

Uncertainties and Excesses

The Myth of Heterosexual AIDS. MICHAEL FUMENTO. Basic Books, New York, 1990. xiv, 404 pp. \$22.95. A New Republic Book.

From virtually the beginning of the AIDS epidemic, the role of heterosexual transmission has been debated. The proportion of total reported AIDS cases attributed to heterosexual contact remains steady at around 5%, and we can now hope that the most dramatic predictions of 1986 and 1987 will not come true. Nevertheless, the Centers for Disease Control (CDC) reports a slow, steady rise each year in the number of cases in the United States acquired through heterosexual contact; particularly affected are women, among whom heterosexual contact now accounts for 25% of all cases (*Morbidity and Mortality Weekly Report* 38 (no. 24), 423-34 [1989]). Though this pattern of slow accumulation may sound unalarming compared to the rapid doubling of cases among gay men in the early 1980s or more recently among intravenous drug users, it conforms closely to ongoing CDC predictions about the rate at which heterosexual transmission would increase.

So heterosexual HIV transmission is a reality, not a myth. Yet despite continuing concern, no large-scale studies of heterosexual behavior exist comparable to the large-cohort studies of gay men; the studies that do exist are difficult to interpret definitively, and scientific opinion remains divided on their significance. For example, studies of HIV antibody status in the sexual partners of heterosexual people with AIDS yield inconsistent results; although researchers hypothesize that seroconversion may be related to sex, race, age, geographical location, risk group, and individual differences (such as frequency of intercourse and disease progression), small sample size and incommensurability among studies confound these variables. Known HIV prevalence figures in specific populations (such as army recruits, clients of clinics treating sexually transmitted diseases, and pregnant women) are disputed as reliable predictors of prevalence in the "general population," while large seropreva-

lence surveys that might provide more accurate norms often do not collect information about risk factors or demographic variables.

The main problem involves separating, with certainty, heterosexual contact from other modes of exposure. The CDC's hierarchical reporting system attributes each case of AIDS to one and only one mode of exposure; despite the overlapping in real life of modes of exposure and risk groups, a case is attributed to heterosexual contact only after all other possibilities have been ruled out, and even then may be assigned to the category of "No identified risk." Coupled with the suspected under-reporting of AIDS cases in general, this means that current figures may underestimate the role of heterosexual transmission. At the same time, many people are reluctant to acknowledge a stigmatized mode of HIV exposure (such as homosexual contact or intravenous drug use); in the absence of careful checking and routine reinterviewing, informants may inadvertently or deliberately over-report heterosexual contact. With the extent, particulars, and long-term significance of heterosexual HIV transmission uncertain, with regard to both individual risk and aggregate estimates, most responsible professionals strongly emphasize that complacency is unjustified and dangerous.

For Michael Fumento, there is no uncertainty. In his view, "heterosexual AIDS" is not epidemic in the United States and never will be. His argument rests primarily on three claims: one is that "there is no reason simply to assume that because some heterosexuals are getting AIDS, there will be an epidemic of AIDS among heterosexuals" (p. 24); "disease" and "epidemic" are not synonymous. Thus despite cases of AIDS (or HIV infection) that are undoubtedly the result of heterosexual contact, their number is not sufficient to constitute anything that can technically be called "an epidemic." Second, Fumento claims that to satisfy their own agenda (that is, to increase profits) the media foster "the myth of heterosexual AIDS" through uncritical and sensationalistic coverage. And further, because he be-

lieves that the facts of heterosexual transmission are accessible and unambiguous, he sees scientific uncertainties and controversies as political rather than genuinely scientific; indeed, at its worst, he sees the literature on heterosexual AIDS as little better than a pyramid scam.

Although Fumento's book is fundamentally wrongheaded, it furnishes an opportunity to discuss a topic of considerable scientific interest and importance. The major claim, that cases of AIDS acquired through heterosexual HIV transmission do not constitute an "epidemic," is a possibility often overlooked in discussions of individual cases. Fumento's argument depends on showing that the rate of this mode of transmission will not increase: as he puts it, for an epidemic to continue to spread, each case must give rise, on the average, to slightly more than one additional case (p. 24). If 100 cases yield 500 cases, the epidemic will spread quickly; if they yield 101 cases, it will spread slowly; if they yield 99 cases, the disease will "implode." "Nobody knows exactly how many cases 100 heterosexual AIDS cases will lead to; but for our purposes, all that must be figured is whether it is 100 or over" (p. 24). Contending that it is not, Fumento argues in essence that, unlike the other populations at risk for AIDS, the "heterosexual population" does not furnish conditions that enable the virus to spread at the requisite rate: not enough heterosexual people are currently infected, not enough "conduits" exist from the infected to the uninfected population to produce a "constant infusion of new virus," and not enough heterosexuals engage in behaviors that transmit the virus efficiently (such as unprotected anal intercourse with an infected partner). Fumento rails against "the democratizers" who argue that "AIDS is everyone's disease"; he urges, rather, that we set politics aside and objectively regard the hard scientific evidence.

But the scientific evidence does not provide the clear, unequivocal conclusions Fumento implies. Fumento is correct that a person's risk of acquiring HIV infection through sexual contact depends, as the CDC notes, on the number of partners, the likelihood (prevalence) of HIV infection in these partners, and the probability of virus transmission during sexual contact with an infected partner. But evaluating these risks is a complicated operation. Depending on selection and interpretation, scientific facts can be assembled to suggest, as Fumento does, that the heterosexual transmission of HIV is "imploding." Yet facts were earlier selected and interpreted to suggest it was "exploding," and even earlier to show that heterosexual transmission was theoretically impos-

sible. Most experts in this area argue that at present we simply do not have the facts we need to choose correctly among these alternatives (see for example C. F. Turner *et al.*, Eds., *AIDS: Sexual Behavior and Intravenous Drug Use* [National Academy Press, 1989], and R. M. May, *et al.* in *AIDS 1988*, R. Kulstad, Ed. [AAAS, 1988], pp. 75–83). As numerous studies conclude, that penile-vaginal intercourse appears to be a less dependable mode of HIV transmission than blood transfusion, needle-sharing, or anal intercourse does not mean it carries no risk or even low risk. Nor do we know precisely what sexual practices constitute “heterosexual sexual contact”: the National Survey of Health and Sexual Behavior, a comprehensive study proposed by the Public Health Service designed to address these crucial gaps in our knowledge, still faces formidable opposition from conservatives. In any case, “epidemic” is not a precise term but rather refers to infection rates that are higher than normal. To say that the epidemic will “implode” suggests that if the rates are driven down far enough the disease will burn itself out. Yet in the history of infectious diseases this has never happened, though rates may stabilize to the point where a disease is called endemic.

As Fumento correctly observes, there is “no single ‘AIDS epidemic’” (p. 31). But he then goes on to construct a familiar series of alibis that save the white heterosexual middle-class population from risk. AIDS and HIV infection are epidemic in certain geographical areas of the United States, with heterosexual transmission the fastest-growing category; but for Fumento, these cases—many among black and Hispanic people—do not really represent “heterosexuals.” The sexual partners of HIV-infected intravenous drug users develop HIV infection not through heterosexual contact, he argues, but through intravenous drug use; because they lie, their cases are incorrectly attributed to heterosexual contact. Most cases of heterosexual HIV transmission in Third World countries (incredibly, he calls Africa a “country”) occur not because of penile-vaginal intercourse *per se* but because there exist high levels of endemic sexually transmitted diseases, genital ulcers, and other illnesses, poor nutrition and sanitation, promiscuity, and prostitution; other cases of apparent heterosexual transmission in the Third World are in fact the result of tabooed practices—anal intercourse, traumatic sex, or homosexual transmission. Fumento has an answer to everything and, finally, manages to reassign virtually every case of apparent “heterosexual AIDS” to some other category. This defies logic.

Fumento’s second claim involves the me-

dia’s role in propagating “the myth of heterosexual AIDS.” It is commonplace to describe the media as a monolithic entity and blast its coverage of the AIDS epidemic, and Fumento offers little that is unfamiliar. Enumerating the sins of the media, he chastises reporters for not citing experts with appropriate credentials, then himself cites U.S. journalist David Black as an authority on hygiene in Haiti (p. 127) and Manhattan psychiatrist Robert E. Gould on sexual practices in Africa (pp. 117–118). A more serious problem is that the term “heterosexual AIDS,” used repeatedly, is itself loaded and ambiguous, referring both to a group (people with AIDS who are heterosexual) and to behavior (AIDS acquired through sexual contact with an infected person of the other sex); Fumento, like those he criticizes, thus confuses “who you are” with “what you do.” Finally, “the facts” do not fully support his assertions. He claims, for example, that media coverage skyrocketed in late 1986 and 1987 when the press decided to proclaim the “explosion” of the heterosexual epidemic (p. 236). In fact, the major increase in media coverage came with Rock Hudson’s illness and death in 1985, when the average number of stories per month climbed from 18.8 to 111.3 (data from Everett M. Rogers *et al.*, Annenberg School of Communications, Los Angeles, CA).

A central question in the sociology of science is whether scientists discover or invent reality. Twenty years of commentary on everyday scientific practice would suggest, at the least, that the establishment of scientific facts is not always a straightforward process and that, as Sandra Panem puts it, many scientific discoveries have a “Rashomon-like subjective nature” (*Science* 246, 1330 [1989]). For Fumento, however, “reality” is a stable, knowable, unambiguous entity, “out there” for all to see who choose to. So why invent heterosexual AIDS if it clearly has no basis in reality? Fumento claims that the myth originates in and is motivated by a ubiquitous desire for “fun and profit” (p. 23). Ignoring the differences in scientific opinion that continue to surround heterosexual transmission, not to mention the subtleties of AIDS politics, Fumento fashions a fictional chorus unequivocally trumpeting the myth of a heterosexual epidemic and concealing the true facts. As this constituency of “heterosexual AIDS alarmists” mounts, the reader increasingly feels in the cold grip of a conspiracy theory. By book’s end, Fumento has indicted, among others, ACT UP, Gene Antonio, the *Atlantic*, Project AWARE, Gary Bauer, Robert Bazell, the BBC, Otis Bowen, Brown University, the University of California at Berkeley, Congress, Cornell, *Cosmo-*

politan, Dartmouth, dating services, Phil Donahue, Myron Essex, Anthony Fauci, Ann Giudici Fettner, Margaret Fischl, Malcolm Forbes, Gay Men’s Health Crisis, Georgetown University, Great Britain, Harvard, William Haseltine, “the homosexual lobby,” the Hudson Institute, Helen Singer Kaplan, Ed Koch, C. Everett Koop, Mathilde Krim, Katie Leishman, *Life*, Lyndon Larouche, Masters and Johnson, “the media,” *Newsweek*, Chris Norwood, Ogilvy and Mather, James Oleske, Penny Pullen, Thomas Quinn, Robert Redfield, Geraldo Rivera, Joan Rivers, John Seale, Jimmy Smits, *SPIN*, Stanford, Margaret Thatcher, *Time*, *US News & World Report*, the U.S. Public Health Service, the University of Virginia, the *Wall Street Journal*, the *Washington Post*, Oprah Winfrey, and the World Health Organization.

Fumento’s arguments are not new, though he presents them at greater length and more relentlessly than others have. But he gives the epidemic a particularly vicious “good news—bad news” twist that is all his own. The “bad news” about AIDS, he writes, is that infected people remain infectious for life; the “good news” is that they will all be dead before long. He writes elsewhere that the “deaths of homosexuals and drug users were supposed to be a mere portent of things to come; instead, they would, for the most part, be all that was” (p. 14). It is both unscientific and unacceptable to characterize upwards of 122,000 reported cases of AIDS and 73,000 deaths to date as a “mere” portent, and—as if the epidemic were over—“all that was.” Though he repeatedly expresses outrage that diverse political interests and preexistent moral agendas have been mobilized around the AIDS crisis, Fumento’s own political agenda is never, after all, very far from his science. He calls, among other things, for AIDS estimates to be revised downward (for all groups, not only heterosexuals) and for funding for AIDS education, prevention, and research to be drastically cut.

It is one thing to argue that the constructed truths of science and the consensus discourses of journalism are inherently undependable; it is another to represent oneself, in contrast, as being in possession of unconditional truth. In the end, like self-anointed seers whose special vision enables them to perceive the true meaning of everyday life, only Fumento and his tiny band of heroes can see the “heterosexual AIDS epidemic” for the “myth” it really is.

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