

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine*, vol. 99, no. 3 (Fall 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Self-Healing, Nutrition Therapy, and Alternative Medicine in the Era of HIV/AIDS

TIMOTHY VALE

SUMMARY: This article examines the usage of alternative therapies such as AL-721 and metaphysical healing by gay men and AIDS patients during the HIV/AIDS epidemic of the 1980s and 1990s. The usage of alternative therapies during the epidemic has usually been framed by scholars as a foil to more well-studied areas of palliative care. Instead, this article argues that these alternative therapies and lifestyle regimens are worthy of greater discussion as this alternative medical marketplace offered patients a meaningful choice in managing their illness. Furthermore, this alternative medical marketplace was a patient-regulated one, where the patients themselves decided who was and who was not a legitimate medical practitioner. Gay publications in Texas became a major hub for information and discussion about alternative treatments, which indicates that medical pluralism flourished even outside of AIDS organizations in New York and Los Angeles.

KEYWORDS: alternative medicine, HIV/AIDS, patient activism, LGBTQ history, legitimacy, quackery

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In the June 7, 1985, issue of the Houston gay publication *This Week in Texas* (TWIT), reporter Chuck Patrick sat down with William Calderon, a hair salon owner in San Francisco who made headlines throughout gay communities around the United States for his adoption of a rigorous lifestyle regimen program instead of hospital treatment after being diagnosed with Kaposi's sarcoma in 1982. Calderon's program encouraged healthy exercise, vitamin therapy, and positive mental health, which led to his eventual "recovery" from AIDS. Calderon declared during the interview, "To get well, I had to change my lifestyle totally, I had to start taking care of myself. I got on a good nutrition program and cut out all the partying. As a result, I became very strong. Then suddenly, I was the strong one, and the disease was the weak one. The disease and I had changed roles, and after you change roles, you start to get better."¹ Regardless of its veracity, Calderon's story of taking personal control over his own health struck a chord for gay men who felt completely powerless in the face of a deadly, incurable disease and a medical establishment that seemed more concerned with AIDS itself than with the patients suffering from it. The story of one man's personal triumph was part of a larger shift in the latter half of the 1980s, as alternative therapies and lifestyle management programs once again blossomed into a diverse and sophisticated network that spanned the United States as gay men and people with HIV/AIDS (PWHAs) increasingly looked toward other ways of managing HIV/AIDS outside of orthodox medical practice.² Furthermore, this interest in alternative medicine would set off new debates

¹ Chuck Patrick, "Triumph over AIDS. One Man's Full Recovery: The True Story of William Calderon," *This Week in Texas*, June 7, 1985, JD Doyle Archives, 45.

² For a broader historiography on the HIV/AIDS epidemic, see Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009); David

about efficacy, legitimacy, and quackery, as gay communities and PWHAs attempted to find medical relief from the ever-looming threat of the HIV/AIDS epidemic.

This article argues that it was this prospect of regaining a sense of control over an otherwise deadly and incurable disease that made the usage of alternative therapies an incredibly attractive option for those living with HIV/AIDS. In choosing to utilize these therapies and lifestyle regimens, PWHAs and concerned gay men had to navigate a medical marketplace that offered a variety of different options, from vitamins and supplements to metaphysical meditation therapy and homemade recipes for treating the symptoms of AIDS. But it was also an unregulated marketplace, with the ever-present risk of encountering those who sought to deceive PWHAs through the promotion of fake—or in some cases actively harmful—treatments with the sole goal of swindling these patients and their families. With no form of government regulation to oversee and prevent this sort of behavior, it was up to gay communities, HIV/AIDS advocacy groups, alternative medical practitioners, and PWHAs themselves to define what was and was not a legitimate medical therapy. Furthermore, when it came to discussions and accusations of quackery, the line between what was legitimate and what was con artistry was very fluid and often changed depending on the reputation of the practitioner, the perception of PWHAs, and whether the practitioner in question denied his or her patients' right to choose whatever treatment they wished to perform.

France, *How to Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS* (New York: Vintage, 2016); Victoria Harden, *AIDS at 30: A History* (Washington, D.C.: Potomac Books, 2012); Powel Kazanjian, "The AIDS Pandemic in Historic Perspective," *J. Hist. Med. Allied Sci.* 69, no. 3 (July 1, 2014): 351–82; Timothy Murphy, *Ethics in an Epidemic: AIDS, Morality, and Culture* (Berkeley: University of California Press, 1994); Anthony Michael Petro, *After the Wrath of God: AIDS, Sexuality, and American Religion* (New York: Oxford University Press, 2015); Charles E. Rosenberg, "What Is an Epidemic? AIDS in Historical Perspective," *Daedalus* 118, no. 2 (1989): 1–17.

The lack of academic work covering alternative therapies and their usage during the HIV/AIDS epidemic pales in comparison to available scholarship on clinical drug trials for FDA-approved medications for treating HIV/AIDS such as azidothymidine (AZT) and other current medications.³ Sociologist Steven Epstein's groundbreaking work in the 1990s emphasized the role that gay communities and groups like AIDS Coalition to Unleash Power (ACT UP) played in streamlining the FDA drug approval process for new drugs as well as transforming clinical trials to be more accessible to patients themselves and give them a greater say in the trial process.⁴ Like with other scholarship on HIV/AIDS, the usage of alternative therapies by gay men and PWHA's are used as anecdotes by these scholars to highlight the frustration with government institutions and the slow pace of clinical drug trials. Alternative therapies and lifestyle regimens for HIV/AIDS are worthy of discussion in greater detail beyond simply being a foil to the more well-studied areas of palliative AIDS care, as patient experience was shaped by this broader alternative medical marketplace that offered PWHA's a choice in managing their illness.

³ For more on FDA-approved HIV/AIDS treatments, see Ellen G. Feigal, *AIDS-Related Cancers and Their Treatment* (Baton Rouge: Taylor & Francis, 2000); John Hall, Brian Hall, and Clay Cockerell, *HIV/AIDS in the Post-HAART Era: Manifestations, Treatment, Epidemiology* (Shelton: People's Medical Publishing House, 2011); Ronald Ross Watson, *Health of HIV Infected People: Food, Nutrition and Lifestyle with Antiretroviral Drugs* (Saint Louis: Elsevier, 2015); George J. Greene et al., "Preferences for Long-Acting Pre-Exposure Prophylaxis (PrEP), Daily Oral PrEP, or Condoms for HIV Prevention among U.S. Men Who Have Sex with Men," *AIDS Behav.* 21, no. 5 (2017): 1336–49, <https://doi.org/10.1007/s10461-016-1565-9>; W. David Hardy and the American Academy of HIV Medicine, *Fundamentals of HIV Medicine 2021* (Oxford: Oxford University Press, 2021).

⁴ See Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996); Amy Sue Bix, "Diseases Chasing Money and Power: Breast Cancer and Aids Activism Challenging Authority," in *Health Care Policy in Contemporary America*, ed. Alan I. Marcus and Hamilton Cravens (University Park: Pennsylvania State University Press, 1997), 5–32.

The history of alternative medical practices and lifestyle regimens has been well documented by historians since James Harvey Young's work on the history of patent medicines and has blossomed into a sizable subfield within the broader umbrella of the history of medicine. Surprisingly, there has been very little scholarship on the usage of alternative therapies and lifestyle regimens during the HIV/AIDS crisis.⁵ Most of the academic work on this subject is either relegated to interesting anecdotes or used by scholars as an example of the health care disparities facing gay men during the epidemic.⁶ While this latter point is certainly true in that the adoption of these therapies and lifestyle regimens highlighted the growing frustration and anger many gay men and PWHAs had toward the perceived inaction of federal and state health agencies in responding to the epidemic, there was more to the adoption of these alternative therapies than just political anger. Many PWHAs were increasingly unsatisfied with the treatments that were available, with many having undesirable side effects or being simply too expensive for most patients to afford due to the lack of health insurance because of either losing their jobs or being denied by insurers who were unwilling to cover those living with the disease.⁷

⁵ For more on the broader historical usage of alternative medicine and lifestyle regimens, see Susan E. Cayleff, *Nature's Path: A History of Naturopathic Healing in America* (Baltimore: Johns Hopkins University Press, 2016); Charles E. Rosenberg, "Alternative to What? Complementary to Whom? On the Scientific Project in Medicine," in *Our Present Complaint: American Medicine, Then and Now* (Baltimore: Johns Hopkins University Press, 2007), 113–38; James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton, N.J.: Princeton University Press, 1982) and *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002); James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation* (Princeton, N.J.: Princeton University Press, 1961).

⁶ See Cayleff, *Nature's Path* (n. 5); John-Manuel Androite, *Victory Deferred: How AIDS Changed Gay Life in America* (Chicago: University of Chicago Press, 1999); France, *How to Survive a Plague* (n. 2).

⁷ For discussions of the financial impact of AIDS treatment on insurance policies and health care coverage of HIV/AIDS victims in the 1980s and 1990s, see M. N. Ozawa, W. F. Auslander, and V. Slonim-Nevo, "Problems in Financing the Care of AIDS Patients," *Soc. Work* 38, no. 4 (July 1993): 369–

Sociologist Celeste Watkins-Hayes has discussed the concept of the “HIV safety net,” where activists and PWHAs developed a holistic response to the epidemic that involved economic, social, political, and civic support structures (outside of traditional places like the hospital or doctor’s office) that addressed not only the disease itself but the various inequalities that exacerbated the epidemic.⁸ While the usage of alternative medicine was not a part of this “HIV safety net,” it did represent another challenge to doctors’ authority over their patients and offered a more horizontal relationship of expertise between doctors and patients.⁹

The interest in alternative medicine during the 1980s was a continuation of the broader interest in healthy living by gay men and women during the gay liberation period of the 1970s. Historians such as Katie Batza and Jim Downs have argued that even before the epidemic, many gay communities organized highly sophisticated medical clinics and promoted healthy lifestyles and regimens as a response to the political and social marginalization of gay and lesbian Americans by the public and the medical profession, which had for decades classified homosexuality as a mental illness.¹⁰ Scholars like Natalia Mehlman Petrzela have recently argued that interest in exercise and healthy lifestyle programs for PWHAs coincided with

77; Gerald M. Oppenheimer and Robert A. Padgug, “AIDS: The Risks to Insurers, the Threat to Equity,” *Hastings Cent. Rep.* 16, no. 5 (1986): 18–22; Lawrence Gostin, ed., *AIDS and the Health Care System* (New Haven, Conn.: Yale University Press, 1990).

⁸ Celeste Watkins-Hayes, *Remaking a Life: How Women Living with HIV/AIDS Confront Inequality* (Oakland: University of California Press, 2019), 80–81.

⁹ For more on LGBTQ and AIDS activists’ efforts at health care, see Susan M. Chambré, *Fighting for Our Lives: New York’s AIDS Community and the Politics of Disease* (New Brunswick, N.J.: Rutgers University Press, 2006); Epstein, *Impure Science* (n. 4); Deborah Gould, *Moving Politics: Emotion and ACT UP’s Fight Against AIDS* (Chicago: University of Chicago Press, 2009).

¹⁰ See Jim Downs, *Stand by Me: The Forgotten History of Gay Liberation* (New York: Basic Books, 2016); Katie Batza, *Before AIDS: Gay Health Politics in the 1970s* (Philadelphia: University of Pennsylvania Press, 2018), 86–108.

America's growing cultural obsession and fascination with gyms, which became deeply enmeshed into gay culture during the 1970s and 1980s.¹¹ Furthermore, countercultural movements like gay liberation increasingly turned to complementary and alternative medicine as a form of political and medical protest. As historian Susan Cayleff has noted, naturopaths found common cause with these counterculture movements due to their rejection of institutional authority and desire for bodily self-determination that harkened back to the antiestablishment roots of alternative medical practice in the nineteenth century.¹²

The term “medical marketplace” has become common parlance in the history of medicine to describe the intertwining of the medical profession with market forces that encouraged doctors, hospitals, and other caregivers to offer their services as a product to their patients, who were seen as consumers.¹³ This frame of analysis became especially popular during the final decades of the twentieth century by historians who were studying the rise of neoliberal austerity politics that had come to dominate American economic policy. More recently, however, historians such as Mark S. R. Jenner and Patrick Wallis have contested this idea of a universal medical marketplace, arguing that historians should think of markets for medical goods and services rather than an omnipresent marketplace.¹⁴ Historian Nancy Tomes has also argued that the concept of “patients as consumers” originated in the Gilded Age of the late nineteenth

¹¹ Natalia Mehlman Petrzela, *Fit Nation: The Gains and Pains of America's Exercise Obsession* (Chicago: University of Chicago Press, 2024).

¹² Cayleff, *Nature's Path* (n. 5), 275.

¹³ See Mark S. R. Jenner and Patrick Wallis, eds., *Medicine and the Market in England and Its Colonies, c. 1450–c. 1850* (Basingstoke: Palgrave Macmillan, 2007).

¹⁴ *Ibid.*, 16.

century, long before the rise of neoliberalism.¹⁵ While this article does not seek to redefine the concepts of “medical marketplace” and “patients as consumers,” it does acknowledge the arguments made by Jenner and Wallis that the alternative medical marketplace established by gay communities and PWHAs was not a true marketplace but more of a decentralized medium where goods and services were offered to prospective PWHAs and concerned gay men as both patients and consumers.

Cities that had large and organized gay communities like Houston, Dallas, New York, and Los Angeles had one or several different gay newspapers or magazines that became the primary means in which alternative medical treatments for HIV/AIDS were discussed within these gay communities. The pages of publications like *This Week in Texas*, *Frontiers*, the *Village Voice*, and others resembled a vernacular medical journal at times, with in-depth examinations of the latest medical trials for AIDS treatments and testimonials and advertisements for new homemade remedies. Sharing and transmitting knowledge occurred between cities as well as within a city, as all gay communities felt the allure and prospects offered by alternative treatments. While it is impossible to get an exact demographic breakdown of those who were using alternative treatments for HIV/AIDS, most of the gay men and PWHAs who are mentioned in this article were either white or Latino middle-class gay men. Furthermore, there were a number of individuals who used anonymous pseudonyms to hide their identity.¹⁶ This was especially common in gay magazines and other publications during the 1970s and 1980s as gay men and

¹⁵ Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill: University of North Carolina Press, 2016), 2–4.

¹⁶ For example, some gay men and PWHAs would post their comments in gay publications with names like “Steven from North Texas” or just “Steve” with no other identifier. Others were more creative with “Mr. X” and the like.

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PWHAs often faced violence, harassment, and intimidation over their sexuality or HIV/AIDS diagnosis.¹⁷ By examining some of the more popular lifestyle and alternative therapies for HIV/AIDS as well as discussions about quackery and legitimacy within the pages of these gay publications, this article highlights the uniqueness of the HIV/AIDS epidemic in which laypeople, PWHAs, and correspondents of these gay publications to proclaim their legitimacy and credibility as medical practitioners on par with those working in the nation's hospitals or top research institutes.

The ACT UP Alternative and Holistic Treatment Committee and Alternative Therapies in the Era of AIDS

In September 1988, a group of ACT UP members met to discuss alternative HIV/AIDS theories and holistic treatments based on their own personal experiences as lay healers, nurses, PWHAs, homeopathic students, nutritionists, and herbalists. What emerged from that meeting was the formation of the Alternative and Holistic Treatment Committee (AHTC), which sought to both “educate the community on alternative treatment issues” and defend “alternative treatments from the encroaching government regulations which threaten to eliminate all treatments for AIDS which are not produced by large pharmaceutical interests.”¹⁸ For the members of the AHTC, such work had life-and-death consequences, and it was clear to them that the medical

¹⁷ For more on the threats of violence, intimidation, and harassment gay men, PWHAs, and the broader LGBTQ community faced, see Christina B. Hanhardt, *Safe Space: Gay Neighborhood History and the Politics of Violence* (Durham, N.C.: Duke University Press, 2013).

¹⁸ “Proposal for Committee Status of Alternative and Holistic Treatments” (Alternative and Holistic Treatment Committee of ACT UP New York, 1990), box 33, folder 1, ACT UP New York Records.

establishment prevented PWHAs from pursuing the treatment that was right for them. “We are all similarly struck by the lack of tools the current medical establishment offers us to fight the battle against AIDS,” declared the group.¹⁹ According to them, the medical establishment was “motivated by profits only and thus offers PWHAs little hope beyond extremely expensive and toxic drugs. Medical dissent and alternative approaches have been suppressed by the media, the medical establishment, the government and to some extent even within the AIDS activist movement.”²⁰ The formation of a national committee on alternative medicine for HIV/AIDS treatment was one that was years in the making, as gay communities across the country increasingly began to experiment with different types of remedies to alleviate the symptoms and conditions associated with HIV/AIDS.

Some of the most popular therapies for treating HIV/AIDS in gay communities like Houston, New York, and Los Angeles were vitamin- and exercise-based therapies, which were a continuation of the gay fitness movement that began during the days of gay liberation in the 1970s. For some gay men and PWHAs, places like the local community gym became havens of self-healing and personal self-improvement, a way to bond with others going through the same trials and tribulations.²¹ For others, they looked toward healers outside of the medical establishment. In Los Angeles, holistic practitioners like Joan Priestley found their services in high demand among gay men and PWHAs throughout the latter half of the 1980s, as word of her natural therapies and vitamins to treat HIV/AIDS-related symptoms began to spread. Priestley proudly recalled the events that motivated her medical practice in 1986: “Many HIV-affected gay

¹⁹ Ibid.

²⁰ Ibid.

²¹ Petrzela, *Fit Nation* (n. 11).

men, knowing that I was this somewhat advanced vitamin doctor, came to me saying, ‘There’s nothing for us. We know this is a virus. It has to be a virus. You have to do something for us.’”²² Priestley noted how these pleas came during a time when AZT still hadn’t been approved for general use, nor did many have access to it, as many of these patients did not have health insurance: “I started researching medical literature, calling around, and literally flying around the country to consult with other holistic doctors. I came up with a nutrient protocol which over the course of the next two years I discovered was having fabulous success with most people. My patients basically didn’t even get sick. It was boring taking care of them.”²³ Priestley treated her patients with heavy doses of vitamin C along with an individualized protocol for each patient utilizing other supplements along with a rigorously monitored dietary program that focused heavily on vegetarianism, with a lot of quality protein from tofu and low-fat yogurt. When AZT became more widely available in 1987, Priestley and her staff claimed a 90 percent survival rate in those who followed a combination of nutrient therapy and AZT.²⁴ But Priestley’s program was more than diet and physical health; it was also about spiritual and psychological well-being. “We try hard to make our patients aware of their thoughts in the present moment. We make people aware of the power of their thoughts. But we don’t let them guilt trip themselves by saying, ‘what did I do wrong to bring on this disease?’”²⁵ Much of Priestley’s treatment protocol

²² Jason Serinus, “Successful Management of HIV: Dr. Joan Priestley’s Regimen,” *San Francisco Bay Times*, March 1990, Coll2007-015, box 95, folder 30, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles, 12.

²³ *Ibid.*, 12.

²⁴ The Immunodulating Effects of Nutrient Therapy and AZT by Joan Priestley of the Center for 21st Century Medicine, June 1991, Coll2007-015, box 95, folder 30, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles, 1–2.

²⁵ Serinus, “Successful Management of HIV” (n. 22), 12.

resembled those of her counterparts in Houston in relying on tailor-made remedies that were specific to each patient, a common theme in alternative medicine in general. Additionally, these individualized treatments were likened to a spiritual journey of self-reclamation that restored self-worth as well as the physical body “through the ability to connect with an inner immaterial essence that is beyond the reach of cold laboratory science.”²⁶

In addition to Priestley, Louise Hay was another one of the best-known healers to combine physical and the spiritual in treating PWHAs. By the mid-1980s, most of her work involved helping PWHAs put together a nutritional and metaphysical therapy program that was designed to allow those living with the disease to reflect upon the negative emotions following such a diagnosis and to begin to love themselves through a combination of proper eating habits and psychotherapy. Like Priestley, Hay also had her share of critics within the scientific and medical communities who were extremely skeptical of her treatments, which were backed not by any sort of rigorous double-blind peer-reviewed study, but instead by her own personal philosophical outlook on health. As Hay herself explained in 1985, “My philosophy about life is really very simple—what we give out, we get back. And what we believe about ourselves becomes true for us, that we’re each 100% responsible for everything in our lives.”²⁷ The idea of personal recognition of one’s own emotions as a key factor for proper health was further expounded upon in Hay’s own work in dealing with PWHAs at her Los Angeles clinic: “To me it’s the same as working with somebody with cancer. Cancer is a disease of resentment that eats

²⁶ Whorton, *Nature Cures* (n. 5), 11.

²⁷ Blase DiStefano, “Author/Metaphysical Counselor Louise Hay,” *This Week in Texas*, June 28, 1985, Coll2007-015, box 94, folder 22, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles, 67–68.

away at the body until it becomes a disease. I find that people with AIDS have a lot of resentment, a lot of self-hatred, and usually a lot of sexual guilt.”²⁸ In addition, Hay blamed the rise of what she refers to as the Great American Diet as another contributing factor to the breakdown of gay men’s immune systems. “Instead of eating the foods that are natural and normal,” bemoaned Hay, “we’re eating Twinkies, nachos, and Wonder Bread, and drinking Coca-Cola. So, bodies do not have the immune system that they used to have, because they don’t have the fuel to maintain it.”²⁹ All of this emotional and physical baggage combined to create an environment in which, according to Hay, HIV/AIDS proliferated in the gay community. So moved by her words, even *TWIT* reporter Blase DiStefano could not help but share his own positive experience with Hay’s metaphysical techniques, arguing that he was able to “lovingly forgive and release all of the past. I chose to fill my world with joy, and I love and approve of myself.”³⁰ Hay’s words were so powerful, even many *TWIT* readers responded with joy at the prospect of positive living with AIDS. “For years,” declared Alan Davidson, “I have lived with the power of the moment and am learning more to accept my birthright as a happy, healthy gay man. Thanks again for your efforts in raising our community’s awareness of this.”³¹ Others were so inspired, they began to do their own research into metaphysical healing, with one reader writing in to *TWIT* to inform readers of similar therapies, in which the cause of HIV/AIDS is partially attributed to childhood anti-homosexual trauma, suppression of non-gay aspects of one’s personality, and self-disgust. One *TWIT* reader named Clark Elliott stated that these

²⁸ Ibid., 67–68.

²⁹ Ibid., 68.

³⁰ Ibid., 68.

³¹ Alan Davidson, “Awareness Power,” Letter to the Editor, July 12, 1985, J. D. Doyle Digital Archive of Houston LGBT History, 23.

remedies were akin to “personal therapy on the order of neurolinguistic programming, and a healing device which will be developed in the not-too-distant future.”³²

Louise Hay was quite reminiscent of many alternative practitioners in the early nineteenth century, who relied on their word-of-mouth reputation to stake their claim as authorities of medical knowledge. Hay found national support for her work, with much of it located in the gay community of Los Angeles, where her practice was based. Speaking to reporters at her home-based clinic, Hay gave the public an in-depth look at her metaphysical therapy process, introducing readers to several of her gay PWHAs (most of whom were either white or Latino middle-class gay men) who claimed to have been transformed by the therapeutic experience unavailable through orthodox medical institutions. For men like Richard, it was a truly life-changing experience that saved him from giving up after his diagnosis with the disease: “I was told by doctors that I have an immune system that is suppressed to the point that at the first sign of infection I should seek health care.”³³ It was at that moment that Richard found his way to Hay and transformed his entire way of thinking about his diagnosis: “I looked at my lifestyle and realized that I had never been kind to myself and I just didn’t take care of myself. I had to make that okay with myself, because now I get to love myself.”³⁴ But for others such as Philip it was a chance to redefine what it meant to be a “victim”: “Being a victim is something that I never really experienced with the disease. Somehow when I came close to death there was

³² Clark Elliott, “Metaphysical Healing,” Letter to the Editor, August 23, 1985, J. D. Doyle Digital Archive of Houston LGBT History, 21–23.

³³ Roberts Taylor, “Love: The Great Healer,” *The Movement*, April 1986, Coll2007-015, box 94, folder 22, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles.

³⁴ Ibid.

a certain amount of peace in myself knowing that whatever was going to happen to me was going to happen and the more I relaxed and worked on supporting and loving myself, the easier the whole experience was.”³⁵ Philip claimed that even his doctors were impressed by the techniques Hay used and asked him to speak to a class of premed students about his successful battle with HIV/AIDS: “I had transformed the whole experience into something very positive. I talked for about an hour and these students were so mystified and amazed, because they had come from all the information about AIDS has been negative.”³⁶ Hay’s personalized therapy even found its way to New York, where she gained the approval of several HIV/AIDS activists, including Michael Hirsch, the founder of Body Positive of New York, as well as the personal gratitude of many PWHAs, such as Steve, a physical therapist who was diagnosed with the disease in 1985 and found his way to Hay when she hosted a seminar in New York that year. Speaking about his experience a year later, Steve felt that “it was good to get over the feelings of rejection, self-hatred. There was a lot of [positive] reinforcement.”³⁷ Steve also stated that he was one of many PWHAs who utilized Hay’s treatment in addition to continuing his orthodox treatments proscribed by his doctor, proudly declaring that Hay’s metaphysical therapy had greatly boosted his energy levels to new heights and that even his own doctor was “sympathetic to what I’m doing.”³⁸

³⁵ Ibid.

³⁶ Ibid.

³⁷ Jerry Rosa, “An Alternative for AIDS Patients,” *New York Daily News*, May 30, 1986, Coll2007-015, box 94, folder 22, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles, 35.

³⁸ Ibid., 35.

Although controversial, Hay and Priestley's perspective on AZT was only half of the reason they attracted such criticism from doctors and other medical professionals. For some practitioners, like Lawrence Mass, one of the first to report on HIV/AIDS and a cofounder of the Gay Men's Health Crisis, metaphysical healers were selling false hope and deceiving patients who were desperate. Mass claimed that one of his acquaintances stopped taking his medication soon after visiting Hay and died soon after. "A lot of people are going to her and think they will live longer," lamented Mass, but "to believe this is the major answer to AIDS is disturbing."³⁹ Even doctors who were tolerant of Hay's system nevertheless voiced serious concerns. Michael Gottlieb, the researcher from UCLA credited with identifying HIV/AIDS as a new medical condition in the United States, argued that while "love and acceptance and forgiveness may well be an important component of healing, AIDS is a viral disease caused by a virus not by a lack of love. I don't see any connection. There is no instance of a cure of the AIDS virus."⁴⁰ Dr. Peter Wolfe, a clinical professor at UCLA, agreed with Gottlieb's assessment, arguing that while some patients could benefit from the message of self-help and feeling better about themselves, "the flip side is that if people get sick, they tend to [then] blame themselves for getting sick and I don't think that's very healthy."⁴¹ Additionally, Wolfe noted that Hay's claims—that the emotional and physical were intertwined when it came to immune health—were very hard to prove and Wolfe doubted the linkage between the two.⁴²

³⁹ Ibid., 35.

⁴⁰ Beth Ann Krier, "An Evening with Louise Hay," *Los Angeles Times*, March 2, 1988, 2007-015, box 94, folder 22, AIDS History Project, ONE National Gay & Lesbian Library at University of Southern California, Los Angeles, 2.

⁴¹ Ibid., 3.

⁴² Ibid.

The desire to manage one's personal health, diet, and mental well-being in the face of the onslaught of HIV/AIDS was at once a deeply personal experience for each PWhA as well as a truly national phenomenon that was not just limited to the urban enclaves of the West Coast and East Coast. Gay men and PWhAs in southern locales like Houston expressed genuine interest in diets, vitamin therapy, and the spiritual healing advice of people like Louise Hay and Joan Priestley. Such behavior represents one viable way of "negotiating a response," which historian Charles Rosenberg described in his model of epidemics in history. As he put it, responses "constitute rituals, collective rites integrating cognitive and emotional elements."⁴³ For others, diets, vitamins, and metaphysical health did not suffice to manage their symptoms, and so they sought other treatments, including drugs not approved or regulated by the FDA. More importantly, what many wanted was a medical marketplace willing to cater to individual patient needs.

An example of this can be found in the fascination with AL-721, a mixture of three different lipids, first developed in Israel, which was found to reduce T-cells infected by the HIV virus, at least in some early studies conducted by the National Cancer Institute (NIC) in 1985. According to Robert Gallo and Prem Sarin of the NIC, "AL 721 inhibits HTLV-III infection of human peripheral-blood lymphocytes or an immortalized helper T-cell line."⁴⁴ Unlike other reverse transcriptase inhibitors (like AZT), AL-721 did not have any of the side effects. As a result, Gallo and Sarin concluded, "This factor makes AL-721 a promising new candidate for clinical investigation in the treatment of AIDS and AIDS-related complex," though they

⁴³ Rosenberg, "What Is an Epidemic?" (n. 2), 7.

⁴⁴ P. S. Sarin et al., "Effects of a Novel Compound (AL 721) on HTLV-III Infectivity in Vitro," *New Engl. J. Med.* 313, no. 20 (1985): 1289–90, 1290.

cautioned that “results so far are very preliminary and that much more work will be required to determine the clinical usefulness of this agent.”⁴⁵ While scientists remained cautiously optimistic, gay communities began devising homemade versions using just a few simple ingredients: “Combine five tablespoons of PC-55 (a lecithin concentrate made of either egg or soy that was widely available in most health food stores) and twelve tablespoons of water in a bowl, and whip with an electric mixer. Slowly add six tablespoons plus one teaspoon of butter which has been melted. Whip thoroughly for three to five minutes. The mixture divided into ten even doses gives slightly over ten grams of the lipids per dose [with] each dose weigh[ing] about 30.4 grams or 1.06 ounces.”⁴⁶ According to the article and recipe published in *TWIT*, the homemade mixture was best consumed with breakfast, even spread on fat-free bread or mixed with fruit juice. *TWIT* urged readers to consider taking a second dose before going to bed. Testifying to the success of the remedy, one anonymous Houstonian with AIDS declared, “After two weeks of treatment, lo and behold! I did feel stronger. My diarrhea seemed less severe. I began to eat. During the first month I gained some weight. I consumed these active lips through April, May, and part of June. As I write this, I have no more physical symptoms. The infections have gone; the night sweats have stopped; I have no more fevers.”⁴⁷ The ease and simplicity of AL-721 appealed to many Texas PWHAs who wanted an alternative treatment for the harsh symptoms associated with the disease, but the most promising feature of AL-721 was its accessibility. For sectarians and nutritional advisors like John Fain, the future health of gay men

⁴⁵ Ibid., 1290.

⁴⁶ “AL-721 It’s New, It’s Safe, It Works And, You Can Mix It Up in Your Kitchen,” *This Week in Texas*, July 3, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 35.

⁴⁷ Ibid., 33–34.

involved prescription of letchins like AL-721, with Fain reasoning that “there are many lipid-coated viruses out there besides HIV. Why not increase one’s state of immunity, if possible, especially when it can be done so simply?”⁴⁸ Later studies in the 1990s would lead to much more inconclusive results on the efficacy of AL-721, with some studies noticing some mild improvements while others found little or no improvement for those taking AL-721.⁴⁹ Still, interest in easy-to-acquire supplements like AL-721 could be found in gay communities around the country, who collectively pushed for greater access to alternatives treatments to manage HIV/AIDS symptoms and the side effects of drugs like AZT.

In New York and California, similar fascination with supplements manifested in HIV/AIDS group newsletters and community publications, which became resources for easy-to-read information on different vitamins to manage the symptoms of HIV/AIDS. Editors and authors presented themselves as experts on the same level as medical professionals. In one instance, a New York publication acknowledged that while “high-tech medicine desperately tries to find a weakness in this eerie, fiercely adaptable virus, there is something the rest of us can take for protection and, if necessary, for treatment. It’s not a miracle drug, not a cure, not a sure-fire antidote. But it’s the best resource we have and a remarkable one at that. It’s vitamin C.”⁵⁰

Combining scientific gravitas with down-to-earth language, the author described how vitamin C

⁴⁸ John Fain, “New Hope: Not New Hope, Pennsylvania but New Hope for Life AL-721 Update,” *This Week in Texas*, September 4, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 29.

⁴⁹ See Meir Shinitzky and Yehuda Skornick, “Suppression of HIV Antigenaemia by AL721,” *Lancet* 335, no. 8700 (May 26, 1990): 1281–82, [https://doi.org/10.1016/0140-6736\(90\)91346-C](https://doi.org/10.1016/0140-6736(90)91346-C); Barry S. Peters et al., “Ineffectiveness of AL721 in HIV Disease,” *Lancet* 335, no. 8688 (March 3, 1990): 545–46, [https://doi.org/10.1016/0140-6736\(90\)90782-Z](https://doi.org/10.1016/0140-6736(90)90782-Z).

⁵⁰ Jack Challem, “Vitamin C: The Megavitamin That Battles AIDS,” *Let’s Live*, August 1986, MssCol 10, box 33, folder 7, ACT UP New York Records, New York Public Library Archives & Manuscripts, New York, 20–22.

could be the next AZT: “First, it stimulates the immune system. Second, the vitamin is a powerful free-radical scavenger, battling the primary damage caused by AIDS. Third, the vitamin acts directly against the secondary infections. Fourth, vitamin C greatly reduces allergic reactions to sulfa drugs.”⁵¹ It was hard to ignore such simple treatments and vitamins to manage HIV/AIDS symptoms for many PWHAs who lacked health insurance or other financial means of affording treatments like AZT. While doctors and scientists argued that a well-balanced diet with vitamin supplements is important for anyone living with HIV/AIDS, the concept of vitamin-only treatment has faced extreme skepticism. Like with AL-721, later studies would find negligible results for vitamin C–based therapies over traditional treatments for HIV/AIDS.⁵²

The promise of choice explains the appeal of alternative medical practices in the age of HIV/AIDS and ACT UP, and the AHTC articulated the moral and ideological justification for gay men and other PWHAs to seek other ways of treating their condition. While freedom of choice was heavily rooted in the innate desire to find a personalized treatment plan that was right for each individual PWhA, there was also a political component that stemmed from concerns and suspicions that the medical establishment and federal government were conspiring to suppress information sharing and individual decision-making when choosing treatments. For many HIV/AIDS activists, efforts by state and federal regulatory agencies to crack down on the alternative medical marketplace violated patients’ right to choose, thereby condemning them to expensive dependency on AZT or to slow and painful death without AZT. Alternative medicine

⁵¹ Ibid., 20–22.

⁵² Amanda L. Wilkinson, Samantha L. Huey, and Saurabh Mehta, “Antioxidants and HIV/AIDS: Zinc, Selenium, and Vitamins C and E,” in *Nutrition and HIV: Epidemiological Evidence to Public Health*, ed. Saurabh Mehta and Julia L. Finkelstein (New York: CRC Press, 2018), <http://www.ncbi.nlm.nih.gov/books/NBK572228/>.

advocates portrayed choice as essential to maintaining patient autonomy and personal health and were even quick to condemn other HIV/AIDS organizations that, in their view, suppressed information about alternative medicine that could save lives. As one AHTC pamphlet declared, “Many treatments found helpful in the treatment of HIV-related conditions may involve nothing more than dietary changes, yet most AIDS organizations are not only ignorant of these approaches but also choose to ignore those they do know about when giving treatment choices to their clients and patients.”⁵³ On the night of protest against the FDA at the Federal Building in Westwood, California, on January 29, 1988, Dave Johnson, the executive director of Being Alive / People with AIDS Action Coalition in Los Angeles, expressed the frustration of many gay communities and PWHAs with a federal bureaucracy that made it difficult to pursue alternatives to AZT: “We come before an agency which has withheld treatments, refused to follow promising leads, tied up effective therapies in bureaucratic never-never land,” said Johnson on the steps of federal building overlooking a crowd of two hundred ACT/UP LA protestors, “but we are not talking here about getting stuck on hold, or about computers holding up checks. Lives are being lost here, and the joke has ceased to be funny.”⁵⁴ However, when it came to the issue of quackery, advocates and patients found it much more difficult to reach consensus on the distinction between legitimate sectarian practitioners and fraudulent con artists.

⁵³ Effective Treatments for AIDS May Already Exist . . . but No One Would Know by the ACT UP/NY Alternative and Holistic Treatment Committee, 1991, MssCol 10, box 33, folder 1, ACT UP New York Records, New York Public Library Archives & Manuscripts, New York, 1–2.

⁵⁴ Ibid., 2.

Frauds or Honest Healers? Quackery and Legitimacy in the Age of AIDS

With the usage of alternative therapies on the rise in gay communities, it was inevitable that accusations of fraud and deception of PWHAs would emerge. On January 23, 1987, *TWIT* ran a front-page news story on William Hitt, a local Houston-area sectarian practitioner who claimed to have developed an antigen injection therapy that purported to boost the immune system of PWHAs and thereby to fight off the opportunistic infections that resulted from a compromised immune system (before the FDA's approval of AZT in March 1987). Hitt claimed that his work was based on several scientific studies conducted by organizations such as the National Institute of Allergy and Infectious Diseases, which sought to explore whether the introduction of certain antigens—a molecule or foreign substance usually attached to pathogens that provoked the creation of antibodies—could stimulate the production of CD4 T-cells—the cells that primarily drive the immune response and are activated by the recognition of certain antigens—in patients with autoimmune diseases, such as AIDS. The hope was that said T-cells could be prevented from attacking other parts of the body, which further weakened the immune system and increased the risk of opportunistic infections.⁵⁵ Like many alternative practitioners, Hitt avoided complex scientific language and instead appealed directly to readers and patients with short, easy-to-understand descriptions of the treatment process. “We extract the patient’s own natural receptor antigens from his own urine, process it in 20 minutes through sterile filtration and ultra-centrifugation and then reinject those [now] purified receptor antigens back into the same patient.

⁵⁵ For more recent discussion on the usage of antigens, see the National Institutes of Health’s Mark Peakman and Colin M Dayan, “Antigen-Specific Immunotherapy for Autoimmune Disease: Fighting Fire with Fire?,” *Immunology* 104, no. 4 (December 2001): 361–66.

This hikes the person's immune system!"⁵⁶ Hitt distanced himself from the medical establishment, claiming that "whereas most doctors are concentrating on the symptoms of AIDS, we're working on keeping the cause from occurring."⁵⁷

But it was Hitt's patients who were the real advocates of his alternative practice, retelling their own stories of triumph over an incurable disease and their frustration with the medical establishment's inability to meet their physical and mental needs. For one anonymous PWHA, Hitt's antigen therapy was the only thing that kept him from dying. "In August of '86 I was diagnosed with AIDS, with a T-cell ratio of 0.2. I was told I should be supporting tumors and could expect a life expectancy of no more than fifteen months. Then I was directed to Dr. Hitt. After being in his program for eight treatments my general health has improved drastically."⁵⁸ The anonymous patient alleged that he no longer needed to use any sort of medication to treat his symptoms, "yet my immune system has fought off repeated exposure to the flu, and I remain in excellent health."⁵⁹ Another anonymous patient remarked on how Hitt's treatment offered him and a friend a new outlook on life itself: "Three weeks ago, I ran into a friend from New York in Dr. Hitt's office. He looked better than I have seen him in 15 years. Yes, he 'was' destined to die, has AIDS as I, yet he is very active in the fashion industry of that busy city. Thanks to Dr. Hitt for his love, compassion, and care. He is a saint among men, a doctor helping those survive, when hope was lost."⁶⁰ These glowing testimonials attest to support for Hitt's work, and when

⁵⁶ "Injections Found to Boost Immune System," *This Week in Texas*, January 23, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 13.

⁵⁷ *Ibid.*, 13.

⁵⁸ "It Works!," February 6, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 22.

⁵⁹ *Ibid.*, 22.

⁶⁰ *Ibid.*, 23.

state health officials began to investigate Hitt's alternative medical practice, the gay community of Houston came to his defense.

In June 1987, the Texas Attorney General's Office announced a criminal suit against Hitt and his clinics in Houston and Dallas on the grounds that his treatment program was based "on his own mythology and constituted a fraud against the sick and dying."⁶¹ Additionally, the Attorney General's Office charged that Hitt had lied to his patients about being a licensed practitioner with a medical degree.⁶² For Attorney General Jim Mattox and the Texas Consumer Protection Division, Hitt had falsely advertised his antigen treatment as an effective treatment for HIV/AIDS-related conditions despite not having any scientific evidence or FDA approval to make such claims, nor the credentials (he did not have an accredited medical degree) to undertake clinical trials. Speaking to reporters outside the courthouse, the assistant attorney general of the Texas Consumer Protection Division, Rose Ann Reeser, stated that "our concern is that he's using a drug that is either urine or urine mixed with lidocaine—a drug that's not approved by the FDA" and that "under state law, you can't use any drug in Texas that's not approved by the FDA."⁶³ The decision to pursue legal action was based not just on state and federal law but on genuine concern that Hitt was conning dozens of PWHAs by claiming to be a legitimate practitioner. Mattox's office succeeded, winning an injunction from Judge Sharolyn Wood of the 127th District Court of Texas that temporarily granted the state the right to shut

⁶¹ "Suit Filed over AIDS Treatment," *Dallas Morning News*, June 18, 1987, box 38, folder 12, Resource Center LGBT Collection of UNT Libraries.

⁶² Ibid.

⁶³ Chuck Patrick, "State Stops Hitt's Urine Injections PWA's Who Have Been Helped Are Outraged over Decision," *This Week in Texas*, August 21, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 26.

down the antigen clinics until the matter of Hitt's status as a licensed medical practitioner was resolved in court.⁶⁴

Even with the ruling, Hitt maintained his innocence, claiming that over 70 percent of his PWHA patients never paid for anything and he was more than willing to treat them for free. Furthermore, Hitt claimed that his patients were in regular contact with their physicians of choice and that he gave his patients their weekly injections only with approval from their doctors. Hitt, however, acknowledged that immunologists had not recognized antigen injections made from urine filtration as safe or effective treatment, commenting demurely, "I don't think many experts have evaluated the treatment."⁶⁵ Even this admission did little to dissuade his patients and members of the Houston gay community from defending him. Many gay publications like *TWIT* ran dedicated sections for treatments, therapies, and strategies for dealing with HIV/AIDS, and alternative medicine and therapies like Hitt's were frequent topics in the "Health" section. Thus it was no surprise that *TWIT* came to the defense of Hitt when the allegations by the state of Texas were first raised: "It would be a shame not to let this researcher continue to give life-saving injections [for those] who are living proof that their immune systems have been boosted."⁶⁶ Even after Hitt acknowledged in court that he had lied about having a medical degree in an interview with CBS's Houston Affiliate KHOU's *West 57th Street* (he stated that he bought a fake diploma

⁶⁴ "Dallas, Houston Clinics Closed," *Dallas Morning News*, August 19, 1987, box 38, folder 12, Resource Center LGBT Collection of UNT Libraries.

⁶⁵ Andrea Greene, "Clinic Owner Defends Urine Shots as Treatment for AIDS, Allergies," *Houston Chronicle*, August 21, 1987, box 1, folder 7, McGovern Library Collections on Houston and AIDS Institutional Collection 0027.

⁶⁶ "Cheers and Jeers," *This Week in Texas*, August 14, 1987, J. D. Doyle Digital Archive of Houston LGBT History, 66.

from Walden University, a “for-profit degree mill,” in order to meet Medicare rules for his laboratory work), many of his patients and fans continued to defend him.⁶⁷

While the state of Texas had standing to enforce the boundaries of legitimate medical practice, the decision to go after Hitt could not have come at a worse time, as the gay communities of Houston and Dallas, which were already at odds with the state over its sluggish response to the epidemic, came to see this legal action as an effort to prevent PWHAs from accessing an affordable, experimental treatment that gave hope to many. Many in the community viewed Hitt as a martyr of state and orthodox medical oppression. Robert Scott, a patient who had been taking Hitt’s treatment for several months, argued to the court that “other physicians gave me no hope from AIDS except death. I would plead moral outrage if you close the clinic because it affects my life.”⁶⁸ After taking the injections, Scott reportedly regained over thirty pounds lost due to wasting syndrome, was able to go to the store again, and had normal white blood cell counts again. He condemned the trial in no uncertain terms: “It seems insane to me to think that my life is in the hands of persons who have done no research on these injections.”⁶⁹ State witness and allergy specialist Dr. Arthur Pedersen refuted these stories, arguing that Hitt’s antigen therapy endangered patients as it could induce kidney disease. Rose Ann Reeser also provided evidence that antigen therapies such as Hitt’s could “also stimulate and activate a virus such as HIV.”⁷⁰

⁶⁷ Patrick, “State Stops Hitt’s Urine Injections” (n. 63), 27.

⁶⁸ Ibid., 26.

⁶⁹ Ibid., 27.

⁷⁰ Ibid., 26.

So, what was it about Hitt's practice that drew so much controversy? Why would PWHAs choose to trust a person who not only lied about having a medical license but also lacked any sort of hard proof, such as a double-blind, controlled clinical trial, that his treatment was a safe and effective means of treating HIV/AIDS? The answer lies in the broader context of national debates on alternative medicine and the relationship between orthodox practitioners and gay men that was occurring in the United States during the 1970s and 1980s. As mentioned previously, by the second half of the twentieth century, the medical profession had become part of a larger health care system that historical observers, such as Dominique Tobbell, Daniel Carpenter, Scott Podolsky, and Laura Bothwell, have referred to as the "medical-industrial complex." In this complex, doctors, hospitals, medical schools, pharmaceutical companies, health insurance providers, and other for-profit firms became intertwined. For example, Tobbell argued that the pharmaceutical industry allied with the American Medical Association in the 1960s "as a response to the increasing authority of the FDA over pharmaceutical development and practice."⁷¹ This alliance resisted the authority of the FDA and identified with the antiregulatory policies of ascendent conservative politics in the 1970s and 1980s. Daniel Carpenter further elaborated that although the FDA managed to evade most of calls for deregulation, it still "suffered from some of the same budget reductions that afflicted other agencies, and the Administration exhibited the common reticence observed among many

⁷¹ Dominique A. Tobbell, "Allied Against Reform: Pharmaceutical Industry–Academic Physician Relations in the United States, 1945–1970," *Bull. Hist. Med.* 82, no. 4 (2008): 910. Additionally, Podolsky discusses the attempts by the FDA to regulate the antibiotics industry, originally intending to halt monopolistic practices, but instead focusing on the issue of efficacy and a physician's ability to prescribe drugs which would lead to a backlash against government regulation. See Scott H. Podolsky, *The Antibiotic Era: Reform, Resistance, and the Pursuit of a Rational Therapeutics* (Baltimore: Johns Hopkins University Press, 2015), 73–111.

agencies of this time, behaving fearfully in the face of emboldened business challenges.”⁷² Paul Starr further noted that the continued involvement of corporate enterprise in health care service was part of a larger trend, which involved “the steady expansion of the corporation into sectors of the economy traditionally occupied by self-employed small businessmen” as well as the “transfer of public services to the administrative control or ownership of private corporations.”⁷³ The merging of health care professionals and institutions with for-profit enterprise became part of the critiques leveled at the medical establishment by civil rights and patient advocacy groups throughout 1960s and 1970s, who alleged that doctors and hospitals did not have the best interests in mind for patients or certain groups of people.⁷⁴ Additionally, for gay communities across the United States, there was a growing urge to reject the authority of medical professionals and psychologists who had long labeled homosexuality as a medical disorder. Fueled by the emergence of gay liberation politics of the 1970s, gay men and women increasingly came to disregard the opinions and authority of medical professionals because in their view, the labeling of homosexuality as an “illness” did not make any sense in their lived experience. By “refusing the legitimacy of the psychiatric profession and the power of the

⁷² Daniel Carpenter, *Reputation and Power: Organizational Image and Pharmaceutical Regulation at the FDA* (Princeton, N.J.: Princeton University Press, 2010), 396. The usage of randomized controlled trials (RCTs) to test the flood of new medications in the 1950s was seen by regulators as a “gold standard” for reducing bias and enhancing accuracy in clinical trials, but in recent years pharmaceutical and device manufacturers utilize RCT data not to reduce bias but to gather “data that will allow them to market products to new populations.” See Laura E. Bothwell et al., “Assessing the Gold Standard—Lessons from the History of RCTs,” *New Engl. J. Med.* 374, no. 22 (2016): 2175–81.

⁷³ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 2017), 445.

⁷⁴ Allan M. Brandt and Martha Gardner, “The Golden Age of Medicine?,” in *Medicine in the Twentieth Century*, ed. Roger Cooter and John Pickstone (London: Taylor & Francis, 2000), 33.

diagnosis, gay men created a symbolic space to rethink and re-define gayness.”⁷⁵ Even before HIV/AIDS, tension surrounded the relationship between doctors and gay men, as the very nature of the doctor-patient relationship was reevaluated by a new generation of patient advocates.

The coming of HIV/AIDS only further exacerbated these tensions, as doctors and scientists struggled to address the epidemic in a way that allayed the fears and anxieties of many gay men and PWHAs. These people began turning to complementary and alternative therapies, and it was inevitable that alternative healers would be accused of fraud and deceit. National figures like Joan Priestley and Louise Hay, whose use of unorthodox methods like metaphysical therapy and self-healing for treating HIV/AIDS and its associated symptoms, became prime targets for accusations of quackery. In part, this was because both Priestley and Hay questioned the efficacy of AZT and other orthodox treatments and encouraged their patients not to rely on these methods. “There is a place for AZT in the management of AIDS,” argued Priestley, “but my personal feeling is that it should play a very minor role. While AZT slows the replication of HIV, even at low dosages it also slows production of white cells and red cells, and can have many other harmful side effects.”⁷⁶ Hay, by contrast, was much more careful in her critiques of the medical establishment, instead arguing that her metaphysical treatment should be used alongside regimens like AZT to achieve full effect: “My goal has been to offer patients the best of both worlds—everything medical science has to offer and everything in addition that peace of

⁷⁵ J. Todd Ormsbee, *The Meaning of Gay: Interaction, Publicity, and Community among Homosexual Men in 1960s San Francisco* (Plymouth: Lexington Books, 2010), 48. See also Batza, *Before AIDS* (n. 10), 107.

⁷⁶ Serinus, “Successful Management of HIV” (n. 22), 12.

mind and comfort can offer as opposed to fear.”⁷⁷ She emphasized that her self-love and healing might not cure AIDS and that her therapy should be used alongside other forms of treatment.⁷⁸

However, practitioners like Hay and Priestley were keenly aware of these criticisms and insisted that they never intended for their therapies to be used to the exclusion of medication and even contended that such accusations were the result of doctors feeling threatened by alternative practices. “I have to feel that all doctors have their patient’s best interests at heart. But doctors also want to do whatever they can to feel effective as people and the only thing they know how to do is to give drugs,” declared Priestley in an interview with the *San Francisco Bay Times* in 1990.⁷⁹ Priestley further opined that “there are a lot of control issues going on in medicine between doctors and patients. I get flak all the time from my colleagues because I’m threatening other doctors. When their patients see me, they end up doing something that these doctors neither recommend nor understand.”⁸⁰ The therapeutic disagreement between doctors and alternative practitioners centered on legitimacy, but the success of alternative practitioners ultimately depended on maintaining the goodwill of the gay community while evading scrutiny by governmental regulators and professional medical organizations.

So, what did constitute fraud for PWHAs and the gay community? While the circumstances of accused quacks varied, there were common themes that explained how people defined legitimacy. First, charges of quackery often resulted when alternative cures, treatments, or lifestyle regimens conflicted with the scientific knowledge of PWHAs or the gay community

⁷⁷ Krier, “Evening with Louise Hay” (n. 40), 5.

⁷⁸ Ibid., 5.

⁷⁹ Serinus, “Successful Management of HIV” (n. 22), 12.

⁸⁰ Ibid., 12.

itself. For example, when local Houstonian Robert Turner shared his story with *TWIT* in the November 11, 1988, issue, claiming to have cured himself of the disease and returning his T-4 cell count to normal through exercise, diet, and the usage of herbal supplements and vitamins, there were quite a number of PWHAs who doubted Turner's story and warned that it might mislead the desperate into doing something that might worsen their condition.⁸¹ Longtime *TWIT* reader and PWA Bob Veteto declared that "the piece holds out undocumented hope for many who are desperately ill. Worst of all, it appears to promote [his] book, not the 'cure,'" with Veteto arguing that Turner was selling false hope for the desperate.⁸² Veteto questioned why Turner refused to share the details of his cure with the world: "One person's anecdotal, unsupported, fragmentary account of recovery—through the use of megavitamins and organic foods—strikes a false note to anyone even vaguely acquainted with the complexity of this disease."⁸³

Readers expressed similar skepticism when *TWIT* ran a story on "Aerobic 07," which claimed to be pure oxygen in liquid form or nontoxic stabilized electrolytes of oxygen in molecular form that could be used for oxygenation therapy. This therapy involved extracting the blood of a person with HIV/AIDS, infusing it with either oxygen or hydrogen peroxide, then reinjecting it into the body to clean the bloodstream of any pathogen while also boosting the immune system. It is doubtful that anyone received this outrageous treatment. As was the case with Turner's claim of self-cure through vitamins, gay men doubted oxygenation therapy. One

⁸¹ Robert S. Turner, "'I'm Cured of AIDS' Says Houstonian Robert S. Turner: From 'Positive' to 'Negative' a True Personal Account," *This Week in Texas*, November 11, 1988, J. D. Doyle Digital Archive of Houston LGBT History, 32–33.

⁸² Bob Veteto, "Jeers to Turner's 'I'm Cured of AIDS' Article," *This Week in Texas*, December 9, 1988, J. D. Doyle Digital Archive of Houston LGBT History, 31–33.

⁸³ *Ibid.*, 33.

reader, Lars Eighner, dismissed it as “gobbledygook” and pointed out that “a source of pure oxygen in liquid form would immediately cause death by freezing. There is no such thing as an electrolyte of oxygen.”⁸⁴ Furthermore, Eighner warned that people who are desperate were “often susceptible to doubletalk that sounds scientific. I hope readers will thoroughly investigate any product before putting it into their bodies.”⁸⁵

When confronted with instances of fraud in this alternative medical marketplace, it was often up to PWHAs and their advocacy groups to define what was considered to be legitimate medical treatment. “ACT UP is in full support of the idea that health caregivers should be accountable to consumers to justify their claims of efficacy, the nature of the treatments, and the costs of administering it,” declared the group in 1990.⁸⁶ “It is no one’s right or responsibility to decide arbitrarily that some potentially life enhancing treatment does not deserve evaluation.”⁸⁷ Yet the AHTC also encouraged patients interested in such treatments to always ask questions about how such therapies work, their history, and the qualifications of the practitioner and to cross-reference any dissenting opinions on the therapies before trying it for themselves. Furthermore, the group offered a list of “red flags” that could indicate a fraudulent therapy such as “extravagant or unfounded claims, exorbitant price compared to similar therapies, secrecy and non-disclosure of information, and/or attempts to recruit you as a salesperson.”⁸⁸ Likewise, the

⁸⁴ Lars Eighner, “Oxygen Treatment Concerns,” *This Week in Texas*, November 11, 1988, J. D. Doyle Digital Archive of Houston LGBT History, 27.

⁸⁵ *Ibid.*, 27.

⁸⁶ ACT UP National Action for Freedom of AIDS Treatment Choice Background Information Packet by the ACT UP/NY Alternative and Holistic Treatment Committee, 1990, MssCol 10, box 33, folder 17, ACT UP New York Records, New York Public Library Archives & Manuscripts, New York, 2.

⁸⁷ *Ibid.*, 2.

⁸⁸ *Ibid.*, 3.

San Francisco-based HIV/AIDS advocacy group Project Inform encouraged patients to work with their doctors in deciding which therapies were legitimate and which ones were not, arguing that “when unapproved treatments are discussed, some aspects of the usual patient/physician role may be reversed. Patients often have to take the more active role in reviewing and selecting treatments. Effective communication with such patients, who, we believe, must have the right to participate in key decisions.”⁸⁹

The second route by which accusations of quackery arose was when a particular healer either lacked enough support to ward off scrutiny or failed to maintain the goodwill of the gay community. One example of this can be found in the short-lived Center of the Healing Arts, run by Reverend James Douglas in the Montrose neighborhood of Houston. Douglas claimed that they could treat and even cure the worst cases of HIV/AIDS “through a new understanding of the dynamics of the disease.”⁹⁰ Using a twelve-step treatment program involving meditation, Chinese herbal remedies, acupuncture, and homeopathy to remove such negative emotions from the body, Douglas claimed that “once the causal level of the disease has been removed from the body, the symptoms (KS, PCP, and other ARC symptoms) begin to break up and gradually disappear. The healing process produces results at mental, emotional, and physical levels.”⁹¹

Despite all these lofty promises and hopeful rhetoric, it did not take long for many in the Houston gay community to take issue with Douglas’s claims. “It is very clear that [*TWIT*] did not

⁸⁹ Project Inform Discussion Paper #3: Doctor, Patient and HIV: Building A Cooperative Relationship by Project Inform April 1988, 01/AR0756, box 27, folder 65, Resource Center LGBT Collection of the University of North Texas Libraries, Denton, 2–3.

⁹⁰ James Douglas, “New Approach to Healing Available in Montrose, Texas,” *This Week in Texas*, May 9, 1986, J. D. Doyle Digital Archive of Houston LGBT History, 23.

⁹¹ *Ibid.*, 25.

investigate Mr. Douglas and his ‘center which has been operating here in our beloved city of Houston for the past four years.’ Furthermore, he fails to mention his accomplishments of just the past four months. These include misleading techniques, avid discouragement of the accepted practices of general medicine, failure to claim affiliation with any ‘Ministry’ and lying,” wrote J. H. David Jones, a former disgruntled patient and member of Houston Aid for AIDS in a stinging rebuke, published a week after *TWIT* ran Douglas’s story.⁹² Jones alleged that he was given herbal tablets containing large amounts of lead, chromium, and cadmium, “making me feel sick, disorientating and causing my severe headaches.”⁹³ Jones also charged that Douglas had defrauded him of over \$950 by altering the check that he made out to Douglas’s Center of the Healing Arts and directed it to himself.⁹⁴ Yet the most damning of Jones’s allegations involved the recent death of Jim Beecher, another patient of Douglas’s, who died of the disease several weeks prior to the *TWIT* article on Douglas’s clinic. “Please tell me how you [Douglas] came to pronounce Beecher dead several hours before he died at Park Plaza Hospital on Friday, February 21—and I quote you—‘the body has been sealed . . . he just died of fear. It was fear that killed him.’ You, Mr. Douglas, if you will recall, then introduced yourself to the Beecher family as his ‘minister.’ You have more nerve than imagined!”⁹⁵

Criticism of Douglas continued in the following week as the gay community and organizations remained unconvinced as more serious accusations began emerging. “James

⁹² Quotes are from J. H. David Jones, “Open Letter to Mr. James Douglas, Persons with AIDS/ARC ‘in Montrose, Texas,’” *This Week in Texas*, May 16, 1986, J. D. Doyle Digital Archive of Houston LGBT History, 22.

⁹³ *Ibid.*, 22.

⁹⁴ *Ibid.*, 23.

⁹⁵ *Ibid.*, 25.

Douglas . . . isolated Jim from his friends and family, the people who cared for him, while they performed their ‘healing’ on Jim,” wrote Mike Catrett, a close friend of the late Jim Beecher who stood at the center of the controversy surrounding Douglas’s practice.⁹⁶ “Even now I am not convinced that Jim was there of his free will since we were repeatedly denied any contact with Jim while he was in their ‘care.’ And now . . . Jim is dead and the money from his checking account is lining Mr. Douglas’ pockets.”⁹⁷ In addition to accusations that Douglas’s practice led to the untimely death of one of his patients, the Montrose Counseling Center (MCC) also charged that Douglas had lied about having a special referral arrangement: “The Montrose Counseling Center does not have, nor has it ever had an ‘agreement’ to refer clients to James Douglas or the Center of the Healing Arts. Summarily, no ‘permission’ was given officially or unofficially to treat AIDS patients by any ‘alternative methods,’” wrote executive director Kenneth Vance.⁹⁸ According to Vance, Douglas’s actions threatened the integrity and professionalism that the MCC strived to maintain: “To impugn with misinformation and outright untruths the prestige of the center’s work, the integrity of its professional clinical staff and the dedication of its board of directors and administration is unconscionable.”⁹⁹ Even former AIDS Foundation of Houston president Michael B. Wilson, who had retired the previous year to deal with his own personal battle with the disease, returned to the public spotlight to caution PWHAs to be wary of “unproven” treatments, like those of Douglas’s Center of the Healing Arts. “When

⁹⁶ Mike Catrett, “Fair?,” *This Week in Texas*, May 30, 1986, J. D. Doyle Digital Archive of Houston LGBT History, 18.

⁹⁷ *Ibid.*, 18.

⁹⁸ Kenneth Vance, “Center Responds,” *This Week in Texas*, May 30, 1986, J. D. Doyle Digital Archive of Houston LGBT History, 18.

⁹⁹ *Ibid.*, 18.

a promoter crosses over the thin line and implies preventive or curative powers for complex medical conditions based upon application of simple principles, the public must be aware and take precautions to protect itself from both the naïve do-gooders and the intentional con-man.”¹⁰⁰ Wilson’s remarks highlight how gay communities were, in fact, the ultimate arbiters of legitimate medical practice, and the punishment for violating the trust of the community.

When confronted with accusations of fraud, alternative practitioners who served gay communities and PWHAs relied on these very groups to defend their practice and their legitimacy. Similarly, as Epstein noted in his study of epistemic authority and FDA-approved drugs, scientists attempt to defend their own legitimacy from accusations of fraud, malpractice, and the perceived “failure to solve problems considered socially significant.”¹⁰¹ While doctors, professional medical organizations, and state regulators sought to eradicate con artistry, those who were directly affected by HIV/AIDS saw both the potential avenues for treating their illness on their own terms and the potential pitfalls to such alternative systems. Education, word-of-mouth reputation, and personal choice defined what was and what was not considered legitimate medicine. “It is up to the public,” argued Wilson, “to be informed enough (especially when facing the reality and difficulty of a life-threatening situation) to wisely choose or reject a treatment’s merits having first investigated the product, the claims, and its promoter.”¹⁰² In addition to self-education, there was also a call to ask questions and voice skepticism toward any treatment that PWHAs felt unsure about.

¹⁰⁰ Michael B. Wilson, “The Promotion of ‘Unproven Cures,’” *This Week in Texas*, May 30, 1986, J. D. Doyle Digital Archive of Houston LGBT History, 20–21.

¹⁰¹ Epstein, *Impure Science* (n. 4), 16–17.

¹⁰² Wilson, “Promotion of ‘Unproven Cures’” (n. 100), 23.

Outspoken Los Angeles HIV/AIDS activist Michael Callen urged such patient skepticism, which he argued was important in finding the right healer or treatment: “People who are seriously committed to helping you save your life will understand your questioning. They will understand that you are searching for the truth, and that truth benefits from being tested by skepticism. The best doctors encourage their patients to share responsibility for healing.”¹⁰³ For Callen, such healthy skepticism was important not just for AIDS patients’ well-being. Callen warned that scientific consensus had long suppressed other forms of treatment from being available to patients. Only by being skeptical of the mainstream, educating oneself, and keeping all options open could one find a treatment best suited to one’s needs.¹⁰⁴ These sentiments reflected the conditions of the new medical marketplace that had emerged by the mid-1980s, in which gay communities developed their own criteria for what constituted good medical care, meaningful patient-doctor relationships, and effective treatments.

While this article was by no means a comprehensive examination of every single alternative therapy used by PWHAs and gay men during the epidemic, the ones shown here highlight debates on efficacy and legitimacy at a time when there was increased scrutiny against traditional medical authority. This alternative medical marketplace allowed gay men and PWHAs the ability to manage their own health care needs without needing to worry about a doctor’s approval or lack of financial resources. With white and Latino middle-class gay men and PWHAs being the most visible groups to participate in the alternative medical marketplace, this article would like to acknowledge the lack of African American and working-class gay men and PWHAs in the source base. Much has already been written about the experiences of African

¹⁰³ Michael Callen, *Surviving AIDS* (New York: HarperCollins, 1990), 195.

¹⁰⁴ *Ibid.*, 195.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine*, vol. 99, no. 3 (Fall 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Americans and HIV/AIDS as well as the socioeconomic barriers facing African American gay men and PWHAs during the 1980s and 1990s.¹⁰⁵ This would certainly be a major contributing factor for the lack of visibility in gay publications for African Americans and working-class gay men and PWHAs. However, this alone would not be enough to explain the lack of visibility, as all the locations in this article had major African American and working-class populations. Could this lack of visibility in the alternative medical marketplace be the result of discrimination against African American and working-class gay men and PWHAs? If so, why? Or was it simply the result of gay publications and newspapers failing to include the voices of these groups? While this article does not have an answer to these questions, it would be interesting to see if future research on this subject could give us a clearer grasp on the scope and limitations of the alternative medical marketplace for HIV/AIDS. One thing is certain though, the reemergence of alternative medicine in the era of HIV/AIDS was another contest over medical knowledge between laypeople and traditional medical authority, and it is unlikely to be the last.

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TIMOTHY VALE is currently a visiting instructional assistant professor at the University of Houston Honors College.

ACKNOWLEDGMENTS: I would like to thank the commentators, Carolyn McLaughlin, and the *BHM* editors for their wonderful feedback on the early drafts of this article. All of you have helped me think about ways in which to include more voices into the scope of this article. I would also like to thank the curators and staff at the ONE Library at the

¹⁰⁵ See David McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900* (Albany: State University of New York Press, 1991); E. Patrick Johnson, *Sweet Tea: Black Gay Men of the South* (Chapel Hill: University of North Carolina Press, 2008); Dan Royles, *To Make the Wounded Whole: The African American Struggle Against HIV/AIDS* (Chapel Hill: University of North Carolina Press, 2020); Stephen J. Inrig, *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South* (Chapel Hill: University of North Carolina Press, 2011).

University of Southern California, the University of North Texas Special Collections, and the Manuscripts and Archives Division at the New York Public Library for their assistance in helping me navigate the vast archives on HIV/AIDS history. In particular, I would like to thank Michael C. Oliveira of ONE Library and Jodi Rhinehart-Doty of UNT for not only helping me scour every inch of the archives for valuable research material, but also awarding me the opportunity to visit Los Angeles and Denton via the Wallis Annenberg Research Grant and University of North Texas Special Collections Research Fellowship. For this, I am eternally grateful. I would also like to thank local Houstonian and gay activist JD Doyle, for his tireless work in digitizing thousands of pages of archival material relating to Houston LGBTQ+ history that has formed the backbone of this article. Lastly, I want to thank my advisors Drs. James Schafer, Katie Batza, Leandra Zarnow, Nancy Beck Young, and the late Eric Walther for their tireless support over the years.