite you have either fulfilled or lost yet another opportunity to do something good for yourself. Most of the times when we are sick, our diet offers the best medicine for our recovery, as deficiencies in our diet often play a major role in the progression of our illnesses.

I myself eat a predominantly vegetarian diet which also includes fish, eggs and dairy products. I made this choice because of a problem I had digesting meat when I was fairly young. At one point I had such difficulties that a physician recommended I try a vegetarian diet to assist in my recovery. I was so pleased with the results that I have adhered to this diet during most of the past twenty years. While it is not right for everyone, I share this as an example of how our diets can either deplete or improve our health. Most people I know of today would benefit highly by taking this message to heart and learning to eat healthier foods.

As in past chapters, I have not intended this one to list ways of eating better, but to discuss reasons why we should improve our diets. There are hundreds of books already published which can teach you how to eat properly, and it is my hope to give you the motivation to seek out their

assistance. Though most end-stage, terminally ill AIDS patients face a wasting syndrome where their bodies wither away, over 94% of gay males and almost all lesbians have neither HIV nor AIDS, as explained in the previous chapter. On the other hand, obesity - weighing more than 20% over your ideal body weight - is a much more common health threat to the average gay person. Thus, I would like to close this chapter with a few suggestions I have given to my patients who are overweight, which I call the seven signs of successful weight loss.

First, do it for you. Any significant change in your life requires motivation and perseverance to endure the ups and downs of life. Self improvement is one of the strongest and most durable motivations available to you. Weight loss gives you the opportunity to actively improve your health by reducing risks to your heart, lungs and digestive system commonly associated with excess weight. Do it for you.

Second, go slow. You did not put on weight overnight, and you should not expect to take it off overnight either. Quick weight loss programs, with or without drugs, often fail because you revert to old eating habits once you stop the program. Permanent weight loss depends upon making permanent changes to your dietary habits which you can live with, and these take time to evolve and perfect. Plan to lose only one to two pounds each week, keeping in mind that no single eating program is right for everyone. You must take the time to experiment and learn what type of diet will work best for you. You may benefit by focusing on one meal at a time, starting with improving breakfast, then concentrating on lunch and dinner in successive weeks or months.

Third, do not deprive yourself. If you try to change everything at once, your body and mind will rebel. This is known as all-or-nothing-equals-nothing. Instead of changing everything overnight, create step-by-step goals which focus on healthier alternatives to your current eating habits. Your goal should be to constantly evolve - what is good today could be even better tomorrow. Above all, once a week or once a month, reward your good efforts with a modest amount of food you especially enjoy, even if it is not the best food for you.

Fourth, think before you swallow. Not everything is what it seems. Fat-free foods, though having no chemical fat, do have excess carbohydrates and sugars which change to fat after you eat them. In addition, salt promotes weight gain by forcing your body to retain water. Finally, avoid artificial additives (saccharin, NutraSweet, oleastra) and preservatives in food. They have no productive place in a healthy diet. If you can neither pronounce it nor grow it, then do not eat it.

Fifth, get moving. The time tested equation for weight loss combines decreased calorie intake (a low calorie, high nutrition diet) with increased calorie burning (exercise). You do not need a lot of expensive equipment to exercise, and most people can do an effective thirty minute daily workout in the privacy of their own home. The best exercise programs combine both aerobic and stretching routines. Start at a level appropriate to your abilities and work towards improving your endurance and stamina.

Sixth, record your results. To see your progress, it is beneficial to record your efforts and results. Use an exercise log to write out exactly what daily exercises you will be doing, then write one or two lines each day on how you felt before, during and after each session. This log will help you adjust your workout program, increasing its efficiency and effectiveness. In addition to an exercise log, create a diet log by keeping a small memo pad and pen with you at all times to write down what you eat and drink throughout the day. You need not make detailed notes and do not calorie count. Just make general outlines of what you have consumed. Be sure to write things down as you eat or drink

them, because you will forget later. Use this log to see what you are really eating, and as a guide to making productive improvements in your diet. Also, make a weight log by purchasing a bathroom weight scale and posting a piece of paper near it. Record your weight twice daily, once in the morning and once in the evening. You might be surprised to realize that most people's weight fluctuates between two to five pounds each day. This log will help guide your overall progress with your exercise and diet programs.

Seventh, problem solve. You will encounter many challenges in your efforts to first lose weight and then to maintain your new dietary habits. Meet each challenge with the resolve that you will find a solution that allows you to evolve and keep moving forward. Common problems include snacking between meals and eating out. This first problem can be solved by snacking on low calorie fillers such as hot air popcorn without salt or butter. Though this has little flavor, it will curb your appetite and prevent you from eating junk food. The latter problem can be reduced by eating something healthy at home before going out to eat. This will lessen your appetite and keep you from eating large amounts of unhealthy food when you do eat out. See these and other obstacles as opportunities for you to problem solve and you can become responsible to eat right and exercise.

These seven signs of successful weight loss can be of benefit to those who are overweight, as well as those of us who are physically fit. As always, it comes down to the decisions we make and the consequences of our actions. Eat better and you will be healthier. Bon appetit.

Suggested books for further reading:

JUNK FOOD TO REAL FOOD: A BLUEPRINT FOR HEALTHIER EATING
Carol A. Nostrand; Keats Publishing, Inc., 1994ISBN 0-87983-627-X

WHY DO VEGETARIANS EAT LIKE THAT?
David A. Gabbe; Prime Imprint, Ltd., 1994ISBN 0-9640190-0-0

THE COMPLETE GUIDE TO SENSIBLE EATING
Gary Null; Four Walls Eight Windows, 1990ISBN 0-941423-37-9

STRESS

The only difference between then and now ... is now.

I watched him as he ran slowly down West Riverside Drive towards the bridge. His hair tousled through the steam from his breath as he trudged along through the snow still fresh from last evening's fall. The sun had only risen over the top of the buildings a few minutes ago. Nothing in the city, on either side of this river which split it in half, was moving this early on a Sunday morning, except for him and my heart as I waited patiently on the 12th Street bridge.

It was our habit to meet each Sunday morning around 7 a.m. to have a light breakfast and catch up on the week's news. After separating nearly two years ago, having lived together as roommates through college in the city for four years, we still felt a need to see each other at least once weekly. It had always been our day, even in school when we would wake at dawn and run for two hours before eating and spending the rest of the day planning our futures and destinies. This had been our reliable pattern and rhythm since we moved in together to save money after meeting in an introductory engineering class our freshman year.

There was nothing we did not or could not talk about on days like this. We had grown to know each other better than our own families, and our talks provided us with the confidence and reassurance to see ourselves through all the conquests and failures we had experienced since we began this tradition. Even after graduation, when he moved to the west side of town to become a level three employee of the City's Planning and Development Department, our bond of friendship remained strong, and we both still hated the few times business or family matters interrupted our weekly get together.

I had stayed on the east side of the river in our old apartment, and got a job as assistant to the head of drafting for Morelli construction, half a mile down the road from school. Old man Morelli himself had taught us as under grads, and at one point we even had a dart board on the kitchen wall with his face on it. Now he is my employer and I live in the same place, with that same kitchen and dart board minus Mr. Morelli's picture. Instead, another, more important photo hangs in my home, having turned my roommates' old room into a study in which I display my favorite picture of us taken on graduation day. It is a typical photo with black gowns and caps leaning into each other, arms around one another's shoulder as we proffered huge smiles for the camera. I like that picture, and I like where it is, all by itself in a large frame hanging to the right of my desk on the wall that was once alongside his bed. It brings back good memories for me, and even when he is not there with me, his smile still provides reassurance and comfort whenever I need it.

As he rounded the corner onto the bridge I watched him slow to a jog and then finally to a walk as he closed to within twenty feet of me. Though I had assured myself this would end up just like every other Sunday we spent together, my heart rate rose with each new imprint he left in the snow. It had still been falling when I began my run to our meeting half an hour ago, and the snow trucks had yet to reappear from working all night to finish off the last two inches which had lain down by sunrise. But this had not stopped us from meeting today like nearly every other Sunday past. He was here now and came right up to me, placed his arms around me and gave me a warm hug to which I happily

responded in kind. We were not shy of one another.

"Hey, how's your week been?", he asked.

"Okay, the usual. You heard about the old man having another heart attack Wednesday? It was pretty scary, right there in the office and all."

"Wow, imagine. I was always amazed he never keeled over half the time in class. What was this, his third?"

"Yeah, not a good sign. But I'll be damned if he wasn't out of the hospital by Friday, and word is he can't wait to raise hell in the office tomorrow."

"Just like him. He'll probably complain in heaven if he manages to get in." We both laughed at this as the cotton from our breaths collided, embraced and ascended upward. We were both still warm from our runs, and with the snow no longer falling, the early morning air was so clear all around that it held us mere inches apart in its sharp yet invisible grasp.

"Any news from the city," I asked after the pause.

"No, but Timmons told me yesterday as I was going home that they had narrowed it down to three candidates and I was still in the running. I'll tell you, it's getting nerve racking waiting like this."

"I know," I said sympathetically.

"I'm at the point that I don't even care if I get it, just as long as they make up their damn minds and get it over with. I'm ready to have a cow if they don't do it soon."

"Well, I hope it's a chocolate cow. I'm rather partial to chocolate you know."

"What?" he looked at me quizzically.

"Nothing," I said.

"Boy, you say the strangest things sometimes," he half complained and half jested.

"I know. I'd think by now you'd be used to it."

"Well, yeah. I am," he smiled and rolled his eyes through a haze of puffy vapor. "Any ways, Timmons said they were sure to make up their minds by Tuesday at the latest, so by then I'll either be a level five or just wait another three months until my scheduled raise to a level four. I guess whatever happens it can't be too bad. It's government work. I get a raise either way."

"Yeah, but it would be great if you could get Tyler's old job. Two levels and a supervisor's spot would be nice," I chimed.

"Yeah," he grinned looking down at the snow between our feet. Looking back ten years from now we would both probably see the raise as just another of many steps in our individual careers, but now, so close to the beginning it still held a monumental grip on our imaginations. Raising his eyes to mine with a boyish giggle he added, "It sure would."

"We'll have a great celebration when you get it."

"Yes... yes we will. For now, however, how about some breakfast."

"Okay I said," then stumbled on my next words, "but before we go, can we talk about something?"

"Sure, what's up?"

"I want to talk to you about...," and I stopped. What had been an easy, casual script for both of us was now transitioning into new territory. I had promised myself for weeks, no months that I would finally talk to him, but with the day finally here I wasn't so confident anymore about what I was going to say.

"Is everything okay? Is old man Morelli worse off than you're letting on?"

"No," I laughed, "it's not Morelli I'm concerned about. It's me."

"What?" His concern was evident in his face as he raised his arm and rested his hand gently on my shoulder. "Are you alright? You're not sick, are you?"

"No, no I'm fine," I reassured him and turned away to place both my hands on the bridge railing for support. His hand still lay on me as if reaffirming our connection, though I was not sure it would endure what I was about to say. I watched the snow I had knocked from the railing fall gently towards the frozen river, as my heart began to sink with it. I gulped and slowly continued. "Look, there's something I've been wanting to talk to you about, needed to talk to you about for a long time now. I've been meaning to do this, it seems like forever, but I finally made up my mind to do it today."

"Hey, whatever it is, we've been through a lot and I'm sure we'll deal with it just like we always have." Something in me wanted to cry when he said that, as I wasn't so sure he would feel the same way a few moments from now. I was sure I was making a big mistake by doing this, but I also felt like I could not go on otherwise. True, our friendship had lasted six years now, and I had even felt brave enough to tell him I loved him on more than one occasion. Somehow, though, this could change everything, and at that moment I felt it might be easier for both of us if I just threw myself off the bridge onto the jagged frozen flow of ice below. If only I could just get my hands to release their grip on the railing.

"You wanna go somewhere and sit down maybe?" he asked, sliding his hand to the top of my arm for support. "It might be easier to talk than out here."

"No," I said, "I want to talk here."

I'm sure he had felt the tension in my body when he first rested his hand on me, and now the anxiety was evident on my face. I had planned it this way. Not the anxiety, as I knew there would be plenty of that without any planning. The whole anxiety issue was, after all, what had prevented me from talking with him all this time. When I was finally able to get up the courage to speak with him, I decided to wait for just a day like this. Our early morning rendezvous had always been a solitary affair, with few people or cars about this time on Sunday, even on warm mornings. So on a snowy one like this, I was quite sure we would be alone, and I would have enough courage to say what I had yearned to tell him for so long. After all, he had a right to know because he cared about me. We cared about each other.

"Well, man tell me something," he started, gently moving his hand to my elbow, "or I'm gonna get more worried than I already am. Just say it, whatever it is and we'll talk about it, okay?"

"Okay." I let go of the railing and turned back to face him. I looked at his eyes, and for a brief moment I felt as if we were back in our basic elements of engineering design class. It seemed liked ages ago, but today for that split second there we were. He had sat next to me the first class, neither of us knowing anyone else as we had both moved here from out of state just the week before: he from New England and I from the mid-west. I thought I may have recognized him from one of the many school parties I had gone to during those few days of freshman orientation before classes started, but there were so many people at the university that I could have easily confused him with a dozen other beautiful faces.

He had been the first to speak, saying hello and asking my name. I was usually too scared around other people to talk, especially with someone as good looking as he was. But there was something special which glimmered in his voice and face that gave me the courage and desire to answer him. We exchanged meaningless banter for the next fifteen minutes, along with two hundred other students

in the class as we anxiously awaited our professor, one Oxnard Morelli, to make his presence known to and revered by us for the next four years. This was day one of a friendship and education which would change my life forever. After that morning we sat next to each other every chance we got. Given the school's overcrowded dormitory space, within a month we were even able to convince our parents and the university's Life and Living Committee to let us move into an apartment together. It cost us every penny we could scrape up, but it was the best investment either of us had ever made. Now, staring at him, with our entire past laying on the line, I wanted to feel that same glimmer just one more time, like the day we first set our eyes upon each other.

"Look, what I'm about to say," I began, "is difficult for me, and I know it will be hard for you, too. But I just want you to know that I've put a lot of time and thought into this and I know it's something I have to do."

"Whatever," he said concerned, still holding onto me at the elbow. "We're best friends, always. If it's important to you then it's important to me, too. Whatever."

"I know," I conceded. "You've always been there for me and that's why I need to share this with you. It hasn't been easy for me, but I want you to know. You have a right to."

"For God's sake, tell me then," he pleaded, wagging his head nervously. I think he was more lovely and endearing to me at that moment than at any time I could remember, and the thought of hurting him was breaking my heart as never before. This would surely be a turning point in our relationship, one that would either solidify or shatter all the bonds between us. I could not help but wonder, if he could somehow know what I was about to say without really knowing it, would he want me to say it and risk the devastation, or hold on to it in solitude as a symbol of my love for him? There was no way of knowing, so I had to tell him the truth.

"I'm gay," I said as I squinted my eyes, then held my breath and paused.

"What?" he chirped. His head cocked slightly to one side and towards me as he said this, his face scrunched slightly in uncertainty. It was all over very quickly, and I could have hardly measured his motion in inches. But the force of disbelief behind his response was so powerful that all the buildings around us crumbled silently to the horizon, as the bridge we stood upon collapsed into a bottomless pit beneath us. Yet, we stayed suspended in space, the very air having frozen about us. I quickly looked down and then back at him.

"I'm gay," I repeated slower this time lest I topple us into oblivion like the rest of our surroundings.

"I don't get it," he said as his hand finally fell away from me. "Is this one of your weird jokes? 'Cause if it is, then I really don't get it."

"No,... I... am... gay," I said clearly, though not confidently.

"Oh, shit," he said, and walked a few slow steps past me, his head down and shaking. I turned around to face his back and instantly I knew I was wrong. It wasn't the things around us that had been destroyed. It was him. I had never heard such heaviness in his voice before, and I knew as his walk turned to a shuffle, then to a standstill, that he was still reeling. He slowly raised his head and stared out to one side, sharing only his bleak profile from behind. "Please tell me this is a joke. Please," he pleaded.

"No. I'm sorry," I said softly. "I didn't want to hurt you, but I had to tell you."

"What," he screamed, spinning back to face me. Without realizing it I took a step backwards, his pained look frightening me. "You didn't want to hurt me. Hurt me? What do you mean hurt me?

If you are a... a... a...," and turning his head downward to spit the words angrily into the trampled snow, "... a homo, then what am I? What are we? What were we?"

His head lolled side to side for a moment, his gaze fixed on nothing, his seething motion sweeping everything in front of him. Finally, he stopped. "You're serious?" he asked sadly, one more time.

"Yes," I answered, and took a step slowly towards him. He quickly backed away a distance equal to my advance, his hardened stare freezing me like ice to concrete. "Look," I tried, "I know this is hard for you, but I couldn't go on much longer without telling you. It's really been driving me crazy and only a few people know, but nobody who means as much to me as you do."

"Means what to you?" he asked wearily. "You think I'm gay, too?" he continued rebukingly.

"No. No. I never said that and I've never thought that way about you. It's me, just me."

"You know I'm not gay," he angrily demanded. Suddenly, for the first time since I had brought us to ground zero, he sprang to life, repeatedly pacing a few steps towards me, then quickly away. "Christ, I can't believe you're telling me you are. We were roommates for years. Shit, we even fell asleep together that first night we moved in and stayed up late drinking and talking on your bed." He hands flashed through the air as he continued to let himself go. "I've been living with a homo. My best friend is a homo. The guy who I've told my entire life to... is a faggot?"

"Please, don't say that," I said in a soft, calm voice.

"What?" he said harshly, as he stopped pacing and faced me a few steps away. "Faggot? Faggot?" he snapped. "You are a faggot, aren't you? Isn't that what this is all about. You're a faggot and I'm a faggot's best friend. What do you mean don't say that? That's what you just told me."

I was beginning to feel a bit light headed from all this drama, so I steadied myself with one hand against the bridge railing, again. "Please, when you say faggot to me, it's like saying nigger to a black person. Just don't..."

"What do you mean just don't? he leered. "I heard you say it dozens of times. You and I used to make fun of all the homo's in school." I wasn't sure how it was possible, but he actually looked more confused than upset by this point. "I remember you telling me you thought fags were gross, disgusting low life. Does that mean you, too? Fuck," he roared, throwing both arms up, "this is too much."

Suddenly, he cast both arms down and turning away from me walked across to the other side of the bridge. I watched him as he grabbed the distant railing with both hands, and leaned over with his upper chest. For a moment I though I heard him throwing-up, then I realized he was crying. At that instant a snow plow turned onto the end of the bridge near me, passed and sprayed chunks of fresh white snow all over my lower legs and feet. Thanks, that's just what I needed, I thought as I stomped my legs and crossed over to the other side. He must have heard me approaching, for when I was just a few feet away he suddenly spun and faced me, his eyes red and soft with tears.

"Look, I'm sorry," he said, his head shaking, "but I just don't know how to handle this. I mean, you're my best friend, have been for years and I love you, but nothing like that. It makes me sick to even think of a guy naked, you or anyone else. I can't believe after all these years that you suddenly woke up today and said hey, it's great day to be queer."

"I know this is hurting you," I told him, "but I've felt this way for a long time. The only reason I didn't tell you is because I was too scared to. You were the first person I really connected with at school and we became friends so fast that I was afraid if I told you that you wouldn't want to be friends anymore. I know I said a lot of things in the past about gay people that weren't nice, but that

was because I was afraid to tell the truth. I thought if I didn't say those things that you'd think I was queer."

"So, what's different now. Aren't you afraid that I'm gonna tell you to take a hike? I haven't changed you know. I still hate queers and I'm not sure how I feel about you now either." The fog I'd been in from his initial reaction suddenly lifted, blown away by the pain from this last comment. Maybe this would be the end of us after all. A twinge of fear and nausea began to rinse through my hurt, as his eyes began to dry and harden.

"Listen to me," I started, hoping to halt our fall. "I didn't want to hurt you like this and I wish I had told you sooner, but I just wasn't ready. You are my best friend and you mean the world to me, and from the day I met you its been in the back of my mind to tell you all about me. But I couldn't. It's not like I go up to people and say 'Hi, I'm gay. What's you're name?' Believe me, I've been waiting for the right time to tell you forever. We became friends so quick and I don't wanna lose that. You've always hated gay people, but you liked me and I liked you. That meant enough to me to lie to you about who I really am. I was wrong, but I cared for you."

"What are you telling me?" he asked skeptically, then added with a sickening twist, "Were you in love with me?

"No, never," I complained. "I mean you're a great looking guy and all, and I've always appreciated that, but you're not what I'd call my type."

"You're type?" He paused, then added nervously, "what's you're type?"

"Ah, actually...," I hesitated for a moment, then continued, "I like Asian guys."

"Asians? You mean you wanna get fucked by Bruce Lee?" A mixture of insanity and disgust contorted his face.

"I said I like Asians, not martial arts." I protested. "Look, try and understand."

"I am trying, but it ain't working," he shuddered.

"I know," I agreed with him. "I know it's hard 'cause I've been living with it for the past ten years."

"Since when?" he asked unbelievingly.

"Since before I was thirteen," I stated. "There was a kid in my neighborhood I used to fool around with."

"Hey, c'mon," he jeered, "we all checked each other out at one point or another. Most every guy I've known admits to it. It's just something you do until you figure out girls, and then you move on. Just 'cause you played doctor with the neighbor's kid once or twice doesn't make you queer."

"It was a lot more than once or twice and it didn't stop there. There was this one special guy in high school, too. He was captain of the basketball team."

"Oh, my God." All of a sudden his face lit up. "Were you screwing guys in our apartment? Did any of our friends know about this?" He looked frozen in panic as if he'd faint. "Shit, were you screwing any of our friends? Did they think I was queer, too?"

"No, I never fooled around in our apartment," I assured him, "and I know that none of our friends knew about me. I wouldn't associate with gay guys at school. The few times I was with someone it was always at their place, and I only did it with other closet cases so I'd be sure they wouldn't tell anyone."

"Why?" he mocked me, the color returning to his face. "I thought all gay guys liked to fuck like rabbits. I read somewhere that the average homo screws up to ten times a night. What's the

difference if they're getting a degree or not, you're still sticking it up their butt?"

I couldn't help but to start laughing, no matter how inappropriate it was to the situation. He continued to look at me in disbelief as I tried to control myself.

"I never...," I began, then stopped and swallowed hard before continuing. "I never had sex with ten guys a month, let alone in a day. I'm not even sure I ever had sex with ten guys in one year. I don't know where you read that, and maybe its true for some gay guys out there, but not me. Besides, that thing I had with the basketball guy in high school ended real bad and I got messed up."

"Oh yeah, what happened?" he asked with a look that said he was not sure he really wanted to know.

"Someone saw us making out and started telling everyone. He was really scared what his other friends on the team might think, so he admitted to them it happened but told them he had been drunk and that I had paid him to suck him off." It was starting to get hard for me to talk about this. "They believed him," I continued uncomfortably, "and went looking for me one night. When they finally caught up to me, he was with them, and he punched me out right in front of them. He kept calling me dirty faggot and queer. I don't know how many times he hit me but my face was pretty bloody by the time he was done." To my surprise a tear was coming down my cheek and I choked a bit on my own words as I went on. "The next day he actually called me. He was crying and saying how wrong he had been and how sorry he was. I just lay there in bed with bandages all over my face listening to him and crying myself. He kept asking for my forgiveness, but I couldn't speak. I finally just hung up on him. I never spoke to him again after that."

Neither of us said anything for a moment. I could still remember the feel of the bandages on my face, even standing there in that winter cold.

"What happened?" he finally asked, somewhat subdued.

"To what?" I replied, shaken from the memory.

"To you and him?"

"Oh, him." I said a bit drained from the recall. "Well, this all happened in the last semester of our senior year, and about a week later he dropped out. Rumor was he ran away. Someone even once said they heard he'd tried to kill himself. I never knew."

"Is that what all those little scars on your face are all about?" he asked wincingly. "You'd said you'd gotten them in a fight in high school."

"Yeah. I'm not sure how I did it, but I managed to get home that night and crawl into bed. My parents must have heard me crying or something when I came in. I don't know. Anyway, they came to my room, and man, did they freak when they saw me. They rushed me to the hospital. Kept asking me what happened. I really couldn't speak, my jaw was busted and all, so they had stopped asking by the time the doctors got to me. But you know small towns. At least three of his basketball cronies had been there and they'd taken a few cracks at me, too. It was all over school the next day, so the principal called my folks. They were blown away by the whole thing, and when they confronted me with it I admitted everything to them. By that point, between my hysteria and pain killers, I was too freaked out to know what I was saying, anyways. After a lot of crying, screaming and shouting, they finally agreed with the school that it would be best for everyone if I finished the semester at home. My mom shuttled my homework back and forth once a week, and I got my high school diploma in the mail a week after graduation."

"What about your dad?"

"He and I haven't really spoken since then. He refused to come in my room while I was recovering, and he wouldn't sit at the kitchen table to eat with me. My mother had to eat dinner twice just to see both of us. I think he'd still really like to have a go at me, but he doesn't do it for my mom's sake. She's always been somewhat brittle, and my problem didn't help things any."

"So that's why your parents never came to visit or go to your graduation," he said in a tone of recognition. "You'd always told me they were too poor to afford the travel."

"Well, they're not rich, but my dad didn't wanna see me and my mom wouldn't come without him. They said they'd still pay for my college tuition, but I'd have to pay for my books and living expenses with part-time jobs, and after college graduation I'd be on my own."

"How'd you end up at school here anyhow?" he asked. "Didn't the university find out from your school?"

"No, it's not like it's something you go around talking about. I'd already been accepted here a month or so before it all happened, and the principal didn't see any reason to tell them. Enough damage had been done and everyone including me thought I'd be best off somewhere out of town as soon as possible."

I paused, empty of both tears and emotion.

"Wow, I'm sorry. I didn't know," he finally said.

"I'm sorry I didn't tell you sooner," I replied looking away, still somewhat ashamed of my past.

"Me, too. I'd have killed them." I looked up at him in surprise. It was like I was seeing him for the first moment all over again. He wasn't smiling this time and his eyes were blood shot from his tears, but I thought I could still make out a bit of that glimmer which said he cared about me and wanted to be my friend. "That basketball jerk was a real asshole. You must have wanted to die."

"Yeah, I did," I said gingerly. "I still have mixed feelings about him, though. I really loved him, but I never imagined in my worst nightmare anything like that could happen. I knew he was real scared of anyone knowing out about us, and so was I. I just always figured we'd run away together if anyone found out. I never thought he'd turn on me like that. I even wanted to kill myself a few times that summer. I didn't think anyone would want to be my friend again. I was sure I'd have to live my life alone after that. Until I met you."

"Whoa," he sighed, rubbing his nose on his sleeve. "That's heavy." He stopped and stared at the ground for a moment, as if ashamed for what he had recently said. "I had no idea anything like that had happened to you. I mean, I know you had said you'd had a pretty rough childhood without many friends, but this is like too much. I'd never have been able to trust anyone again if that had happened to me. How could you stand to even look at another guy after something like that?"

"Well," I explained, "remember how you used to go home on the holidays, and I'd say I was going to see my folks?"

"Yeah."

"Remember how I'd always be back at school before you returned from your parents."

"Yeah."

"I never left." My words stunned him. "I'd say I was leaving just after you were going to leave, or I'd leave an hour or so before and then sneak back to our apartment when I was sure you'd be gone. I'd spend the holidays at our place by myself."

"Shit," he protested, "if I had known that I'd have invited you over to stay with me and my folks."

"I know, but I didn't want to be around anyone's family during those times. I still don't like to be.

It hurts too much."

"So what did you do?" he asked in a pained tone.

"Most of that first year I just stayed in the apartment or would go to a movie by myself," I admitted," but by the second year, though, I was getting pretty bored with myself. I liked being with you, but when you were gone all I would do is think about what had happened at home and get all depressed. One night, I think it was during Christmas break, I'd heard about this gay bar downtown, so I got up the courage to go take a look. I'd never been in a gay bar before, but it was pretty much like a straight place filled with a bunch of horney guys, except there were no girls."

We both laughed a little at this.

"Any ways," I continued, "this guy came over to me. He was half American and half Korean. Real cute, with a swimmer's build, but with beautiful, long, black hair. He asked me my name and where I was from. Three drinks later I was in tears recanting my horror story to him. I have no idea what the poor guy must have thought of me, but a half an hour after that we were back at his place. It was one of the greatest nights of my life. He just held me for hours while I rocked back and forth crying. He never tried to stop me or do anything to me. Just held me, both of us fully clothed. I must have cried myself to sleep that night, 'cause when I woke up the next morning we were cuddled together with our clothes still on. We made the most wonderful love together after that."

"So that's where the Asian thing comes from?" he inquired.

"Yeah, he was really good to me," I smiled.

"You still see him."

"No," I said sadly. "I told him it was too early for me to fall in love with anyone after what had happened, but we saw each other off and on for about two years. He finally moved to Texas for a better job. We sometimes write to one another, but I haven't seen him in the past three years."

"Maybe you should go see him," he suggested.

"Maybe, he really was good to me," I said again, as if realizing it for the first time. "It's not easy finding people like that. I'm not that good at meeting people, period."

"Yeah, I know," he agreed. "I always thought you were just shy with girls. You never dated any of them more than once or twice."

"I did it mostly for appearances," I confessed. "You know most of them you had to set me up with, anyways."

"I remember," he recalled. "But what about that one girl, I can't remember her name, the one with the long black hair from the music school. You must of seen her for a couple of months. Hey wait, I even found you two in bed once," he exclaimed.

"I know," I agreed, "she was real nice. I think in some ways she reminded me of the Korean guy, with her long hair and all. I kind of liked her, too, but I never made a move on her. On our third date she just came right out and said it was alright with her that I was gay. I'd never said anything to her, and it just about blew me away. I got all defensive and everything, but she explained that her brother was gay and that she felt comfortable around gay guys. A lot of her male friends in the music school were gay, too. She even offered to introduce me to a few, but I said no way because I was afraid it might get back to you somehow. She understood, what with her brother and all, and said she'd still like to be my friend, so we kept hanging out together."

"What about the bed thing," he asked.

"Oh, that," I laughed. "One day she suggested we sleep together so you'd think we were doing

it. We'd been spending a lot of time together by then and she didn't want you to get suspicious about us. It was fun, we even fooled around a bit, but nothing serious. We just did it that one time. By then I think she was really interested in some other guy anyways and was just hanging out with me for the fun of it."

"Huh," he said considerately, "smart girl."

"Yeah, she was a good friend... like you."

He walked over to me, paused, and then put his hand back on my shoulder. "I still am a good friend...you're best friend. I just don't know how to deal with this," he confided to me and swallowed. "I never knew a fa... I... I mean a gay person before. All those guys we used to rag on, I really didn't know any of them. It was just something I did. I've always done that. Even in high school. There was this guy me and my friends beat up once."

"Why, 'cause he was gay?"

"Yeah, he was this little kid and he never actually bothered anyone. But he gave us the creeps 'cause everyone said he was gay."

"Was he?" I asked.

"I don't know. I actually felt bad about it afterwards. We got him on his way home from school and knocked him down, messed up his books and stuff. He didn't come back to school for weeks, and only then to go to class. His mom would stay in her car the whole time waiting for him. Poor kid. We kept teasing him whenever we saw him, but he never said anything."

"No, I imagine he never would. He was probably too ashamed at being treated like that and didn't want anyone else to know."

"I never did anything like that again," he said in a half demanding and half apologetic tone. "It was just the way things were back then. I mean everyone hated homosexuals back then. Christ, remember that guy in our economics class, second year, the one who wore that shirt with the gay flag on it?"

"You mean the rainbow flag, the one with all the colors?"

"Yeah, that one. He didn't act queer or anything, but I used to get a bit weirded out just knowing he was in the same room with us. Hell, I'd have gone berserk if he ever hit on me. What am I supposed to do in a situation like that anyhow?"

"It's not your fault how things are, but you're old enough now to understand that someone's sexuality is not a reason to hurt them or be scared of them. We're both old enough to know that. Did you know he killed himself?"

"Who? You're basketball guy?" he asked confused.

"No, that kid in our economics class, before finals that year. He O.D.'ed on some pills. My Korean friend knew him. Said he was depressed 'cause his boyfriend from back home dumped him."

"So he killed himself," he asked incredulously. "Geeze, isn't that taking it a bit too far. I mean, okay so he was a homo..."

"Please," I insisted.

"Sorry..., sorry...," he said with his hands raised. "I'm trying. Like I was sayin', so he was... gay."

"Thanks," I smiled.

"You're welcome," he grinned back. "But to kill yourself over another guy. That seems a bit too much."

"Hey, he loved the guy and it's hard enough for straight people to find love today. Imagine what

it's like if you're gay. Everything in the mainstream is geared towards heterosexuals. You never see two gay guys kissing on T.V. or in a magazine ad. And when was the last time you heard of anyone playing a special boy-boy dance song during a prom."

"Huh, I never thought of it that way. Do gay guys kill themselves often like that?"

"I'm not exactly sure, but I have done a lot of reading about growing up gay to help myself. From everything I've read it seems about one out of every three teenagers who commits suicide does it because they can't deal with the fact that they are gay."

"No, you're shitting me. One out of three. It's that much of a problem?"

"Yeah," I emphasized for him, "it really is. I was thinking about killing myself once too when I was half way through high school."

"Over the basketball jerk."

"Well, yeah, but before that, too."

"Why?" he said in a tone of concern.

"I was at this party. I don't even remember why I went. I wasn't friends with the kid throwing it, and I was a bit of a geek in school. But somebody told me about it, so there I was. Everyone was drinking or smoking pot, and one by one all the guys and girls seemed to pair off and start making out. I just kept drinking and got more and more depressed watching them. Finally I decided to leave, but I couldn't find the kid who gave me a ride. I don't know if he was in one of the bedrooms or had already left. It didn't matter. I had had it anyways."

"You didn't try to kill yourself over that, did you?"

"Well, kind of. At first I was gonna walk home. But I was so lonely and sure I'd never meet anyone like me that I decided to just walk off into the woods behind the house where the party was. The house was out in the middle of nowhere and it was winter. I didn't take my coat with me and I figured I'd freeze to death before I got very far."

"So did you do it," he asked a bit shocked. "I mean I know you didn't die, but did you really try to kill yourself like that?"

"Yes," I said biting my lower lip and nodding my head. "I just walked out the back door and kept going. That's when I met Mr. Basketball."

"What, he was out in the woods waiting for you?"

"No," I laughed a little, "not exactly. He was at the party, too, and saw me walk out without my coat. He followed me until we were out of sight of the house and then caught up to me. He asked what I was doing, if I was drunk or something. I told him no, but that I was just depressed and didn't much feel like being with anyone." I paused and reflected for a moment. "God, he was so cute in the moonlight."

"So, what happened?" he coaxed me.

"He kissed me."

"Just like that?" he squirmed. "Gross."

"Oh, no," I assured him, "it was beautiful. All he said was, 'Come here, you look like you're frozen,' and I was, so I did. Suddenly he just wrapped his arms around me and kissed me right on the lips. Next thing I know we were hugging, and grabbing, and pulling, and kissing, and crying. Both of us. Turns out he'd had his eye on me from freshman year and had just been waiting for the right chance to get me alone."

"Wait, this is the guy who beat the shit out of you."

"Yeah, but that was two years later. I guess he figured if I freaked out in the woods when he hit on me, he would just deny the whole thing, say he was trying to help and I was just some queer, homo kid who would have been better off freezing in the snow. But I didn't, and he didn't. It was actually a great year and a half after that."

"Did you guys see each other a lot?" he questioned.

"As much as we could. You know it's not like we could tell anyone or anything. And he had an image to keep up. He even had a girlfriend. Told her he was a devout Catholic and wanted them to stay virgins until they could marry after high school. He'd go out with her a few nights each week, have her home before eleven, then come pick me up and we'd go make out in his car on some deserted road somewhere. We had a bunch of places we could go to. We were really in love."

"But nobody knew anything about the two of you the whole time?"

"No, well not until that night someone saw us doing it, and, well... you know."

"I'm sorry, you really had it bad."

"Yeah, thanks," I told him, " but you know, up to now I've been pretty grateful 'cause I got to know you. I mean, I don't want you to worry or anything. I'm not coming on to you."

"It's okay, I believe you," he smiled and nodded.

"It's just that our friendship has given me the confidence to be myself. I've been working on coming out for years now and I've finally gotten to the point where I feel strong enough to start telling other people, straight people, and I wanted to tell you first. It's just taken me a long time to get there."

"Well, you told me and I'm still a bit shocked by the whole thing, but I'm a bit better now. I never had a gay friend before. I used to think about going over to that kid's house, the one I beat up in high school, and apologizing to him and asking if we could be friends. Nothing sexual or anything. It's just that he was different and I was always curious what he was really like. I was too scared though. I thought my friends would think that I was gay and then I'd be in his position. I guess it must really suck for you guys."

"And girls," I quickly added.

"Huh? Girls? What about them? Is this one of your strange jokes, again?," he asked.

"No, I mean lesbians. They have it just as bad as gay guys."

"Lesbians don't bother me," he boasted.

"Oh, no, let me guess. You'd love to see two girls doing it, right?"

"Yeah, sounds kind of hot, don't you think?" He stopped and let the smile drop from his face. "Oops, sorry. I forgot you like guys."

"No, its got nothing to do with that. Don't you get it," I argued, "you think it's okay for two women to make love, but it's gross for two guys. It's a double standard, a bias, a prejudice. It's not fair."

"Well, look," he said a bit defensively, "I just never really thought about it before." He stopped and then continued more calmly. "I guess I got a lot of thinking to do, that's all."

"Hey, I know what you mean," I said supportively. "I still have to work out a lot of issues every day."

"No way. You seem to understand things," he complimented me. "I mean you came out to me and all, and explained things pretty good."

"Yeah, well I wasn't sure how this was gonna go, and for a little bit there I thought you were

ready to just walk off and call it quits."

"Hey, give me some credit," he objected. "I was in a bit of shock, but I'd never walk away from you. You've always been there for me ever since we met and I'll always be there for you, too." The timber of his voice strengthened me as it always did whenever I was worried or had problems.

"I only hope it goes this well when I tell some of my other straight friends," I said worrying out loud.

"Like who?"

"This guy who got hired about the same time I did. His name's Wallman, he's over in legal, and I think he's gay too. No girlfriend. Never talks about women. Good dresser, though, and kind of cute, but shy. He's seems really friendly to me, and we've even had dinner after work a few times."

"You hot for him or some... no wait," he demanded, "I'm not sure I'm ready for this. I mean you're past is past, and I'm dealing with your being gay and all. But I don't know if I'm ready for this, yet."

"Well," I said a bit squeamishly, teasing him, and then admitted, "he's pure Anglo... not my type. Like I said..."

"I know, I know," he stated bravely, "you like Asians. So what's the problem with Wallman then?"

If I come out to him then someone at work will know."

"So?"

"If someone at work knows then it might get back to my boss or even Morelli?"

"Soo...?"

"Well, who knows how Morelli might feel about this. I never quite imagined old Oxnard to be the gay friendly type, did you?"

"Sooo...?"

"Well, I could get fired or something," I finally declared.

"What?" he quipped incredulously, "What do you mean fired? You do a great job for them. You think they're gonna fire you cause you like guys instead of girls? That's kind of dumb, isn't it."

"It happens all the time," I insisted.

"When?" he challenged. "I never heard of one person ever getting fired for being quee..., sorry, a homosexual. I mean, hey, okay, your boss may not like it, and when we're kids we may do some pretty stupid stuff, but we're talkin' adults, jobs, stuff like that. Hell, what about that equal employment opportunity thing? You know...," and waved his hands in front of him as if to make it magically appear. I looked at him patiently until suddenly his memory clicked and he quoted confidently, "The one that says you can't be denied employment on the basis of race, sex, etcetera, etcetera. What about that?"

"It doesn't include sexual orientation," I informed him. "And when it does happen, nobody fights it because for the most part it's legal and they don't want anyone else to know, or they might never get another job. Less than ten states currently have laws which prevent employers from firing a lesbian or gay guy simply because they're homosexual. In all the other forty-one states or so, it's still legal to fire an employee simply because they're gay, and we live in one of those states."

"No shit?" he said a bit stunned.

"No shit," I echoed.

"You sure about this," he tried one last time.

"Yeah, I'm sure. I've done a lot of reading in the last few years, and that's not something I could ever forget."

"Wow, I had no idea. That really sucks." He paused for a moment, pondering the implications, then asked, "Do you think Wallman will tell anyone?"

"I doubt it, but you never know."

"I don't think you should tell him," he advised me. "It's too risky."

"Well, don't worry about it yet. It's not something I'm gonna do for a while, if at all. I'll wait and get to know him a bit better first. Then if the right opportunity comes along, maybe I'll take a chance. For now, though, I just wanted you to know." My exhaustion from our conversation was beginning to show, so I added, "That's plenty enough for one day."

We stood there looking at each other. Without words our eyes assured one another that any damage which had happened between us in the past hour or so would surely be repaired. After all, we were just too important to each other to do anything else. We stood like that for seconds that seemed minutes long. Just then our concentration was finally broken by a snow plow which came to clear the other side of the bridge's roadway, spraying both our legs with a barrage of snow this time.

"Great, just what we needed," he said as we swiped the snow off ourselves. "You look pretty cold," he added.

"Yeah, you too," I agreed.

"You still hungry?" he asked.

"Uh-huh, you?" I replied.

"Yes,... let's get something to eat," and he reached his hand towards me.

"Thanks for still being here for me," I said as I took his hand in mine and squeezed it.

"Not a problem," he said pulling me towards him into a hug. Then gently pushing me away to arms length he added, "But I'm not gonna kiss you."

"Not a problem," I answered, and we both laughed as we turned eastward, together.

And that morning, for the first time sine we met, we did not run, but walked to breakfast.

The preceding dialogue, though fictional, portrays many of the stresses common to gay people in the process of coming out. You may have experienced similar stress as those of either person in this story. There is not much I care to add to the above dialogue, other than that stress can become an overwhelming and unhealthy part of our lives unless we learn to moderate it.

Suggested books for further reading:

THE THREE MINUTE MEDITATOR, 3RD EDITION
David Harp and Dr. Nina Feldman; New Harbinger Publications, Inc., 1996ISBN 1-57224-054-7

THE RIGHTS OF LESBIANS AND GAY MEN: THE BASIC ACLU GUIDE TO A GAY PERSON'S RIGHTS, 3RD EDITION
Nan D. Hunter, Sherryle E. Michaelson and Thomas B. Stoddard; Southern Illinois University Press, 1992ISBN 0-8093-1634-X

COMING OUT: AN ACT OF LOVE
Dr. Rob Eichberg; Plume, 1991ISBN 0-452-26685-8

DRUGS

When I was a young boy, our Rabbi noted that if I were in a crowd and the entire group went this way, then I would most likely go that way. When he asked me why I exhibited such behavior, I answered, "Simple, because all the flowers have not been trampled over there.

I was raised to be a Jew. Both my parents are Jews and come from a long line of Jewish relatives stretching back to France and Latvia. My father's family came over several generations ago with the family name of Michelle. It was changed to Mitchell upon arrival in this country, as immigration officials thought it unwise for them to have a women's first name as their last. They settled in Mobile, Alabama, the men becoming engineers and university professors of science. My own father became an electrical engineer on the cusp of the transistor age. He was in fact blazing new territory and was asked no questions by the review committee about his Master's Degree thesis, as none of the science faculty on the panel knew anything about transistors at that time.

One of my mother's great grandfathers came from Europe with the last name of Sallinger. His family settled in the Boston, Massachusetts area and became wealthy operating a chain of department stores appropriately titled Sallinger's. It's success was in part due to the fact that it was one of the first department stores to establish a line of credit in the form of a credit card for its customers. At that time, eons before the Visa/MasterCard era, the concept of a credit card was a revolutionary idea which helped to set my mother's paternal family amongst the upper class of Boston. Unfortunately, a series of untoward investments diminished their fortune before my parents were married. By the time I was born the entire chain of Sallinger department stores had disappeared.

Coming from these divergent backgrounds, my parents were introduced by a common friend after my father had moved north for a job opportunity. They courted briefly, became engaged, and were soon married one hot Boston afternoon in 1955. My mother had never actually been to Mobile before their engagement, a fact her future in-laws teased her about by warning her to beware of the tigers and alligators that roamed the main streets of the city. Though she did finally travel there with my father to see where he was raised, they settled in Natick Massachusetts, just outside of Boston, as my father's work was still in the area. It was here, shortly after their arrival, that my brother was born on October 3rd, 1956, followed two years later by my birth on Halloween day of 1958.

I have few if any memories of my early days in Natick, my first recall being of a house in Danbury, Connecticut where my family moved after my father took a chief of engineering position with a small company called National Semi Conductor. Over the following decades, this company grew into one of the largest United States producers of electronic components such as transistors and computer chips, and is still in existence today. We lived in a neighborhood with a few other families who had children, some my brother's age and some my own. Though I do not remember much, I do have three memories of note from this period.

The first occurred the summer when I was four. My brother, then six, was about to go off to day camp for the very first time. It was an exciting moment, as neither my brother nor I had ever

embarked upon such independence. Of all the scenes from my early life, this is the one which I remember most vividly. My mother, father and I were all in the kitchen preparing to see my brother off. He, on the other hand, was rather anxious and excited to be on his way and quickly kissed my parents both goodbye. As he was just about to march out the back door, I realized he had somehow forgot me in all the mayhem, so I leaned forward to also kiss him goodbye and wish him a good time. Suddenly, seeing my lips approach, he quickly raised both arms and pushed me away, shouting, "No, boys don't kiss." There was silence for a moment, as everyone was a bit shocked by this exchange, myself included. Regaining their composure, my parents suggested that it was okay for him to kiss his little brother before he went, but he still refused and went promptly off to camp. I, however, remained in the kitchen devastated. From the entire family, I alone was not allowed to kiss my own brother, even though I loved him. Though I did not understand this new, unpleasant rule, from that day on I knew that I was somehow different. Not realizing it, at the tender age of four I had my first brush with the concepts of homosexuality and homophobia.

The next scene happened the following year when I was five. There was a boy, four years old, who lived down the street from us. He and I would often play together, and as little boys are apt to do, at times our curiosity would lead us to play together without any clothes on. Of course, though never having discussed the issue directly with my parents, by this age I was well aware of how grown-ups viewed nudity, whether it be a little boy's or their own. So our naked adventures were always carried out most discretely. One time, while on such an escapade in the basement of my parent's house, the sitter who was watching me that day opened the basement door and called down demanding to know if we were there and, if so, what we were doing. At that moment, my friend and I had situated ourselves behind a large hot water heater both out of her sight and out of our clothes. We were quite panicked by her sudden appearance, and my accomplice looked as if he were about to burst into tears at our eminent exposure. Yet, with quick wit and bravado I replied to her, without moving a stitch, that we were indeed here in the basement, that we were meticulously investigating a rather large spider web behind the boiler, and that if she would like to come see that would be fine, however, we were both rather famished and would appreciate her making us some lunch, instead. Normally, this rather dominating woman would have descended the stairs and demanded to see immediate proof of my explanation. Luckily, given her abhorrent fear and disgust of spiders, she quickly acquiesced and scampered off to prepare our food. After that, unfortunately, no matter how strongly I protested, the mood had been spoiled beyond repair for my companion, and he quickly dressed and ran home without his lunch or an apology to me. Experiencing the consequences first hand of having others find me in a compromising position, I learned to lie that day and promised myself to beware of such predicaments in the future. Without knowing it, a closet case was born.

At age five I was fairly ignorant of the sexual pleasures of life, except for my father's Playboy magazines which I occasionally stumbled across and the explorations I was then engaged in with my younger playmate. I knew nothing of gay or straight, orgasm or pregnancy, or even intercourse, as my friend and I simply touched each other without even the thought of penetration. Though we both got immense satisfaction from our experiences together, our actual expertise and knowledge base were little more than childhood fantasies. However, my great lie at age five was soon followed by another notable memory the following year.

By the time I was six, my younger friend and I no longer engaged in our naked play together. Instead, I had developed a deep friendship with another boy in the neighborhood who was my own

age. Though we never attempted anything so bold as I had earlier, we were very close emotionally and physically, and on more than one occasion would hike off with our lunches into he woods on hot summer afternoons to fall asleep shirtless beside one another. This boy and I had the makings of a relationship which would have lasted a lifetime, if a terrible mistake were not made. One day that year, for reasons I still do not understand, he and I had an argument and were not speaking to one another. This type of thing had happened before in our friendship, and we both suspected that a few days apart would soon melt our anger and compel us back to each others company, the bond between us strengthened for having endured yet another stress. However, on this particular occasion things went quite differently. Somehow, other children in the neighborhood convinced us that rather than wait for our tempers to cool we should, instead, settle our differences immediately through a physical fight. The winner of the fight, according to the ways of children and armies, would be the one who was right, and our argument thus settled instantly. To my later dismay we both agreed to this logic and engaged in a lengthy and somewhat brutal exchange of blows, egged on by the young voyeuristic crowd. At several points we both knocked each other down, the fight lasting the better part of a half hour. Though the onlookers received their full satisfaction, in the end there was no winner as he and I were completely bruised and somewhat bloodied, our anger solidified and our friendship over for good. It was an emotional loss I was neither expecting nor prepared for, and to this day I still abhor physical fights.

Compared to these three memories, the remainder of my time in Danbury paled. At age thirteen I had my Bar Mitzvah, a year later I had my confirmation, and a few months after that I decided that the Jewish religion was not a valuable part of my life. I had grown to be a rather introverted adolescent, aware of my preference for boys over girls, and how others felt about such things, including my birth religion. Not that Judaism is any better or worse than any other faith such as Christianity, Islam, Hinduism, etcetera. I have investigated them all at one point or another, and like Judaism, they all have a superiority complex which they use to justify their hatred and cruelty towards those of other faiths. Just look at the Middle East, Ireland or India for modern day examples of the violence wrought in the name of God. Given my personal distaste for physical violence, I find no peace in the religious institutions of my day. Instead, I finally came upon a short one page manuscript called DESIDERATA, the exact origins of which no one seems to know. I use it, rather than religious doctrine, as a worthwhile creed to live by, and have included it as an appendix in this book for those who might be interested in reading it.

Having rejected the religious upbringing of my childhood, in 1972 I entered high school as neither an agnostic nor atheist. I really did not care if there was a God. If there was, then rather than me praying to and worrying about God, I decided that God should worry about and pray for me. If there was not, then things probably could not be much worse than they already were. Actually, given the state of world affairs throughout history, I found it hard to believe there was a God which could be worth praying to. However, I did not try to share my thoughts with others for I knew they would neither understand nor believe the things I felt. I was different and had known this from age four. If I was to have any happiness, then it would only be found on my own in a world I knew nothing about yet, but could only hope was out there somewhere waiting for me. Until I could reach that world, I was determined to keep to myself as much as possible, avoiding the anticipated ridicule of others should they learn the truth of me. So, by the time high school arrived I had become reclusive of both family and friends, and was considered a bit of an oddball, though nobody knew why. It was

in this state, from my freshman through senior year, that I would endure my first unrequited love.

I do not write his name here, as I am quite embarrassed to say that I never told him how I felt until the summer after our graduation, and after that he never spoke to me again. We were not great friends during high school, perhaps only one step above acquaintances. However, those four years were exquisite torture, and to this day, had it not been for my tragic run in with physical brutality at age six, I would be surprised that I do not enjoy sadomasochism.

I cannot say anything more about him other than I was completely in love with him and sure it would turn out badly, as it finally did. He was quite beautiful and physically fit, being on the school's soccer, baseball and basketball teams. His mere presence in a room would make my head light and penis erect, conditions which respectively made it difficult to participate during class, and then embarrassing to exit from after it was over.

Ultimately, these four years of longing produced an affect of gloom and depression in me, as I remained frozen between the desire to act and my fear of the consequences. I remembered a boy from my last year in junior high school who had been intelligent, friendly and openly effeminate. He was constantly taunted by the other kids and beaten up on more than one occasion for his behavior. Personally, I liked him and never made fun of him. I even found him attractive and wanted to become his friend, but I feared what others my age might say or do to me if they knew we were friends. I was by no means popular, and sadly I never spoke to him, but left him to suffer on his own. In turn, I suffered in silence over another boy the following four years.

By the time I reached Syracuse University in 1976, my infatuation and frustration with my high school Adonis had become unbearable. Often I would awake in tears in the dormitory after dreaming about him. I would then become so depressed as to be unwilling or unable to leave my room for days. I knew I could not endure this much longer, and as I did not yet trust anyone with whom to speak about myself, I turned to drugs. Through them, for the first time in years I experienced pleasures which replaced and relieved my identity crisis. I felt different when I was high, and did not crave the emotional and physical intimacies I so strongly lacked in my real life. Of course, I was only replacing one infatuation with another, a formula for disaster which culminated in a failed suicide attempt by drug overdose during my first year at college.

I dropped out of college at the beginning of my sophomore year, took off one semester and then returned. I had lived with my parents during this hiatus, and though I would not talk to them about why I was having problems which they could easily see, I did use that time to rethink my need for a better education both academically and emotionally. Thus, I returned to the same university that next semester, this time outside of the dormitories and the nonstop party life that I had there.

My new apartment was rather large, and in the basement of a three story building. Though it only had one bedroom, to conserve money its odd layout allowed me to rent the living room as a second bedroom to another student. The random subletter of this space was a girl whose name I do not recall, but whose appearance I cannot forget. She was a bit shorter than I, and rather thin with a clear complexion and straight shoulder length brown hair. Her features were sharp and her voice soft though somewhat creaky. Overall, she looked more like an awkward boy than an attractive girl, and I was very happy when she looked at the room and then rented it, as I found myself rather taken by her.

We lived together for several months quite uneventfully. She paid her rent on time and was most often elsewhere. I on the other hand remained mostly in the apartment when not in class, fighting off

intermittent high school fantasies and a subdued urge to take up drugs again. Nearing the end of our first semester together, however, I could no longer deny my attraction to her, and decided to act upon it. So, one day I announced I would make dinner for us if she would agree to join me. She did, I did, and we ate and drank that evening together in the apartment. The whole time I was trying to figure out how to break the news of my interest to her. Finally, after the meal was over and we were drinking wine and talking on a couch in her room, I pounced, literally. Without warning to either of us I jumped on top of her and attempted to kiss her. She was, to say the least, a bit shocked, and pushed me away adamantly. We struggled for a moment or two and then, as quickly as I started I stopped and removed myself from on top of her. We looked at each other for a few seconds, both huffing and puffing. Suddenly, she let out a laugh of disbelief and informed me that this was not possible, as she was not interested in men and I, to er assessment, obviously was. Though it was not something we ever talked about, my latent homosexuality had been readily apparent to her upon renting the room from me, and it was now quite perplexing to both of us. She further insisted I find someone like myself for pouncing upon, and that I leave her alone. For my part, I said little, still stunned by my own actions, but watched as she angrily gathered a few of her things and left for the evening. She then returned two days later while I was at class and took the remainder of her possessions and herself away, leaving her key to the apartment and a note on the kitchen table unnecessarily explaining herself.

I did not rent that room out again. Instead I took her words to heart and discovered that my university had a Gay Student Organization (GSO) on campus. It was located on the top floor of a small wooden two story building just off the main campus, and regular meetings were held there weekly. Interestingly, the Graduate Student Association (GSA) was located on the bottom floor of the same building, and during orientation week at the beginning of each year members of the GSO would inadvertently guide foreign language speaking students looking for the GSA upstairs rather than down. Though on more than one occasion this ruse threatened to have international repercussions, more often than not these students from other lands were pleased to find such friendly Americans. As for me, I was too shy to participate in any such escapades, let alone become intimate with anyone I met there, yet I did meet some rather fascinating people.

For the most part my visits to the association were few, but they did have a small library of gay literature which I borrowed from frequently. Among their books, Andrew Holleran's DANCER FROM THE DANCE, a saga of gay life in New York City during the sixties, had a remarkable impact upon me. In it, Holleran wrote of the sexual abandon many gay men were drawn to and entrapped by, some literally burning alive in a famous gay bathhouse fire of that period. With all its perils and pleasures, I enjoyed the book tremendously for its vicarious experience and important message: be yourself, but do not let it destroy you. I knew I had a lot to learn, and with guidance from literature such as Holleran's book I developed a sense of curiosity blended with courage and fear that would empower, fascinate and frustrate me to this day.

The more I read and the more I attended the Gay Student Organization meetings, the more inevitable it was that I would finally meet someone, and I did. His name was Phil and he came from a small town an hour north of New York City which was not far from my parent's house. I do not remember how we met, however, by my fourth year at Syracuse we had become close friends. I thought of him often, and though not in love with him I did like him and finally mounted the nerve to tell him how I felt. The discussion which followed my announcement was quite open and frank,

and he stated that he was bisexual having had prior experiences with both sexes. Thus, it was with him that I had my first homosexual relationship. It was a brief affair of a few months, and nothing spectacular by Hollywood standards. However, I do remember one particular scene of import to me. During the Christmas break that year he came to visit me and stayed at my home in Connecticut. Up to that point we had only talked about sharing physical intimacy together, but one morning while my parents and other relatives were asleep downstairs at one end of the house, we cautiously made love together in a bed in the attic at the other end. It lasted all of twenty to thirty minutes, was quite fascinating, though I doubt very notable by anyone's assessment, and when we were through I excused myself, put on my clothes and went for a walk alone outside. It had snowed several inches the night before, and everything was covered in white. I trudged through the powder aimlessly for ten to fifteen minutes, then returned home, undressed and lay down beside him again. He looked at me, placed an arm around my shoulder and asked if the world was still the same now that I had finally shared myself with another man. I assured him it was and we fell back to sleep.

I had lied to Phil. Though the planet had not cracked and no volcanoes erupted around my parent's house, inside I was boiling with turmoil. I was twenty then, and I had finally confirmed by act what I had always thought in my head: I am gay and I want to be gay. From that moment I knew I could not go on much longer hiding this fact from myself or others. Though I could not then appreciate how long it would take, this was the beginning of my coming out.

Coming out is a curious thing. You imagine that you wait for the right moment to share your earth shattering news with everyone, do it, assess the fallout and then go on with your new, open life. Yet, that is not how it works. Instead, I picked one person to start with, my brother David. I remember telling him, deciding his reaction would be a good trial run for what to expect when I told my parents. He cried, blaming himself for my "problem" as he called it. I, on the other hand, explained to him over and over that it was neither his fault nor a problem, and that it was simply who I was. When his shock finally subsided, he admitted to me he knew nothing of substance about homosexuality, but assured me that I was still his brother and of our continued friendship. I was cheered by this conclusion and have been able to rely upon and enjoy his support ever since. However, at the end of our talk he warned me not to tell our father, as he feared what the consequences of doing so might be for me. I agreed, so the following year I came out to my mother.

She came to visit me one weekend at Syracuse without my father, and when I finally told her my truth she was concerned, but not surprised. She had several gay friends and, though preferring to await my announcement rather than ask, she had recognized similar behavior patterns between they and I. Yet, like my brother, she was very supportive, and we spent the rest of her visit laying the foundation of what would become my future as a welcome member in our family. This is not to say that there would be no dissent amongst my relatives concerning my being gay, but, as had David, she pledged to continue her love and support for me as before I delivered my news. However, at the end of our talk she warned me not to tell my father, as she feared what the consequences of doing so might be for me. I agreed, and waited one more year.

When I finally told my father that I was gay, I was twenty-two years old. I did it while home on a visit from Syracuse, where I still lived and worked for several years after graduation. He was sitting in the den watching football one sunny afternoon, coincidentally almost directly below the attic room in which Phil and I had first made love several years earlier. Having been raised in Mobile, Alabama, and though he was liberal by southern standards, my father's views about homosexuality were not a

secret. When I scraped up enough courage during a commercial break in the game to tell him I was gay, he responded by calmly remaining wordless in his chair for a few moments. Then he slowly turned to face me and said, "I always thought you were, I just wasn't sure you knew." We continued to talk for a while, and though he was visibly hurt and disappointed by my admission, he did not reject me as I, my brother and mother all feared he might. Hence, that day was the beginning of a ten year struggle for reconciliation between my father and I which tested, strained and rebuilt the bonds of love and friendship I now share with my entire family today.

The process of my coming out did not end with my relatives. Over the years it has extended into every aspect of my life, including work and school. I make the time and take the effort to let others know about me, so that they will have the opportunity to get firsthand experience socializing with someone who is gay. It is not like I make this announcement to anonymous burger jockeys while shopping at fast food drive throughs. However, in circumstances where people are together and familiar enough for men to talk about women and women to talk about men, I share the fact that I prefer to talk about men.

Coming out never ends. It is a process which I must start anew with each new person with whom I become acquainted. Though at times it can be a bit draining, for the most part it is rewarding to me and the people to whom I have come out. Over the years I have become more and more comfortable sharing this part of my life with others, and at one point I even worked in a gay bookstore in Miami, Florida. It was there that I met my first gay lover.

At this point I was twenty-eight years old. I had moved to Florida from Syracuse, New York, a few years earlier to go to massage therapy school in Gainesville. After graduating and getting my state license I moved to West Palm Beach and practiced there for nearly two years before getting occupational arthritis from the strenuous hands on work. So, shortly thereafter, I ended up in Miami, having secured a job as a computer system manager and operator at a local community college. Upon living in Miami a few weeks I heard about a very good bookstore called Lambda Passages which was a gay and lesbian literature bookstore, as compared with the pornographic ones which dotted the city. I visited this place and over several weeks became good friends with the owners, Jerry and Carlos. Within I few months I was working part-time there when not at my school job.

During my first two years there I became highly active in gay political and social issues. One thing in particular which caught my attention was the lack of community unity amongst the gay population of Miami. Though there were dozens of social groups for both lesbians and gay men throughout the urban area, there was no place for them to communicate or interact with each other. Thus, with the help of the bookstore owners and some other supporters, in 1988 I started a twenty-four hour computerized information phone line called the Gay and Lesbian Community Hotline of Greater Miami, and the following year in 1989 I became the founder and volunteer director of The Gay and Lesbian Community Center of Greater Miami. Unfortunately, still working a full and part-time job while administering these volunteer projects, by the end of 1989 I burned out.

One weekend afternoon, before I finally relinquished the reigns of my two volunteer positions, I was working in the bookstore when this young man came in and began talking with me. He was pleasant enough in demeanor and appearance, but the thing which attracted me to him most was that he made me laugh. In the year or so preceding our encounter I had spent countless hours and all my energy working on serious issues with serious people. No one joked with me and no one made me laugh, but Omar did, and he was good at it. After we talked for several hours that day, the next

evening he came to my apartment for dinner and stayed for almost two years, literally. He never returned home since our second date, and two weeks later we went to retrieve his clothes from his parent's house. It was, perhaps in hindsight, not a match made in heaven, but probably more a match of mutual need and support: he needed somewhere new to live and someone new in his life, and I was burned out and needed someone to take care of me. He was a good cook, a good companion, and we were both rewarded by the roughly twenty months we spent together.

I do not regret that I met Omar, that we lived together or that we separated. Given what we had to work with I think we both did a great job of helping and loving one another. When you are gay, you cannot afford to take for granted even the littlest things, and our time together was quite bountiful. Overall, our relationship taught me that you have to be both intelligent and creative to be openly gay in today's society. It is all to easy for the average homosexual to maintain their safety through anonymity, but it is the brave gay who ventures out openly into the world challenging old taboos and vanquishing myths. We are not a bad people, just misunderstood and misguided. Through honest, open communication we can learn to understand each other better and live healthier lives together. With Omar I had my first experience at such communication on an intimate, prolonged basis with another man.

There have been other men in my life since Omar, including a man named Michael whom I was with when I started medical school, but separated from shortly thereafter. Each of them has had their own special reasons for appealing to me and their own special lesson to teach me. It is never a one-way street loving someone, for as you give to them you also take and keep the memory of your time together. Though not all of my lovers and I have parted on good terms, I have always left with a sense of gratefulness and gratitude that they were, even if only for a brief time, important companions in my life. I will never be the same for having known and loved them.

Today, at thirty-eight years of age, I continue to grow and learn every day about what it means to be gay. Things are constantly changing, and gays today are paving new paths on which our people may venture. Gay community centers are springing up in almost every major city across the country, and most have some form of free information hotline available to the public. In addition, there are social and support groups for everyone, from gay teenagers right up to gay senior citizens. Gay service groups provide social work both within the gay and mainstream communities, and this year, for the second time in four years, several gay marching bands participated in the Washington, D.C., inauguration ceremonies of President Clinton. It is truly a brave new world in which my community is getting braver and stronger every day, and I continually become prouder to be a member of this community.

There is no telling what the future will hold for the gay people of the world. Though the focus of our purpose was derailed by the sexual revolution of the sixties and seventies, I think we are finally back on track towards our destiny and purpose. Through our affinity to defy old barriers and express our affection for those of the same gender, we broaden the human experience of love and, therefore, improve the human experience. The history of the world is marked by people acting with violence and malice towards one another, culminating this century with World War II. Though hate, like love, is a part of human emotion, it has held too great a sway on the human spirit for thousands of years. With the dawn of a new millennium just around the corner, the time is approaching for us to show the world that in addition to women and men loving one another, men can love men and women can love women, and the world can be a much better place for it.

One of the many ways in which we hurt ourselves and others is through the use of drugs. Drugs are any chemical substance which we place in or on our bodies for purposes other than nutrition. They are not the fat, protein, carbohydrate or micro-nutrients I discussed in chapter three. While drugs in and of themselves need not be harmful, our misjudgement and overuse of them is. A grade school science teacher once asked my class to imagine a simple bedside alarm clock, the type with the hour, minute and second hands. If we were to open up that clock, how many things would we be able to place inside of it which would actually help it to work better? Not much, we all concluded, aside from an occasional oiling. Next, he asked us to consider our own bodies and how much more complex they are than an alarm clock. Assuming we are healthy, he then asked us to choose from all possible things those which we could place inside our bodies to actually help us function better. After pondering this for a while, we realized that aside from nutritious food and drink, there really was not much our bodies needed to work properly. Today, however, we live in a society permeated by drugs whose use we abuse and, therefore, by whose use we abuse ourselves.

Drugs serve three general functions in our lives. These include over the counter and prescription medications to treat illnesses, over the counter and prescription medications for hygienic or beauty purposes, and recreational drugs. Recreational drugs, in turn can be divided into three subgroups: legal stimulants such as caffeine and tobacco, legal depressants such as alcohol, and illegal substances such as marijuana, cocaine, heroin, etcetera. No matter what purpose we employ a drug for, be it aspirin to relieve a headache, cough syrup for a common cold, prescribed antibiotics to treat a wound infection, or cocaine to get high, all of these chemicals have no nutritional value in our bodies. While it can be argued that some have important, even life saving roles to play under appropriate circumstances, it must be remembered that these are potent substances which alter our physiologic character. Unlike nutritional foods and beverages which provide long term support and maintenance to our health, all drugs cause specific and acute alterations in our normal metabolism or perception. Though these changes are sometimes good, as when we take an antibiotic to speed eradication of an infective bacterium, all drugs if taken in excess can become harmful or even life threatening.

Drugs are such an inbred part of our social structure that they even occupy a special place in our homes: the medicine cabinet. Though it is difficult to imagine buying or renting a house or apartment which did not have this customary feature behind or next to our bathroom mirrors, the fact that we almost always build this into our dwellings establishes the degree to which drugs permeate and affect our lives. Even I, who at this point consider myself to be a highly conservative user of drugs, have a medicine cabinet in my home. In it are the customary lotions, potions and pills which find their way into many other homes across the country. The problem I fear with drugs is analogous to the argument I often hear concerning handguns: it is not the handguns which kill people, but the people using the handguns which kill people. I would say the same about our overuse of drugs, except that the users are killing themselves.

To begin with, let us consider drugs which are used to treat illnesses. We can get these drugs upon demand over the counter at various places including convenience and grocery stores, or they are prescribed to us by a physician and purchased at a pharmacy. Sometimes we can even find prescription drugs over the counter, as is the case with certain antibiotics which are sold in fish stores. Fish, the common house pet variety, and humans can become infected by many of the same bacteria which can then both be treated with antibiotics like tetracycline, ampicillin, and erythromycin. Though not guaranteed to be of the same purity and quality as those we obtain by prescription

through a doctor, I have heard of people unable to afford a doctor's services who will buy antibiotics over the counter at fish supply stores to treat their own infections. Of course, in bypassing a physician they do avoid the doctor's fee, but they also run the risk of taking the wrong drug for their ailment as they may lack the professional skill to guarantee an accurate diagnose of their condition. In addition, as mentioned, there may be harmful impurities in the fish store antibiotics which would otherwise be absent in the prescription form of the drug. Yet, this is just one example of the prevalence of, consequence of, and easy access we have to drugs in our lives.

Even when a drug is prescribed by a physician, it does not mean it cannot be harmful to the person taking it. In one hospital where I worked we would often get admissions for what is called polypharmacy: people who are taking so many different prescribed medications that these drugs are producing destructive interactions inside the patient's body. Sometimes polypharmacy is unavoidable, as is the case with many elderly people who have terminal illnesses. However, even just two drugs can sometimes interact with fatal consequences. In fact, the United States Food and Drug Administration is about to ban further sale of the prescription drug Seldane, an antihistamine used to treat chronic sinus congestion. If taken with erythromycin, an antibiotic commonly prescribed to treat infections, this combination has been known on occasion to cause deadly heart arrhythmias in both the young and elderly. Therefore, even prescription drugs can become a double edged sword. Able to fight both for or against us, the efficacy and ethics of these medications have been argued over for centuries by lay people and professionals alike.

There is no doubt that though prescription medications can play a critical role in restoring our health in the face of illness, today they are commonly overused and abused to the point that many of the infectious agents we once conquered are now resistant to our chemical weapons. Through over administration by physicians, antibiotics which once cured us are often now of little use to help us. Countless ailments, from common lung infections to syphilis and gonorrhea, are making a resurgence unabated by our continued application of evermore useless pills, powders and solutions. While physicians alone are not to blame for this calamity, as ill patients tend to feel cheated by their doctors if they leave the office without a prescription, we must all be aware and better educated about the fine line separating use versus abuse of prescribed drugs. Though they offer potential restoration to those who are suffering, they also hold the power to further decay and undermine our well-being.

When taking any medication, it behooves the user to ask themself three questions. First, why am I taking this drug? You must understand the reason for taking a medication and, if not, demand that your physician or pharmacist explain this to you before taking it. This is an important question as it makes us educated consumers. Drugs are products which we buy and use for specific reasons, and whether they are prescribed or we purchase them over the counter, we have the right and responsibility to know what they are for. The second question is can I do without this drug? While a certain drug may improve our health, sometimes it can have undesirable side effects which an alternative medication, though less potent, may not have. Also, many times our own bodies can heal themselves without medications, or by use of alternative therapies, such as herbs or vitamins. These forms of healing seldom have the stringent side effects common to prescribed medications, and some even have nutritional value, as in vitamins, which drugs totally lack. Finally, the third question to ask is how long will I need to take this drug? While there are certain physical and mental conditions which require long term drug therapy, most ailments requiring medication should resolve over a short period. Open ended use of medicinal agents is a willful invitation to polypharmacy and the problems

inherent to this drug induced disease. By asking these three questions we can prevent our medications from becoming ailments, and preserve their ability to treat our illnesses now and in the future.

Another problem area for our use of drugs concerns those we employ for hygiene or vanity including toothpastes, soaps, astringents, and a host of other cleansing and beauty products we apply to ourselves daily. As with the pharmaceuticals we use to treat illnesses, hygienic medications can be purchased over the counter or by prescription through a physician, yet we seldom think about adverse side effects from these products the way we do their therapeutic cousins. With respect to potential hazards, however, hygienic drugs should be reviewed at arms length with the same three questions listed above. While most of these chemicals are safe when use as directed over short periods of time, chronic application or ingestion of hygienic drugs can have long term health consequences due to micro-dosing. Micro-dosing involves minute amounts of a chemical being absorbed through your skin or digestive tract and into your body where it may then affect your metabolism.

To better understand micro-dosing, let us consider toothpaste. Once or twice each day many of us brush our teeth with an over the counter product such as Crest or Colgate. These toothpastes are commonly formulated with a fluoride ingredient which helps strengthen our teeth. Each time it is used, however, minute amounts of toothpaste are swallowed and pass through our digestive tracts where the fluoride ingredient may be absorbed. If this ingredient is good at hardening teeth, then it is likely as good at hardening our other bones. It is known that 50 milligrams of fluoride ingested daily will increase bone mass, but produce an overall abnormal bone structure which is more fragile and prone to fracture than regular bone. I called Proctor and Gamble, the manufacturers of Crest toothpaste, at the toll free number listed on the back of their product (1-800-492-7378). They told me that every gram of Crest with fluoride contains only 1.1 milligrams of this bone hardening agent, which is less than the amount of fluoride in an average size glass of most tap water. In addition, most of this fluoride in the toothpaste either adheres to our teeth or is rinsed out of the mouth after brushing. However, given years or decades of constantly micro-dosing ourselves each day with fluoride from this type of product, I cannot help but wonder if we might ingest enough fluoride over time to prematurely harden our bones, making them inflexible and prone to fractures. Though probably not a primary cause of osteoporosis, I suspect this may be a significant cofactor in producing the brittle bones seen in our elderly population today. While I surely do not present this as an excuse to avoid brushing your teeth, it is a good example of how many of the things we use in our daily cleansing or beauty rituals are actually potent drugs which may have subtle but serious consequences.

There are hundreds of good examples, like the one just given, of how hygienic products can have toxic side effects through micro-dosing. Also, consider that many beauty products people use daily such as nail polishes and polish removers often contain organic solvents like acetone. Though it is naturally found within us in extremely small quantities, elevations in bodily acetone levels are toxic and can produce acidosis (the blood being too acidic) and death. This type of condition is sometimes seen in people with diabetes and is known as diabetic coma. While determinations of toxicity are based upon studies where large quantities of a substance are injected into laboratory animals, what happens when that same chemical is constantly absorbed day after day in microscopic quantities over twenty or thirty years? For the most part, we just do not know the answer to this type of question. However, by raising it we might open the door to solutions for problems such as Alzheimer's and

Parkinson's disease which continue to perplex us today.

The third category of commonly used drugs, aside from those for therapeutic, hygienic or beauty purpose, is recreational. Recreational drugs are those we take for their mood altering capacity. This includes many legal drugs like the caffeine in coffee and nicotine of cigarettes which we use to pick ourselves up, and the ethanol in alcoholic beverages which we ingest to relax and unwind. Beyond these there are dozens of illegal recreational drugs, such as cocaine, LSD, and PCP which effect both our moods and personalities in a variety of ways. What all these substances have in common is that they are without nutritional value and are, therefore, drugs we use solely for transient alterations in our perception of reality and not for improvement or maintenance of our health. In fact, their use in both the long or short term can be detrimental to our well-being. Consider drunk drivers who may kill themselves or others while behind the wheel of a car, or the cocaine addicts whose habits may induce them to have fatal cardiac arrhythmia. While most people today agree that smoking is bad for you, even that innocent cup of coffee in the morning should be re-evaluated in light of our need for sleep, as discussed in chapter two.

Most people are aware of the harm which can come from recreational drug abuse, and it is probably one of the most evident and easily acknowledged factors which places people at risk for AIDS. After homosexuals, intravenous drug abusers make up the second largest class of HIV carriers in the United States, today. Yet, I think we need to look at all the chemicals in our lives and consider how they may affect both our immediate and future health. It would even be advisable to consider the chemicals we are exposed to in our places of work, as these too might be absorbed through our skin or lungs and, though not formally considered drugs, may have similar damaging effects upon our well-being. If we can eliminate or find better alternatives to those products which might adversely affect us, then we help to preserve our fitness and ability to fight off disease. If, however, we continue needlessly exposing ourselves to these potentially harmful substances, then we forfeit yet another opportunity to advocate our own health.

Suggested books for further reading:

THE PEOPLE'S PHARMACY
Joe Graedon and Dr. Teresa Graedon; St. Martin's Press, 1996ISBN 0-312-14126-2

WHAT'S IN YOUR COSMETICS? A COMPLETE CONSUMER'S GUIDE TO NATURAL AND SYNTHETIC INGREDIENTS
Aubrey Hampton; Odonian Press, 1995ISBN 1-878825-45-3

DRUGS: USE, MISUSE, AND ABUSE, 4TH EDITION
Richard G. Schlaadt and Peter T. Shannon; Prentice-Hall, Inc., 1994ISBN 0-13-220450-9

THE NONTOXIC HOME AND OFFICE
Debra Lynn Dadd; G.P. Putnam's Sons, 1992ISBN 0-87477-676-7

SEX

At night I wish to lay beside you, put my lips against
your hair, close my eyes and sleep in your dreams.

The Gay and Lesbian Community Center of Greater Miami was located at 7343 Biscayne Boulevard in Miami, Florida, next to Lambda Passages Bookstore. After the center's closing, approximately eighteen months from when it opened, the bookstore took over the site as additional space for its business. Though it only lasted for a short time, the community center was valuable to the gay population of the city and surrounding area. At one point, over a dozen groups were utilizing the space on a weekly basis to hold social meetings and support groups. In addition to being the center's director, in the summer of 1990 I taught a five-week course there on gay and lesbian issues. It was based upon a series of lectures I organized at Miami-Dade Community College (Miami, Florida) during the fall term of 1989 and the spring term of 1990.

The first class in this course talked about words and how we use them to either restrict and control or understand and empower one another. It included an extended discussion concerning the term homosexual, which I find limiting. To labelgay people as homosexual is to trap us in one aspect of our identity. Such a word highlights the fact that we prefer physical sexuality with members of our own gender. However, it totally ignores the fact that we as individual people have thousands of other qualities which are also of value. We are artists, lawyers, doctors, bus drivers, mail carriers, school teachers, waiters, dish washers and every other imaginable type of worker. We are fathers, mothers, sisters, brothers, sons, daughters, cousins, nephews, grandparents, best friends, next door neighbors, work associates and every other kind of friend or family. We are Catholics, Protestants, Episcopalians, Unitarians, Jews, Hindus, Muslims, Buddhist, and members of all religions. I told my students that while labels are necessary for communication, why use such a base concept as sexuality to narrowly define gay people? We are, after all, much more than sexual beings. I proposed that the class consider using a different word other than homosexual when referring to gays, a word which emulates a higher and more noble aspect of our being: homaffectional (the "o" pronounced like that in homage). Homaffectional reflects that we are people who prefer to share and express our affections with members of the same gender. There are hundreds of ways to share your affection with someone, including spending time together, exchanging gifts, and physical intimacy. Sex is just one of a thousand or more ways to say I love you, no more or less important than any other. Therefore, we should not limit ourselves and allow others to limit us with words such as homosexual when we are really homaffectional.

The second week of the issues course was spent discussing the effect of socialization and its impact upon our sexual identities. In it we talked of the many ways in which homaffectional socialization differs from that of the heteraffectionals who dominate mainstream society. I emphasized the fact that, unlike others, we grow up isolated from our gay peers and must essentially teach ourselves, alone by ourselves, how to act and interact properly in all social settings. For the most part this means repressing our inner being until we finally come of age and can move out on our own. There are usually no gay elders to guide us and, even today, few peer support groups for those

under the age of twenty. I imparted to the class the importance of coming out, not only to educate older people, but to act as good role models for younger ones. Continuing to hide only perpetuates the ignorance that hurts us, others like us, and those who are different from us.

The third class focused entirely upon lesbian issues. I have always been a bit ambiguous about lecturing or writing about lesbian issues, as I am not a lesbian and, therefore, lack the personal knowledge of what it means to be one. However, for this class I presented an outline of the feminist movement, an important issue for lesbians, as an example of what it takes to win equality in this country's voting booths. My class and I were both impressed that it required 52 years of non-stop campaigning to secure women the right to vote. This campaign encompassed 19 successive congresses, including 30 successful attempts to get presidential party conventions to adopt women's suffrage, 47 ratifications by state constitutional conventions, 56 referenda to male voters, 277 successful fights to get state party conventions to include women's suffrage, and 480 campaigns to get legislatures to submit women suffrage amendments to voters. This was truly a monumental task accomplished through decades of hard work and perseverance. While I am no expert on women's history, lesbian or otherwise, I find this an inspiring example of the fact that given enough will power and endurance, effective change can be achieved in American society. The gay community will do well to continue its struggle in the hopes of accomplishing just such change.

Another key element discussed in the third class was a return to the divisiveness of language. This time the concept of male versus female language was introduced, and I discussed how our present day use of the English language favors males and discriminates against females. Take God as an example. In most religions people speak of God as if it were a man: "He is the creator. He is our father. Glory be to his power. Let us pray to him." God is supposed to be the best and most powerful thing of all. If God is to have a gender, why should it be male? This association of maleness with God implies that males are the best and most wonderful thing of all. What of females, then? The continual portrayal of superior beinghood as male is not lost upon the psyche and self-esteem of our children. Just as African Americans today are demanding birthday cards and dolls appropriate to their race for their young ones, so should we all demand language which does not place one gender superior to another.

Another example of our language bias against women can be seen in this book. I have taken painstaking measures to avoid such words as mankind or man when referring to people in general. Mankind would mean men and women inclusive, yet, womenkind would only mean women but not include men. When used as a prefix, why should the word women be less inclusive and, therefore, mean less than the word man? Also, although I have used the word gay by itself to include both lesbian women and gay men, when trying to distinguish between the two I have attempted to order them with the word lesbian occurring before the words gay men as often as I have written the words gay men before the word lesbian. While this may appear to be insignificant to many, I believe it would be improper to always place gay men before lesbians, even in written form. It is all our responsibility to correct such long standing errors in our written and verbal communication, no matter how subtle they may seem. Imagine how you might feel if you were always placed second in line and never first.

The fourth of these five classes focused upon politics and the law. It was begun with a discussion of the similarities between the gay civil rights movement , the women's suffrage movement, and the African-American struggle for civil rights. While there are many similarities between the three, I

noted that only the homaffectional movement lacked a comprehensive set of goals. To this end, in 1990, I penned THE HOMAFFECTIONAL BILL OF RIGHTS, a copy of which is included in the appendix to this book. This bill was closely fashioned after the 1848 Seneca Falls Women's Rights Convention DECLARATION OF SENTIMENTS, which in turn was drafted to approximate the United States Bill of Rights. In sharing it with my students, it was my hope that one day this document would inspire gay people the same as Martin Luther King's words did African Americans, and Elizabeth Stanton's and Lucretia Mott's DECLARATION OF SENTIMENTS did women's rights. Many other interesting facts were also discussed during this class, including that up to 1990 Massachusetts had the only statewide law which prevented discrimination against lesbians and gay men. Though having improved a bit since then, most states still have laws which hurt rather than help gay people. The remainder of what was spoken about in this fourth session concerned the roots of homophobia, which has already been covered in chapter three of this book.

The fifth and final class in this course was probably the most fascinating of all. Its title was "Culture versus Community," and it questioned whether we are just another facet of society or an independent culture within it. To better understand this issue we must first define the meaning of the word community. For this purpose, I employ as my reference the THE AMERICAN HERITAGE DICTIONARY OF THE ENGLISH LANGUAGE, copywrite 1973. Being nearly a quarter of a century old, I think this book unlikely to be biased by any of the recent social or political changes which might favor gay people and, therefore, is an accurate reflection of how American society interprets the English language. According to this dictionary, community has six different definitions, the fourth of which is most relevant to our discussion. It states that community is "a social group or class having common interests." Directly below the complete definition of the word community, this dictionary continues by defining the phrase "community center" as "a meeting place used by members of a community for social, cultural or recreational purposes."

Given these definitions, is the gay population a community? Gay people, whether female or male, do form a unique social group with many common interests, one of these being our desire to express ourselves emotionally and physically as homaffectionals. It is, in fact, our homaffectional capacity which separates and makes us uniquely different from all other people and communities. There can be no denial that we do have many community centers around the country, from New York City to San Francisco. Thus, the answer to this question is that the gay population of America most definitely qualifies as a community. However, what about a culture?

According to the same dictionary, the word culture has several meanings. These include the tillage of soil as in farming, the breeding of hybrid plants or animals, growth of microscopic organisms in a nutrient medium as in the production of yogurt, or development of a bacteria colony as is often done in medical laboratories. However, all of these aforementioned definitions are not the types of culture we are concerned with. Instead, of the seven definitions listed for this word, the first three are for previously mentioned irrelevant uses, while the remaining four are germane to our understanding, and are as follows:

"4. Social and intellectual formation. 5. The totality of socially transmitted behavior, patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population. 6. A style of social and artistic expression peculiar to a society or class. 7. Intellectual and artistic activity."Let us consider each of these separately. First, as culture can be defined by "social and intellectual formation," does the gay community possess these attributes? The

answer is yes, we do. Walk into any major bookstore chain in most large cities of this country and you will likely find a section devoted entirely to the gay community. Hundreds of books have been written about us including histories, biographies, short stories, and novels, with these tomes documenting the sum of our social and intellectual formations.

Next, culture is "the totality of socially transmitted behavior, patterns, arts, beliefs, institutions and all other products of human work and thought characteristic of a community or population." This is a formidable definition. As it implies that "socially transmitted behavior, patterns, arts, beliefs, and institutions" all fall within the classification of "products of human work and thought," let us condense this definition of culture to the totality of all products of human work and thought characteristic of a community or population. In other words, a culture is defined by all the unique things a specific community does or thinks. Does the gay community do and think things which are uniquely its own? Of course it does. Our mere homaffectional capacity blossoms from a manner of thought preached and practiced by no other community. We alone are the caretakers for this way of life, and as such our community once again asserts its culture.

The next to last definition of culture calls it "a style of social and artistic expression peculiar to a society or class." Though our manners of socializing and expressing ourselves artfully have been thought of as peculiar to others for centuries, do we qualify as a society or class? Let us approach an answer by defining class. My previously cited reference dictionary defines class as "a social stratum whose members share similar economic, political, and cultural characteristics." The gay community certainly has a unique economic strata, as the laws which prevent us from marrying, adopting children, and raising families leaves us with an average disposable income far above and beyond the rest of society. There are, in fact, many businesses which take advantage of this by marketing themselves exclusively to the gay community, including many resorts and cruises around the world. As for political characteristics, the gay rights movement of the past thirty to forty years demonstrates and defines the existence of political interests unique to homaffectionals. Finally, a class is distinguished by its cultural characteristics. This may appear to be a logistical stumbling block in our discussion, as the concept of culture is being introduced into the definition of class. After all, we are primarily questioning whether or not the gay community satisfies one of four pertinent definitions for the word culture. Hence, to use this word culture to define the word class is like asking someone to lift themself off the ground by pulling up on their hair with their own hands: you cannot effectively support one with the other. However, this is not the case. The definition of the word class does not use the word culture. Instead, it uses the word cultural which back in the same dictionary is defined as "of or relating to culture." As gay people have already been shown to satisfy the first two definitions of the word culture, there must be many things about us which relate to culture. This, therefore, satisfies the cultural component for being a class which, in turn, completes our qualification to be a culture by the third of four definitions.

The fourth and final definition of the word culture calls it "intellectual and artistic activity." The intellectual aspect of this definition has already been fulfilled through the formidable quantity of literature produced by and about the gay community. As for artistic activity, gay culture can been seen from long ago in the phallic paintings and pottery of ancient Greece up through artists of today like Roger Mapplethorpe and Keith Haring. Thus, as a community we satisfy the final and all four relevant definitions for our being a culture. Then why are we not usually thought of as one?

Gay people represent one of the most repressed communities throughout history. As such, we

have until recently avoided open and public display of our culture to others outside of our community. After all, even a short one hundred years ago, people were not willing to admit to their homaffectional being, as to do so would likely cost them their lives. It is because of the bigotry and bias which we have had to endure that so few homaffectionals through time have made their presence known publicly. It has only been in the past twenty to thirty years that social reform has permitted us to publicly display our thoughts and behaviors on a grand scale, without fear of either legal or mob punishment. That notwithstanding, even at this early stage, it is still possible to satisfy all the criteria for our being a culture. Perhaps in the not too distant future our continued progress in social and political arenas will broaden our interaction with and role within mainstream society, making this once invisible culture apparent for all to see.

I was quite surprised when I realized that this chapter was going to be the shortest one of all, as sex, especially gay sex, is considered by many to be the key issue of AIDS. This, however, like the association of homaffectionals with homosexuality, is a misconception. Though sexual behavior may be one factor which distinguishes gay people from straight, it is just one aspect of our affectional expression. Overall, it is homaffectionality, not homosexuality, that is the true and larger issue separating us from heteraffectionals and biffectionals. Like us, AIDS, too, has endured a similar misconnection and misconception with sex. It was not gay sex which allowed AIDS to proliferate so sharply during the seventies and eighties, but centuries of homophobic laws, punishments and crimes directed towards my community and culture which drove us down this deadly path. Stop the social and political injustices aimed at homaffectionals and you will undermine the very foundation upon which AIDS rests and thrives.

Though gay sex is not the cause of AIDS, it has become an important avenue for spreading this disease. There are dozens, perhaps hundreds, of books and research articles which have discussed this issue backwards and forwards. However, I would like to summarize what I find to be the essential facts about gay sexual conduct in the age of AIDS and then add a few concepts of my own. To begin with, let us define six common forms of gay sexual expression. These physical intimacies bring the most erogenous zones of our bodies - mouth, genitals and anus - into close contact with one another. Thus, the sexual play of gay people may include kissing (mouth-mouth), cunnilingus for lesbians (mouth-genital), fellatio for gay men (mouth-genital), anilingus (mouth-anus), anal intercourse (genital-anus), or frottage, the rubbing of sex organs together for mutual masturbation (genital-genital). In and of themselves, none of these acts common to our sexuality need be harmful to the participants. Just as alcohol can either be an enjoyable part of life when consumed in proper moderation or an avenue to death through liver disease or drunk driving, so too can homosexuality be a double edged sword. If we can replace wild abandon with a degree of respect and consideration for our bodies, then gay sexuality can remain a fruitful part of our lives, instead of a health hazard. Problems arise, however, when people fail to remember two simple facts: body fluids and hygiene.

HIV is transmitted through the exchange of body fluids from one person to another. This can occur directly as through semen produced in sex and from mother to fetus through the blood crossing the placenta of the womb, or indirectly as with intravenous drug abusers who share the same blood contaminated needles and hospital transfusion recipients who accidentally receive HIV-contaminated blood. While blood and semen are two commonly recognized reservoirs for the virus in an infected person, other body fluids also contain HIV including saliva, sweat, tears, feces and vaginal fluids. Each of these should be considered for the major or minor role it might play in the transmission of

HIV. Let us start with saliva.

Saliva is commonly exchanged during sexual acts which involve touching one's mouth to any part of a sexual partner's body. However, two factors work in favor of making saliva a lower risk body fluid than either semen or blood. First, it is not absorbed through intact skin. Therefore, to be infective saliva must get inside of us through the mouth when kissing, the urethral opening at the end of the penis during fellatio, the vaginal canal during cunnilingus, or the anus during anilingus, all of which will be discussed later in this chapter. In addition to these avenues, open sores and cuts offer not only a means for HIV-contaminated blood to leave our bodies and infect others, but also are portals by which fluids containing HIV from others, such as saliva, may enter us. These lesions can be found on our outer skin or the inner linings of the mouth, penis, vagina or anus. Take the time to look at who and what you are kissing so as to avoid these lesions, and you can avoid one way of contracting AIDS.

The second factor favoring saliva is that it contains HIV in relatively low concentrations as compared to other fluids such as blood or semen. Recalling from the second chapter that this is not a strong virus, enzymes within the saliva help to destroy and, therefore, reduce the amount of HIV present in this fluid. In addition, as saliva in usually exchanged in greatest quantity during kissing, if there are no open cuts or sores in the mouth, then any virus in the saliva will pass into the stomach and be destroyed there by acidic digestive juices. Thus, the most likely route of HIV infection with saliva is still from open sores or cuts. To reduce or eliminate this risk, always be sure that neither you nor your partner have any such lesions anywhere you might contact each other's body during sexual activity, including the skin, mouth, anus, penis or vagina.

Sweat and tears, though lacking the enzymes of saliva, are also considered to contain low concentrations of HIV, and their role in transmitting the virus is limited to circumstances similar to those for saliva. Hence, the risk of exposure through these fluids can also be reduced or eliminated by using the same rule: avoid these liquids coming in contact with open sores or cuts either outside or inside the body. While these fluids share a similar niche as saliva in the HIV environment, the same is not true for feces.

Feces is a waste product of the body which may be either liquid or solid, and is normally eliminated through the anus, though there are rare medical conditions in which it is vomited through the mouth due to an obstruction of the digestive tract. In addition to the possibility of feces containing HIV, there are many other potential health hazards inherent in this by-product of digestion. Thus, it is essential that it be eliminated from and not re-introduced into our bodies. During sexual play, if one or more of the people involved lacks proper hygiene and has not cleansed themself prior to sex, then others may come in contact with their feces through touching the anus with hands, oral activity such as anilingus, or during rectal intercourse if a condom is not used to cover the urethral opening of the penis. These situations can be avoided by pre-washing the anus thoroughly and, if being receptive for anal intercourse, cleansing the rectum by enema just before sex. This will help eliminate feces from the anal and rectal regions, thereby reducing the opportunity for feces to become a channel for AIDS or any other disease.

Enemas and condoms, when used properly, can be two of the most effective methods for ensuring proper sexual hygiene and avoiding the risk of HIV and AIDS. An enema, cleansing of the rectum, is best done just prior to sexual intercourse using a saline solution rather than plain tap water. The rectum, that part of the digestive tract just inside the anus, has a very precise balance of electrolytes

which maintains its function and chemical composition. A saline solution, made by adding one teaspoon of un-iodized table salt to a pint of cooled, pre-boiled tap water, closely approximates this chemical balance and will not cause drying of the rectal tissue lining as will plain tap water. While the enema solution should be between room and body temperature when applied, the use of pre-boiled water will eliminate any bacteria commonly present in our drinking supply. It is not necessary, or even desirable, to use large quantities of saline when performing an enema, one pint of this solution usually being sufficient to give a clear, properly cleansed return. Also, it is best to inject the saline in several small successive quantities which can be retained for five to ten seconds and then expelled, rather than do one large, single bolus. This will ensure adequate washing of the rectum without forcing the solution into higher areas of the colon. Regions farther up in the digestive tract are even more sensitive than the rectum, and both enema cleansing and sexual play in these areas should be avoided. Therefore, infant enema syringes, commonly sold in most drug stores, that hold only two to three ounces of solution at a time are best used to cleanse the rectum prior to sex. Be sure to clean and rinse the bulb and syringe with soap and water after each use. As with other hygienic tools, like toothbrushes and razors, never share your enema bulb or syringe with another person.

In addition to enemas, condoms are essential to reducing exposure to seminal body fluids, including semen and pre-ejaculatory juices. Condoms should always be used during anal intercourse whether or not one or both of the parties involved is infected with HIV. This protective barrier not only stops the passage of sexually transmitted diseases like AIDS, it also prevents feces from entering the urethral opening at the tip of the penis where it may otherwise produce a host of genito-urinary tract infections begot through such contamination.

The need to use condoms in sexual activities other than anal intercourse is not as clear cut. Seminal fluids do contain larger quantities of HIV as compared to other bodily liquids such as saliva, sweat or tears. Yet, if there is little chance of these fluids coming in contact with open cuts or sores, as in mutual masturbation by rubbing one another's bodies together without cavitary penetration, or manual stroking of each other's penis, then condoms are not necessary. However, a gray zone occurs with oral sex. There are dozens of scenarios which can be postulated which confuse this particular issue. For example, if both sexual partners have been monogamous to one another and tested HIV negative for years, then, assuming they are both in good health with no other disease risk factors, they do not need to use a condom for oral sex. On the other hand, what if both partners are HIV positive, of good and stable health, and have eliminated all other risk factors from the behavioral repertoire? It used to be thought that this was another example of people who need not worry about using condoms for oral sex as they were already infected with HIV, because further transmission of the virus between them was considered irrelevant. This, however, is not true. Given our current ability to eliminate any detectable trace of HIV from an infected person's blood with recently approved medications, people with the virus should be sure neither to infect those who are still negative nor to re-infect those who are already positive. Therefore, given the hundreds of situations and conditions under which fellatio may be enjoyed, it is best to use a condom during this sexual activity whenever there is a remote question or possibility that HIV is present.

Vaginal fluids, like semen, can contain HIV and, therefore, transmit AIDS. Though lesbians as a group have a much lower rate of infection from this disease than do gay males, they should still consider the possible health risks associated with the exchange of bodily fluids. As an example,

during frottage, copious amounts of vaginal juices may be produced, thus exposing both sexual partners to each other's fluids. If one person is infected with HIV, it might then enter the other person's body through the vagina or small abrasions or bruises produced in the labial region during this form of mutual masturbation. In addition, when performing oral sex upon one another, lesbians, like gay men, may ingest the liquids produced by their partner's sex organ. For this reason, lesbians should consider using vaginal dams - soft, flat and pliable plastic barriers - on their genitals when engaged in either frottage or cunnilingus.

The final element of sex I wish to discuss before closing this chapter is that of force. No matter how clean you are, or how many condoms or vaginal dams you use, be sure your sexual play is gentle and does not produce open cuts or abrasions by means of biting, scratching, or overly aggressive penetration of body cavities. Excessive force can easily cause the outer skin and the inner linings of oral, vaginal or rectal cavities to bruise or bleed, producing portals of entry for bodily fluids and HIV. In particular, the rectum lacks the same degree of muscular reinforcement as is found in a female's vagina. Though it can safely endure a certain amount of gentle pushing and prodding, the rectum is not designed to undergo the same thrusting force as is a women's genital organ. Therefore, to avoid trauma to the rectum and surrounding area, upon penile or manual penetration of the anus, bodily movement by both partners should be slower and softer than that considered appropriate and comfortable to vaginal intercourse.

In conclusion, with proper hygiene, the use of condoms and vaginal dams, and gentle sexual play, gay people can enjoy homosexuality as a safe and healthy facet of their affectional livelihood. Simple things, such as showering with your partner before and after sex, can become fun ways to spend time together and important means for insuring each other's well-being. It is not an all-or-nothing issue, but a matter of education and proper moderation. Also, keep in mind that HIV is not the only sexually transmitted disease of which we need to be conscious. Take the time to educate yourself about other illnesses such as syphilis, gonorrhea, herpes and chlamydia. Then you will be both less likely to suffer from illness and more likely to enjoy your physical intimacies with others.

There are great risks inherent in nearly every aspect of daily life, from plugging in a toaster to riding a motorcycle, from getting in an elevator to crossing a busy traffic intersection. However, armed with the proper knowledge and concern for the safety of ourselves and others, all the activities of daily life, including sexual play, can be conducted in a healthy and enjoyable manner.

Suggested books for further reading:

SEX FOR ONE
Dr. Betty Dodson; Crown Trade Paperbacks, 1996ISBN 0-517-86607-3

SEX FOR DUMMIES
Dr. Ruth K. Westheimer; IDG Books Worldwide, Inc., 1995ISBN 1-56884-384-4

THE NEW JOY OF GAY SEX
Dr. Charles Silverstein and Felice Picano; Harper Perennial, 1992ISBN 0-06-016813-7

EPILOGUE

Common sense comprises ninety-nine percent of our daily knowledge.

I began writing this text on January 1, 1997, and, after typing practically nonstop, I am completing it twenty-six days later. I thoroughly enjoyed writing it, and have learned a few new things myself in the process. Above all, I realized that most of what is written here is common sense. However, even the obvious sometimes needs to be seriously considered and absorbed. There are no miracles in these pages, just facts and ideas which have been around for centuries. We were all raised by the maternal dictum to "be sure you eat right and get enough sleep." I am merely repeating and re-explaining the importance of such ideas for our daily lives and well-being. When I wrote my first book about syphilis and AIDS, I spent years gathering details to document references for all the things I talked about. I wanted to be sure nobody would say I had no proof to back up my words. After it was published, however, to my surprise most of the criticism I received was about me and not the book itself. People questioned my ability to express such ideas as I was not a doctor then (nor am I, yet) and, hence, lacked the authority to write such things. They were not interested in considering the importance and impact of what I had written, but in discrediting me for having insufficient credentials: stop the message by destroying the messenger. If all goes well, I will receive my doctorate in medicine this coming May, and this book will be published sometime later this year or in early 1998. I have not tried to write a technical book, but something accessible to the lay person and professional alike. I have not belabored it with exhaustive citations and references, preferring to list a few simple resources anyone can use like toll-free phone numbers and other books for further reading.

Some people may not like the format I have chosen for this book. They will complain that I have not documented enough references to give it a sense of authority. Personally, I cannot argue with them, as I know of no authority for common sense other than common sense itself. There are, after all, people who would not wipe their own bottoms if they first did not read about it somewhere in an official research article. However, just because there is no study which proves something is true does not mean it is false. It just means that no one has spent the time, money and effort yet to do the study, and when it comes to common sense no one probably ever will.

Of everything in this book, the most common sense thing of all is something I wrote in the introduction: you are your own best doctor. No one has ever spent or will ever spend as much time with you as you do, and, therefore, nobody understands you as intimately as you yourself. If we start taking better care of our own health, then we will not have to depend on others to take care of us. Today, there is much information available which is designed to help the average person take care of themself. Being how we live in a time of excessive litigation, I often ask, if patients can sue their doctors for not providing the care they expect, then why can not doctors sue their patients who do not take care of themselves as they should?

I hope this book will be of use to people concerned about preventing AIDS in their lives and the lives of those they love. Not everything in here may apply to you, but there is probably something in here for just about everyone. It is here to help you, if you want it.

Robert Ben Mitchell, MS5
Miami, Florida 01/27/97

APPENDIX 1

This appendix contains an article that I wrote which was published in 1993 in a British medical journal called Medical Hypothesis (volume 48, pages 115-117). It is reprinted here by permission of the journal. The article is preceded by a letter I wrote to a friend the following year. Together they give a fairly concise summation of my first book SYPHILIS AS AIDS.In particular, the first of two numbered paragraphs in the letter explain the three ways in which an organism can be proven scientifically to cause a particular disease. Up to now, the claim that HIV produces AIDS has been based solely on statistical correlation, but never been proven by strict scientific standards. It is my hope, with the new drug regimens now in use against the virus, that in the next two to five years there may finally be an answer to the question of what actually causes AIDS.

Dear Reader, 11/12/94

Thank you for taking the time to read my book, SYPHILIS AS AIDS, and the accompanying article I wrote two years later, SYPHILIS AS AIDS? - A CALL FOR RESEARCH. It has been nearly eight years since I began studying these diseases, a topic which I find both fascinating and dismaying. While a considerable amount of scientific and medical literature supports a strong connection between the two diseases, little has been done to define the exact nature of their relationship. Thus, I write this update letter to share the following points with you.1. There are three ways to prove an organism causes a disease: fulfill Koch's postulates as described in my book and article, define the precise step-by-step biochemical mechanisms by which an organism causes a disease, or assume the organism is the cause of a disease and create either an effective vaccine or cure for the disease by attacking that organism with drugs or other therapeutic means. None of these three methods has been scientifically satisfied for HIV as the cause of AIDS. Therefore, the claim that HIV is the cause of AIDS is still an assumption and not a fact.2. In the first appendix of my book I list Dr. Caiazza's protocol for treating AIDS on the assumption that it is caused by the same organism which causes syphilis. I am sorry to say that Dr. Caiazza died several years ago, and that his research on this protocol was abandoned after his death. From my final correspondences and conversations with Dr. Caiazza, I came to believe that his protocol was a step in the right direction, but not a cure for AIDS. As outlined in my article, the syphilis organism invades three biologically distinct areas of the body: the circulatory system, the central nervous system, and the intracellular environment of various cells (it actually passes into cells through the cell membranes). Unfortunately, the antibiotics Dr. Caiazza was using were only effectively reaching two of these three areas - the circulatory and central nervous systems - and, therefore, could not completely eradicate the syphilis organism (an intracellular reservoir of live organisms still remained in his patient's bodies). However, future research into augmenting Dr. Caiazza's protocol with antibiotics such as erythromycin, which will cross through cell membranes, may provide the answer he was so desperately searching for.

I hope you find useful information in my book, article and letter. If you have any questions or thoughts you would like to share with me, please contact me at the phone number below. Take care, be well and enjoy.

Sincerely,
Bob

Syphilis as AIDS? - A Call For Research

ABSTRACT:

BACKGROUND: This study addresses AIDS etiology, suggesting Treponema pallidum as the etiologic agent.

METHODS: The argument is based upon literature survey.

RESULTS: AIDS and syphilis have similar epidemiology, immunology and pathologies. In addition, the current methods of detecting and treating syphilis are inadequate.

CONCLUSIONS: The similarities between syphilis and AIDS support the need for further research into their relationships, including the role Treponema pallidum may play in AIDS etiology.

PAPER

Most people currently believe that acquired immunodeficiency syndrome (AIDS) is caused by human immunodeficiency virus (HIV). However, as outlined by several authors (1-3), there is medical data to support the conclusion that Treponema pallidum (TP), the etiologic agent of syphilis, may be the cause of AIDS:

1. Microbial etiology is determined according to Koch's postulates: 1) the microbe in question must be regularly detected in patients with the disease, 2) the microbe can be isolated in pure cultures from patients 3) the pure cultures when inoculated into susceptible animals will produce the disease, and 4) the microbe can again be isolated in pure cultures from the inoculated animals. These postulates have never been fulfilled for HIV-induced AIDS (4-7). Dr. Robert Gallo's 1984 assertion that HIV is the primary cause of AIDS was only based upon a 40% incidence of HIV in patients with AIDS (though a higher correlation rate was found in asymptomatic patients) (8). By contrast, TP was found in 73% of the AIDS patients in a study by researchers at the University of Miami (Florida) (9). Though HIV's strong correlation with AIDS has made it a part of the Centers for Disease Control (CDC) syndrom definition, if the virus does not cause AIDS, then aiming treatments at HIV will not cure AIDS.

2. AIDS and TP are both transmitted via blood products (transfusion, sharing needles), congenital infection (transplacental), and sexual practices (10). This epidemiologic similarity is not conclusive, as many other diseases share these common modes of transmission with AIDS. However, syphilis also has striking immunologic and pathologic similarities with AIDS.

3. Immunosuppression, a hallmark of AIDS, is also recognized as being characteristic of syphilis (11-13). One study has shown a 30% reduction of T-lymphocyte populations in syphilitic patients (14). During the sexual and drug revolutions of the 1960's and 1970's, sexually promiscuous homosexuals commonly suffered multiple, and often concurrent, infections of TP. Furthermore, syphilis was known to be epidemic in both the United States homosexual and African heterosexual populations at the onset of the AIDS era (15). Taken together, these factors could have exacerbated the 30% immunodepletion from TP infection into a pernicious state of complete immunosuppression.

4. The pathologies of AIDS and syphilis are strikingly similar, with virtually any organ a candidate for infection (10). Patients with either disease may manifest alopecia, anorexia, aphasia, ataxia, bladder disturbances, cranial nerve involvement including facial paralysis, dementia, encephalitis, epilepsy, fever, glomerulonephritis, hemiplegia, hyperactive reflexes, Kaposi's sarcoma, laryngitis, lymphadenopathy, nephrotic syndrome, optic atrophy, paraplegia, pharyngitis, Pneumocystis carinii pneumonia, seizures, strokes, and thrush (16-24). In addition, it is now acknowledged that neurosyphilis may occur in any stage of TP infection (25).

5. Though quick and inexpensive (26), the standard blood tests used to diagnose syphilis are not reliable. The most common diagnostic tools used, the Venereal Disease Research Laboratory (VDRL) and Rapid Plasma Reagin (RPR), do not detect the actual presence of the treponeme itself. They assess immune system reactions commonly associated with TP infection (27. In syphilis, as in AIDS, the immune system is compromised and these tests produce a significant number of false negatives (10,27-29).

6. Syphilis cannot be cured with penicillin G. First, penicillin G is unable to go everywhere that TP goes in the body. TP invades three distinct compartments: the blood and lymph circulatory systems soon after infection (10), the intracellular environment of various cells (30-31) within 30 minutes of infection (32), and the central nervous system as early as two weeks from infection (10). While penicillin G can effectively eradicate the circulatory infections, this antibiotic does not readily enter cells (33-34), and benzathine penicillin G, the most commonly used penicillin, cannot cross the blood-brain-barrier to establish treponemicidal levels in the central nervous system (35-38).

Second, penicillin cannot cure syphilis because it only kills TP when the bacterium is actively dividing. The current CDC protocols for treating syphilis are based upon a doubling time of 30 to 33 hours (39-40). It has been suggested that the dividing time of TP may be elongated to months in advanced syphilis (41-42), leaving virulent treponema present in vivo long after antibiotic serum levels have dissipated.

Finally, evidence of recurring syphilis in patients treated with penicillin G supports the conclusion that this drug does not eradicate TP infection (43-51). Research into other known treponemacidal compounds (52) such as doxycycline, which better permeates the blood-brain-barrier than benzathine

penicillin G (53), and erythromycin, which easily permeates cell membranes (33-34), might yield syphilis treatment protocols of longer duration and greater efficacy.

CONCLUSION

In conclusion, given that AIDS and syphilis have similar epidemiology, immunology and pathology, the question remains: can Treponema pallidum cause AIDS? The literature suggests that syphilis, which is often undetected or ineffectively treated when diagnosed, may become clinically indistinguishable from AIDS (54-55). Surely, the data presented warrants further research.

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DEDICATION

This paper is dedicated to the late Dr. S. Caiazza.

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APPENDIX 2

DESIDERATA

Go placidly amid the noise and haste and remember what peace there may be in silence.

As far as possible without surrender be on good terms with all persons.

Speak your truth quietly and clearly, and listen to others, even the dull and the ignorant, they too have their story.

Avoid loud and aggressive persons, they are vexations to the spirit.

If you compare yourself with others, you may become vain and bitter, for always there will be greater and lesser persons than yourself.

Enjoy your achievements as well as your plans.

Keep interested in your own career, however humble, it is a real possession in the changing fortunes of time.

Exercise caution in your business affairs, for the world is full of trickery, but let this not blind you to what virtue there is; many persons strive for high ideals and everywhere life is full of heroism.

Be yourself. Especially do not feign affection, neither be cynical about love, for in the face of all aridity and disenchantment it is as perennial as the grass.

Take kindly the counsel of the years, gracefully surrendering the things of youth.

Nurture strength of spirit to shield you in sudden misfortune, but do not distress yourself with imaginings; many fears are born of fatigue and loneliness. Beyond a wholesome discipline, be gentle with yourself.

You are a child of the Universe, no less than the trees and the stars, you have a right to be here, and whether or not it is clear to you no doubt the Universe is unfolding as it should.

Therefore be at peace with God, whatever you conceive it to be, and whatever your labors and aspirations in the noisy confusion of life keep peace with your soul.

With all its sham and drudgery and broken dreams it is still a beautiful world. Be careful, strive to be happy.

APPENDIX 3

Explanation of THE HOMAFFECTIONAL BILL OF RIGHTS

Homaffectional people are those individuals who, of ability and desire, share their affection with people of the same gender, women to women and men to men. This sharing may be done in a casual nature of friendship, on the most intimate levels of spiritual bonding and physical intercourse, or anywhere in-between these two extremes. This applies only to affectional interactions by and for adults who mutually understand and consent to all the manners of sharing done between them.

In today's world, homaffectionals are often repressed politically and socially because of the lack of education and, therefore, the fear many non-homaffectionals have concerning homaffectionals. It is currently legal, for example, in the State of Florida to deny employment, housing and public accommodation to anyone solely on the basis of their being homaffectional. Legally, the situation in Florida is the rule and not the exception within the United States of America. Worldwide, only Denmark, which has instituted state recognized legal marriages of homaffectionals, is notably more advanced in its socio-political treatment of this issue. It is, therefore, under these conditions that I, a homaffectional, have written THE HOMAFFECTIONAL BILL OF RIGHTS. Its principles are as important to the repressed homaffectional community worldwide as the 1776 DECLARATION OF INDEPENDENCE was to the oppressed American colonies under British rule, the 1848 Seneca Falls (NewYork) DECLARATION OF SENTIMENTS (Stanton, Mott, et al) was to the women's suffrage movement, and the 1863 EMANCIPATION PROCLAMATION was to the enslaved Afro-Americans in their fight for freedom and equality.

THE HOMAFFECTIONAL BILL OF RIGHTS describes five inalienable rights all people have with respect to their affectional interactions with others. These rights, while currently taken for granted by most non-homaffectionals today, are often denied to homaffectionals by those very same people who take them for granted. Due to the centuries of historical socio-political abuse and denial of our affectional rights, many homaffectionals today do not realize that we too have these rights. It is with this in mind, as a homaffectional attempting to remind my community of our rights to experience and express our unique and valuable affections, that I have penned THE HOMAFFECTIONAL BILL OF RIGHTS.

THE HOMAFFECTIONAL BILL OF RIGHTS

As in the course of human nature there comes a time when an oppressed population must confront its situation with a sense of responsibility towards bettering themselves, it has thus evolved that homaffectional people of all races, creeds, colors and all other manners of distinguishing one person from another must rise to this, our occasion of emancipation.

We, the homaffectional people of this world, being aware of our ability and desire to share our affection with others of the same gender, do decree that the time of our silent repression has ended, and we are no longer willing to accept the position in life others out of ignorance and fear would have us occupy. We affirm our equality of being with all persons of the world, regardless of their affectional orientation, as we are all finite expressions of the infinite spectrum of human compassion, each person being the appropriate expression for themself and no better or worse than any other person because of it. We, therefore, proclaim our rights inalienable but to God as conceived by each person in their own heart.

1) I have the right to be who I am, being that I am born with certain affectional abilities and desires. These affections are but one aspect of the multitude of facets which comprise my identify, and being that affection in and of itself knows not how to harm one's self or another, it is a valuable part of my being which no other person may place asunder.

2) I have the right to choose of my own free will the person or persons whom I will have my affections for. No other person may decide for me in whom I will find my compassion, as my affections for others is a reflection of my unique being.

3) I have the right to share my affections by my own free choice with whomever is willing of their own free choice to accept my affection, the manner of all forms of expression shared between myself and another person being of mutual understanding and consent.

4) I have the right to be part of my community and culture, within the larger framework of society as a whole. In doing so I share my special being with those of like endowment, that we may better understand and appreciate ourselves, and, thereby, help others to better understand and appreciate us.

5) I have the right to participate in all aspects of society as I am thus qualified to do so by my innate or acquired abilities, regardless of and without respect to my affectional orientation. I may not, thus, be denied employment, housing, public accommodation or any other form of legal entitlement or institution because of the affectional aspect of my being.

ABOUT THE AUTHOR

Robert Ben Mitchell received his doctorate degree from Nova Southeastern University College of Osteopathic Medicine (Fort Lauderdale, Florida) in May of 1997, shortly after completion of this book. While there he served a one year teaching fellowship during which he taught osteopathic principles to freshman and sophomore medical students and treated patients in the university's osteopathic clinic. Prior to entering medical school, Dr. Mitchell received his bachelor's degree in science education and psychology from Syracuse University (Syracuse, New York) in 1982, after which he taught high school chemistry, physics and biology. Dr. Mitchell was the founder and volunteer director of both The Gay and Lesbian Community Center of Greater Miami, and The Gay and Lesbian Community Hotline of Greater Miami. He currently lives in North Miami Beach, Florida, with his two cats, Harrison Baxter Ford and Mandy Rebecca Klein.