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VOL. 20, NO. 6

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FACING AIDS

A Special Issue

RACE, SEX, AIDS:

The Construction of 'Other'

Evelynn Hammonds

In March of this year when Richard Goldstein's article, "AIDS and Race—the Hidden Epidemic" appeared in the *Village Voice*, the following statement in the lead paragraph jumped out at me: "a black woman is thirteen times more likely than a white woman to contract AIDS, says the Centers for Disease Control; a Hispanic woman is at eleven times the risk. Ninety-one percent of infants with AIDS are non-white." My first reaction was shock. I was stunned to discover the extent and rate of spread of AIDS in the black community, especially given the lack of public mobilization either inside or outside the community. My second reaction was anger. AIDS is a disease that for the time being signals a death notice. I am angry because too many people have died and are going to die of this disease. The gay male community over these last several years has been transformed and mobilized to halt transmission and gay men (at least white gay men) with AIDS have been able to live and die with some dignity and self-esteem. People of color need the opportunity to establish programs and interventions to provide education so that the spread of this disease in our communities can be halted, and to provide care so that people of color with AIDS will not live and die as pariahs.

My final reaction was despair. Of course I *knew* why information about AIDS and the

black community had been buried—by both the black and white media. The white media, like the dominant power structure, have moved into their phase of “color-blindness” as a mark of progress. This ideology buries racism along with race. In the case of AIDS and race, the problem with “color-blindness” becomes clear. Race remains a reality in this society, including a reality about how perception is structured. On the one hand, race blindness means a failure to develop educational programs and materials that speak in the language of our communities and recognize the position of people of color in relation to the dominant institutions of society: medical, legal, etc. Additionally, we must ask why the vast disproportion of people of color in the AIDS statistics hasn’t been seen as a remarkable fact, or as worthy of comment. By their silence, the white media fail to challenge the age-old American myth of blacks as carriers of disease, especially sexually transmitted disease. This association has quietly become incorporated into the image of AIDS.

The black community’s relative silence about AIDS is in part also a response to this historical association of blacks, disease, and deviance in American society. Revealing that AIDS is prevalent in the black community raises the spectre of blacks being associated with two kinds of deviance: sexually transmitted disease and homosexuality.

As I began to make connections between AIDS and race I slowly began to pull together pieces of information and images of AIDS that I had seen in the media. Immediately I began to think about the forty year-long Tuskegee syphilis experiment on black men. I thought about the innuendoes in media reports about AIDS in Africa and Haiti that hinted at bizarre sexual practices among black people in those countries; I remembered how a black gay man had been portrayed as sexually irresponsible in a PBS documentary on AIDS; I thought about how little I had seen in the black press about AIDS and black gay men; I began to notice the thinly veiled hostility toward the increasing number of i.v. drug users with AIDS. Goldstein’s article revealed dramatically, the deafening silence about who was now actually contracting and dying from AIDS—gay/bisexual black and Hispanic men (now about 50% of

black and Hispanic men with AIDS); many black and Hispanic i.v. drug users; black and Hispanic women and black and Hispanic babies born to these women.

In this culture, how we think about disease determines who lives and who dies. The history of black people in this country is riddled with episodes displaying how concepts of sickness, disease, health, behavior and sexuality, and race have been entwined in the definition of normalcy and deviance. The power to define disease and normality makes AIDS a political issue.

The average black person on the street may not know the specifics of concepts of disease and race but our legacy as victims of this construction means that we know what it means to have a disease cast as the result of the immoral behavior of a group of people. Black people and other people of color notice, pay attention to what diseases are cast upon us and why. As the saying goes—“when white people get a cold, black people get pneumonia.”

In this article I want to address the issues raised by the white media’s silence on the connections between AIDS and race; the black

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Surgeon General

Twenty-five year certificate, distributed in the late 1950s to each of the surviving subjects, from Bad Blood, The Tuskegee Syphilis Experiment, James H. Jones.

media's silence on the connections between AIDS and sexuality/sexual politics, the failure of white gay men's AIDS organizations to reach the communities of people of color, and finally the implications for gay activists, progressives and feminists.

It is very important to outline the historical context in which the AIDS epidemic occurs in regards to race. The dominant media portrayals of AIDS and scientists' assertions about its origins and modes of transmission have everything to do with the history of racial groups and sexually transmitted diseases.

The Social Construction of Disease

A standard feature of the vast majority of medical articles on the health of blacks was a sociomedical profile of a race whose members were rapidly becoming diseased, debilitated, and debauched and had only themselves to blame.¹

One of the first things that white southern doctors noted about blacks imported from Africa as slaves, was that they seemed to respond differently than whites to certain diseases. Primarily they observed that some of the diseases that were epidemic in the south seemed to affect blacks less severely than whites—specifically, fevers (e.g. yellow fever). Since in the eighteenth and nineteenth centuries there was little agreement about the nature of various illnesses and the causes of many common diseases were unknown, physicians tended to attribute the differences they noted simply to race.

In the 19th century when challenges were made to the institution of slavery, white southern physicians were all too willing to provide medical evidence to justify slavery.

They justified slavery and, after its abolition, second-class citizenship, by insisting that blacks were incapable of assuming any higher station in life. . . . Thus, medical discourses on the peculiarities of blacks offered, among other things, a pseudoscientific rationale for keeping blacks in their places.²

If as these physicians maintained, blacks were less susceptible to fevers than whites, then



Melvin Boozer, gay rights activist, founder of the Langston Hughes-Eleanor Roosevelt Democratic Club of Washington, DC, 1946-1987, Native

it seemed fitting that they and not whites should provide most of the labor in the hot, swampy, lowlands where southern agriculture was centered. Southern physicians marshalled other "scientific" evidence, such as measurement of brain sizes and other body organs to prove that blacks constituted an inferior race. For many whites these arguments were persuasive because "objective" science offered validity to their personal "observations," prejudices and fears.

The history of sexually transmitted diseases, in particular syphilis, indicates the pervasiveness of racial/sexual stereotyping. The history of syphilis in America is complex, as Allan Brandt discloses in his book *No Magic Bullet*. According to Brandt, "venereal disease has historically been assumed to be the disease of the 'other'." Obviously the complicated interaction of sexuality and disease has deep implications for the current portrayal of AIDS.

Like AIDS, the prevailing nineteenth century view of syphilis was characterized early-on in moral terms—and when it became apparent that a high rate of syphilis occurred among blacks in the South, the morality issue heightened considerably. Diseases that are acquired

through immoral behavior were considered in many parts of the culture as punishment from God, the wages of sin. Anyone with such a disease was stigmatized. A white person could avoid this sin by a change in behavior. But for blacks it was different. It was noted that one of the primary differences that separated the races was that blacks were more flagrant and loose in their sexual behavior—behaviors they could not control.

Moreover, personal restraints on self-indulgence did not exist, physicians insisted, because the smaller brain of the Negro had failed to develop a center for inhibiting sexual behavior.³

Therefore blacks deserved to have syphilis, since they couldn't control their behavior and as the Tuskegee experiment carried that logic to extreme—blacks also deserved to die from syphilis.

[B]lacks suffered from venereal diseases because they would not, or could not, refrain from sexual promiscuity. Social hygiene for whites rested on the assumption that attitudinal changes could produce behavioral changes. A single standard of high moral behavior could be produced by molding sexual attitudes through moral education. For blacks, however, a change in their very *nature* seemed to be required.⁴

If in the above quotation, you change blacks to homosexuals and whites to heterosexuals then the parallel to the media portrayal of people with AIDS is obvious.

The black community's response to the historical construction of sexually transmitted diseases as the result of bad, inherently uncontrollable behavior of blacks—is sexual conservatism. To avoid the stigma of being cast with diseases of the "other," the black media, as well as other institutions in the community, avoid public discussion of sexual behavior and other "deviant" behavior like drug use. The white media on the other hand is often quick to cast blacks and people of color as "other" either overtly or covertly.

Black Community Response to AIDS

Of 38,435 diagnosed cases of AIDS as of July 20, 1987, black and Hispanic people make up 39% of all cases even though they account for only 17 percent of the adult population.⁵ Eighty per cent of the pediatric cases are black and Hispanic. The average life expectancy after diagnosis of a white person with AIDS in the US is two years; of a person of color, nineteen weeks.⁶

The leading magazines in the black community, *Ebony* and *Essence* carried no articles on AIDS until the spring of this year. The journal of the National Medical Association, the professional organization of black physicians, carried a short guest editorial article in late 1986 and to date has not published any extensive article on AIDS. The official magazines of the NAACP and the National Urban League make no mention of AIDS throughout 1986 nor to date this year. Only the Atlanta-based SCLC (Southern Christian Leadership Conference) has established an ongoing educational program to address AIDS in the black community.

When I examined the few articles that have been written about AIDS in the national black press, several themes emerged. Almost all the articles I saw tried to indicate that the black people are at risk while simultaneously trying to avoid any implication that AIDS is a "black" disease. The black media has underemphasized, though recognized, that there are significant socioeconomic cofactors in terms of the impact of AIDS in the black community. The high rate of drug use and abuse in the black community is in part a result of many other social factors—high unemployment, poor schools, inadequate housing and limited access to health care, all factors in the spread of AIDS. These affect specifically the fact that people of color with AIDS are diagnosed at more advanced stages of the disease and are dying faster. The national black media have so far also failed to deal with any larger public policy issue that the AIDS crisis will precipitate for the community; and most importantly homosexuality and bisexuality were dealt with in a very conservative and problematic fashion.



Claire Preito/Roger McTair photo, Rites

Testing

In terms of testing *Ebony* encourages more opportunity for people to be tested anonymously; *Essence* recommends testing for women thinking of getting pregnant. Both articles mention that exposure of test results could result in discrimination in housing and employment but neither publication discusses the issue at any length. There is no mention of testing that is going on in the military and how those results are being used nor is there mention of testing in prisons. It is clear from the sketchy discussion of testing that the political issues around testing are not being faced.

Sexuality

The most disappointing aspect of these articles is that by focusing on individual behavior as the cause of AIDS and by setting up bisexuals, homosexuals, and drug users as "other" in the black community, and as "bad," the national black media falls into the trap of reproducing exactly how white society has defined the issue. But unlike the situation

for whites, what happens to these groups within the black community will affect the community as a whole. Repressive practices around AIDS in prisons will affect all black men in prison with or without AIDS and their families outside and any other black person facing the criminal justice system; the identification of significant numbers of people of color in the military with AIDS will affect all people of color in the military. Quarantine, suspension of civil liberties for drug users in the black community with AIDS will affect everyone in the community. Healthcare and housing access will be restricted for all of us. If people with AIDS are set-off as "bad" or "other"—no change in individual behavior in relation to them will save any of us. There can be no "us" or "them" in our communities.

The *Ebony* article entitled: "The Truth about AIDS: Dread Disease is Spreading Rapidly through Heterosexual Population," while highlighting the increase of AIDS among heterosexuals in the black community, makes several comments about black homosexuals. The author notes that there is generally a negative attitude towards homosexuals in the community and quotes several physicians who emphasize that the reticence on this issue is a hindrance to AIDS education efforts in the community. It does not emphasize that, because of this "reticence," only now as AIDS is being recognized as striking heterosexuals, is it beginning to be talked about in the black community.

One of the greatest problems in the black community, other than ignorance about the disease, is the large number of black men who engage in sex acts with other men but who don't consider themselves homosexuals.⁷

The point is then that since AIDS was initially characterized as a "gay disease" and many black men don't consider themselves gay in spite of their sexual practices, the black community did not acknowledge the presence of AIDS.

The association of AIDS with "bad" behavior is prominent in this article. Homosexuals and drug users are described as a "physiologically and economically depressed subgroup of the black community."⁸

The message is that to deal with this disease the individual behavior of a deviant subgroup must be changed. Additionally, the recommendation to heterosexuals is to "not have sex" with bisexuals and drug users. There are no recommendations about how the community can find a way to deal with the silence around the issues of homosexuality/bisexuality, sexual practices in general and drug use. The article fails to say what the implications of the sexual practices of black men are for the community.

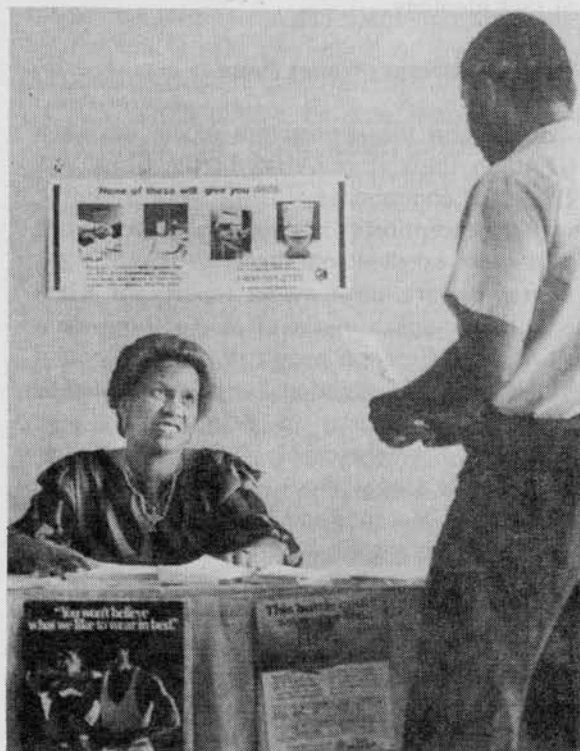
The *Essence* article, entitled *Nobody's Safe* avoids the issue as well.⁹ The authors describe a scenario of a 38 year-old middle-class professional woman who is suddenly found to have AIDS. Her husband had died two years earlier due to a rare form of pneumonia. After testing positive for AIDS she is told by one of her husband's relatives that he had been bisexual. The text following this scenario goes on to describe how most women contract AIDS; it gives a general sketch of the origins of the disease and discusses the latency period and defines asymptomatic carriers of the virus. There is no mention of bisexuality or homosexuality. The implication is again—just don't have sex with those people if you want to avoid AIDS. It avoids discussion of the prevalence of bisexuality among black men, and consequently the way that AIDS will ultimately change sexual relationships in the black community.

Education Efforts and Sexual Behavior in the Age of AIDS

The implications of this silence on sexuality are obvious when education efforts for black people are being discussed. But there is more at stake here than simply an acknowledgement. Both articles note the desperate need for education and material that speaks directly to the black community, so that black people can recognize that they too are at risk. But the other part of the message one gets from these articles is that black children must be taught the "facts about sex, AIDS and drug use and abuse" not about sexuality. *Essence* reports that a new group has formed in Atlanta which sponsors "Play Safe Parties" to teach women how to practice safer sex. In effect AIDS is described in terms of individual behavior. There are no

specific guidelines about what safer sex is—that it is about a community response as much as it is about individual behavior; instead, there is a push for people to return to monogamous, traditional relationships without analysis as to what that means for heterosexuals in a community where women far outnumber men in the population; where traditional patriarchal relationships are not easily accepted anymore. What about discussions about "safer sex" for men? What about sexual pleasure for women and who negotiates it? These articles do not recognize that you can't simply separate sex from AIDS, nor can you respond to it by a call to a return to traditional values while not exploring the implications of that move.

What white gay men have been able to do in the face of the AIDS crisis is to use the connection between sex and community. They succeeded in validating and mobilizing the gay community to the deadly implications of AIDS while preserving their right to define sexual expression and therefore challenge the conception of homosexuality as bad. For the black community, however, "the fear of a racial backlash against minorities as they become more iden-



Angry bishop speaks out

'AIDS COULD
END US ALL'

Story on page 2

tified with AIDS is one of the reasons the black community has been slow to address this issue, to put it on our agenda."¹⁰ What's at issue here is how to break the dominant culture's association of blacks with disease and immorality. The response so far has been to appeal to blacks to demonstrate our "traditions of respectability," e.g., to embrace monogamy in the face of the dominant culture's association of black people with promiscuity, and to deny the existence of homosexuality in the black community. But such a response means that the racist ideology that gives white culture the power to define morality and immorality remains intact. Black gays are rendered invisible and efforts at educating the community and providing care for people with AIDS is hampered by the need to preserve the notion that gaining respectability involves gaining authority.

Sexuality and sexual politics never came to the forefront of the civil rights agenda because of the reaction of the black community to the way in which race and sex had historically been used against the black community. What the AIDS epidemic raises is that the black political agenda has not been able to dethrone the power of that ideology.

The Mainstream (White) Press

In general the mainstream media has been silent on the rise of AIDS in the black and Hispanic communities. Until very recently, with the exception of a few special reports, such as a quite excellent one on the PBS' McNeil-Lehrer Report, most media reports on AIDS continue to speak of the disease without mention of its effects on people of color. In recent months specific attention has been paid to the "new" phenomenon of heterosexuals with AIDS or "heterosexual AIDS." This terminology is used without the slightest mention that among Haitians and extensively in Africa, AIDS was never a disease confined to homosexuals.

The assumption in reports about the spread of AIDS to heterosexuals is that these heterosexuals are white—read that as white, middle-class, non-drug-using, sexually-active people. The facts are that there are very few cases of AIDS among this group. As many as 90 percent

The girl
daddy
tried
to sell

Four-year-old Rachal Rausser, whose father allegedly tried to sell her for \$100,000 in Giants Stadium parking lot, clings to her aunt, Deborah Stern, as she arrives at Bergen County Court for custody hearing yesterday. Judge will rule today whether she'll go to aunt and uncle or stepmother.

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of the cases of AIDS among heterosexuals are black and Hispanic. In many media reports blacks and Hispanics with AIDS are lumped in the i.v. drug users group. What the media has picked up on is that heterosexual transmission in the US now endangers middle class whites.

A good example of the mainstream media approach is an article by Kate Leishman in the February, 1987 issue of *Atlantic Monthly*. She writes that most Americans even liberals, have the attitude that AIDS is the result of immoral behavior. Leishman lists the statistics on heterosexual transmission of AIDS at the beginning of her article. Fifteen pages later the following information appears:

In the case of sexually active gay men [AIDS] is a tragedy—as it is for poor black and Hispanic youths, among whom there is a nationwide epidemic of venereal disease, which is a certain cofactor in facilitating transmission of HIV. This combination with the pervasive use of drugs among blacks and Hispanics ensures that the epidemic will hit them hardest next.¹¹

Her first explicit mention of people of color

describes them as a group that uses drugs extensively, and as also riddled with venereal disease (a fact she does not support with any data). The image is one of the "unregenerate young street tough" that causes all the trouble in our cities, in short the conventional racist stereotype of black and Hispanic youth displayed in the press almost everyday. Her use of the word tragedy because of the risk to blacks, Hispanics and gays is gratuitous at best. The main focus of the article is the risk of AIDS to white heterosexuals and the need for them to face their fears of AIDS so they can effectively change their behavior.

In a passage reminiscent of 19th century physicians' moral advice she notes the problems associated with changing people's behavior and promoting safe sex, and wonders if one can draw any lessons for heterosexual behavior from the gay male experience.

Many people believe that the intensity or quality of homosexual drives is unique, while others argue that the ability to control sexual impulses varies extraordinarily within groups of any sexual preference.¹²

What I find striking in this passage is that there is still debate over whether certain "groups" of people have the same ability to exercise control over their sexual behavior and drives as "normal" white heterosexuals do. The passage also suggests that while heterosexuals are still the only group who have the strength, the moral fortitude, the inherent ability if educated, to control their sexual and other behavior. After all, is this a disease about behavior and not viruses, right? Leishman doesn't interview any blacks or Hispanics about their fears of AIDS, or how they want to deal with it with respect to sexual practice or other behavior.

Two months later in May several letters to the editors of *Atlantic Monthly* appeared in response to Leishman's article. In particular one reader observed her omission of statistics about the risk of AIDS to blacks and Hispanics. She responded in a fairly defensive manner:

My article and many others have commented on the high risk of exposure to AIDS among blacks and Hispanics. Mr. Patrick's observa-

tions that blacks and Hispanics already account for ninety per cent of the case load seems oddly to suggest that AIDS is on its way to becoming a disease of minorities. But the Centers for Disease Control has stressed that the overrepresentation of blacks and Hispanics in AIDS statistics is related not to race per se but to underlying risk factors.¹³

The risk factor she mentions is intravenous drug use. Leishman fails to deal with the "overrepresentation" of blacks and Hispanics in AIDS statistics. To mention our higher risk only implies that AIDS is a disease of minorities if you believe minorities are inherently different or behave differently in the face of the disease or if you believe that the disease will be confined to the minority community.

So pervasive is the association of race and i.v. drug use, that the fact that a majority of black and Hispanic men who have AIDS are gay or bisexual, and *non* i.v. drug users, has remained buried in statistics.¹⁴ In the face of the statistics, *The New York Times* continues to identify i.v. drug use as the distinguishing mode of transmission among black and Hispanic men, by focusing not on the percentage of black and Hispanic AIDS cases that are drug related, but on the percentage of drug related AIDS cases that are black or Hispanic, which is 94%. This framework, besides blocking information that the black and Hispanic communities need, also functions to keep the white community's image "clean."

Conclusion

As this article goes to press, media coverage of the extent of AIDS in the black and Hispanic communities is increasing daily. These latest articles are covering the efforts in the black and Hispanic communities both to raise consciousness in these communities with respect to AIDS and to increase government funding to support culturally specific educational programs. Within the black community, the traditional source of leadership, black ministers, are now publicly expressing the reasons for their previous reluctance to speak out about AIDS. The reasons expressed tend to fall into the areas I have tried to discuss in this article, as indicated by the following comments that recent-

ly appeared in the *Boston Globe*:

Although some black ministers described gays as the children of God and AIDS as just another virus, many more talked about homosexuality as sinful, including some who referred to AIDS as a God-sent plague to punish the sexually deviant.¹⁵

There's a lot of fear of stigmatization when you stand up. . . . How does this label your church or the people who go to your church? said Rev. Bruce Wall, assistant pastor of Twelfth Baptist Church in Roxbury. Rev. Wall said ministers may also fear that an activist role on AIDS could prompt another question: 'Maybe that pastor is gay.'¹⁶

The arguments I have made as to the background of these kinds of comments continue to come out in the public discourse on AIDS and race in the national media. As the public discussion and press coverage has increased, one shift is apparent. The media is now focussing on why the black and Hispanic communities have not responded to AIDS before as a "problem" specific to these communities, while there is no acknowledgement that part of the problem is the way the media, the CDC, and the Public Health Service prevented race-specific information about AIDS from being widely disseminated. Or, to say it differently, there is no recognition of how the medical and media construction of AIDS as a "gay disease," or a disease of Haitians has affected the black and Hispanic communities.

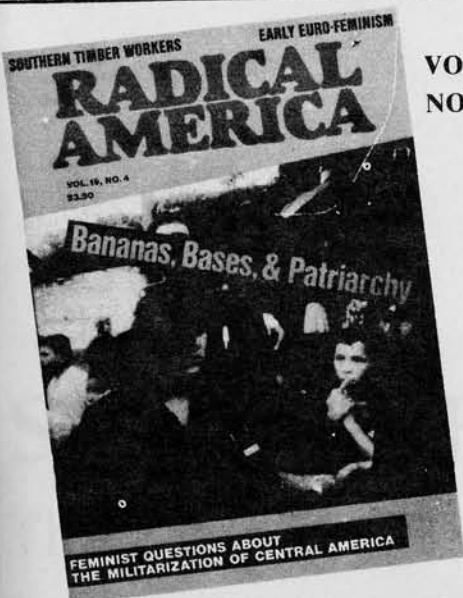
Finally, as the black and Hispanic communities mobilize against AIDS, coalitions with established gay groups will be critical. To date, some in the black community have noted the lack of culturally specific educational material produced by these groups. Some gay groups are responding to that criticism. For progressives, feminists and gay activists, the AIDS crisis represents a crucial time when the work we have done on sexuality and sexual politics will be most needed to frame the fight against AIDS in political terms that move the politics of sexuality out of the background and challenge the repressive policies and morality that threaten not only the people with this disease but all of us.



FOOTNOTES

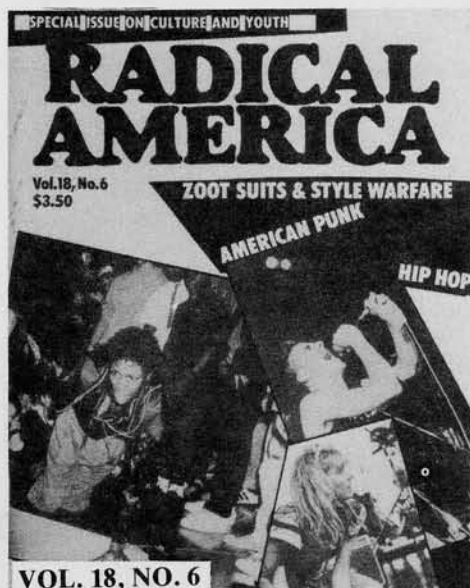
1. James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981), p. 21.
2. *Ibid.*, p. 17.
3. *Ibid.*, p. 23.
4. *Ibid.*, p. 48.
5. "High AIDS Rate Spurring Efforts for Minorities," *New York Times*, Sunday, August 2, 1987.
6. *Mother Jones*, Vol. 12, May 1987.
7. *Ebony*, April, 1987, p. 128, quoting a Los Angeles AIDS expert.
8. *Ibid.*, p. 130.
9. *Essence*, June 1987.
10. John Jacob, President, National Urban League, *New York Times*, Sunday, August 2, 1987.
11. *Atlantic Monthly*, February 1987, p. 54.
12. *Ibid.*, p. 40.
13. *Atlantic Monthly*, May 1987, p. 13.
14. *New York Times*, Sunday, August 2, 1987.
15. *Boston Globe*, Sunday, August 9, 1987, p. 1.
16. *Ibid.*, p. 12.

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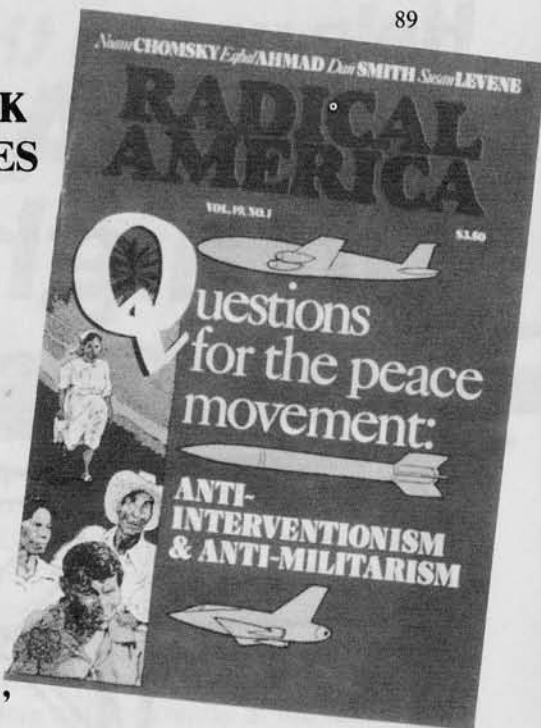
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Billboard on McGrath Highway, Somerville, Mass, Ellen Shub photo