

Lesbian Landlord

by Aliza *

Nearly a year ago, my lover Julie bought a house in a working class neighbourhood. In the past, the neighbourhood had been home to many ex-psychiatric patients, but not any more. My lover assured me that the psychiatric patients were moving out. "Wrong," I thought to myself, "they were moved out by property owners like you!"

Julie renovated her new house, put up new walls and fancy track lighting; she redid the plumbing, painted, and decorated. Of course, she also created a basement apartment with a separate entrance. She doubled her potential income by making physical changes in the building. "I've got to pay the mortgage," she said.

Julie rented out the apartments she created in her house to Very Respectable People. All straight. All white. All middle class. All employed well enough to pay her Very Outrageous Rents. She had put her apartments out of reach of people like me who earn only working-class wages. I asked her why she charged so much money.

She responded, "I've got to make the mortgage payments. And besides, there are rent controls. I've got to make some money. My base rent has to be high, so I can still make a bit of a profit."

Julie and I were "married." We'd exchanged rings, had a ceremony, lived together, and were planning to have a child. We even had names picked out—"David" for a boy, "Alicia" for a girl. Her investment property created serious problems between us. I became very angry at her. I was furious that she'd bought a house and neglected to mention it to me. I was angry at my own exclusion. I guess she knew how I would feel about what she'd wanted to do. We'd spoken lots about housing issues—I worked with homeless people until my contract ran out. I believed that by buying a house in one of the few "cheap" neighbourhoods and then gentrifying it, Julie had created even more homeless-ness. She had displaced the very people I worked with. Ironically, Julie is a social worker too, primarily with low-income families. How could she not see the connections between *their* poverty and *her* property?

When I confronted her on the contradictions in her own job, she answered, "But I'm creating high quality affordable housing." She apparently did not understand the politics of the real estate market, nor my own emotional reactions.

Julie had over \$80,000 from an inheritance, so of course she could buy a house, invest in whatever she wanted. Me, I had only an outstanding student loan. My parents had no money to give me. She said I was jealous. Well of course I was jealous. I wanted inherited money too! What was not mentioned in our interchange is that if I ever did inherit money (an unlikely scenario) I'd spend it very differently. I'd start a worker-oriented business, some sort of land trust or community, or create something of social benefit. I would certainly never use all of the money for personal profit.

Julie, on the other hand, was proud of her investment, oblivious to my political protestations. She pointed out two health food stores and posters advertising feminist events and hippie-types who had moved into the same neighbourhood, as though to say that these semblances of "alternative" culture made it O.K. for her to move other types of people out. "Besides," she argued, "Everyone else is buying houses and renovating. Why shouldn't I? My money is being devalued just sitting in the bank!" She continued emphatically, "I am not a slum landlord. I am a *good* landlord!"

A "good landlord" is a contradiction in terms, just like "military intelligence." Landlords buy property with a 25 percent investment and then get others less fortunate to pay their mortgages (the other 75 percent) for them. How can this very basic economic injustice be considered "good?" Landlords invest in the status quo. I especially hate absentee landlords. I hated them even more when my lover became one.

I tried to confront Julie on her own hypocrisy, about the contradiction between having done workshops on class oppression for other middle-class women and yet adamantly refusing to listen to what her own working-class lover was saying. "I can't always be consistent," she said.

Julie and I lived together in a cheap apartment. When things got rough, we agreed to break up. I wanted her to move out. I was unemployed, with few economic resources. I asked her why she didn't just move into her own yuppiefied home. "I can't afford the rent," she replied scornfully. "Besides, it's an *income* property!"

Now I'm one of the homeless people I used to work with. At least I know about the hostel system, the food banks, the housing registries, and all the other resources. I'm more privileged than the other homeless people I know.

My friends put me up, fed me. I have "middle class" clothes—an expensive suit with which to impress prospective landlords—and a vocabulary that can match the situation. I eliminate "bad" grammar like "aint," and "y'all" from the "educated" tenant they so desire. They will not be aware that up to 60 percent of *my* income will go towards paying *their* rent. Still, I know I will not be "homeless" for long.

Now I feel sad and dejected. My ex-lover invested in a house, instead of in me. I guess physical objects are more stable, more reliable than relationships with people. But still, she's got a job, a car, a house, a cheap apartment *and* money in the bank. I'm the one who got forced onto the street. It's simply not fair!

Julie called the other day. She wants to be "friends" now. She says she doesn't understand why I'm so angry.

* Names have been changed.

AIDS

U.P.D.A.T.E

• By Sean Hoseir •

Researchers in England have given 10 people (4 with ARC and 6 with AIDS) transfusions of antibodies from HIV infected healthy donors. There were no side effects in the process which is known as passive immunization. All the patients who received the antibodies were able to halt production of HIV and raise their own levels of protective antibodies to amounts greater than those received in the transfusion. Five of the people improved, 2 remained stable while 1 developed PCP and another became depressed and lost 17 kg in weight. The T4 cell counts of the patients did not increase substantially. The researchers concluded that passive immunization is less toxic and more effective in reducing HIV production than any other current therapy. The cost of research was financed by the Montreal based company, Medicorp. This article was based upon the original research paper.

Special report—Dextran Sulfate

We are now in the 7th year of the AIDS pandemic with no "magic bullet" against the plague yet available. All of the anti-HIV agents tested have severe side effects. One substance which appears to be a promising low toxic antiviral therapy is dextran sulfate.

For more than 20 years it has been used in Japan and other countries to lower blood cholesterol and to thin the blood. Even though the antiviral properties of dextran sulfate have been known since 1964, it is only in the past two years that extensive research on these properties have taken place. Dextran sulfate works as an antiviral agent in four ways:

- it blocks HIV from attaching to all cells
- it stops infected cells from merging with neighboring healthy cells to form clusters of giant infected cells or syncytia
- it inhibits a vital enzyme (reverse transcriptase) which is needed if HIV is to replicate *Proc Natl Acad Sci USA* 1988;85:6132-6136.
- it strips the lipid coat off of HIV thus inactivating it. Other viruses such as CMV, EBV and HSV (herpes) all of which are co-factors in AIDS, also have lipid coats and are killed as well.

Dextran sulfate is the name given to a group similar substances which differ from each other by their molecular weight. For instance one group of dextran sulfate weighs 5,000 units while another

No "Magic Bullet" but Dextran Sulfate Shows Promise

weights 60,000 units. Scientists in Belgium have recently conducted experiments which show that the dextran sulfate which weighs 10,000 units has the strongest anti-HIV activity.

According to Toronto-based doctor, Michael Hulton, who has recently visited West Germany, research with dextran sulfate is very advanced there with a German company developing a drug similar to dextran sulfate called HB 946. This drug can be taken by mouth and has more powerful antiviral properties than dextran sulfate. Preliminary results in a small group of people indicate that HB 946 causes the amount of T4 cells to increase, nor does it have any severe side effects.

Meanwhile, scientists in Belgium and the USA have discovered that the drug pentosan polysulphate has stronger antiviral properties than dextran sulfate. The pentosan polysulphate had a molecular weight of 5,000 while the dextran sulfate used had a molecular weight also of 5,000. *Antiviral Research* 1988;9:335-343.

Plants provide antivirals

Substances which can interfere with the attachment of sugar molecules to the envelope of HIV may be potential anti-HIV drugs. One of the drugs, castanospermine, comes from Australian chestnut seeds, while another, DMJ is isolated from the root of the black mulberry tree. The third compound, DMDP, is extracted from a tropical bean. All three substances resemble common sugars such as glucose and fructose and work by inhibiting enzymes that make the envelope of HIV. A derivative of castanospermine, 6B-castanospermine is made by the American company Merrill Dow, and is 10 to 20 times stronger than castanospermine against HIV. *New Scientist* 28 November 1988, page 23.

Recently scientists have made B-DMJ and found that it was stronger than its parent compound. More significant is research which suggests that B-DMJ could remove HIV entirely from cells. This raises the possibility that HIV infected people could have their bodies cleansed of all HIV, even latent virus. *Proc Natl Acad Sci USA* 1988;85:9229-9233.

Chinese Herbs

Scientists at the University of California have screened traditional Chinese herbs for anti-HIV activity and found that the herb with the strongest antiviral property was Viola yedonensis (also known as Zorina diphylla). This herb has been used in China for many years to treat viral diseases such as hepatitis and the common cold. The scientists have also managed to extract the active ingredient from the herb, which seems to work by stopping the virus from making new copies of itself (replicating). *Antiviral Research* 1988;10:107-116.

Foscarnet, a drug which has anti-HIV and anti-CMV effects can now be given to patients at home. A doctor in London, England, who was one of the first to write about using aerosolized pentamidine at home has recently written about one of his patients who has been giving himself infusions of foscarnet at home. While at first home care was not easy, the benefits to the patient included a sense of independence, increased morale and self-confidence because of the control over his illness which the patient was given. *Lancet* 1988;2:1311.

IMMUNE BOOSTERS

Aloe Vera

Scientists at the university of Texas have conducted experiments with an extract of the aloe vera plant called carrisyn, and found that had an immune boosting effect on cells of the immune system. The drug enhanced interactions between T-cells and macrophages two of the cells that are attacked by HIV. The doses used in the experiment could be obtained in human if only a third of the oral dose was absorbed. Carrisyn has been shown to have antiviral effects as well. Carrington Labs in Texas extracts drug from aloe vera, but prevented from making capsule Carrisyn by the Food and Drug Administration. The company divides the drug in aloe vera juice sells it as a health food drink. *Journal of Immunopharmacology* 1988;8:967-974.

CO-FACTORS IN AIDS

Syphilis

American researchers have affirmed what many people suspected; syphilis in HIV infected people is resistant to the standard CDC recommended therapy: a time dose of 2.4 mIU (million international units) of benzathine penicillin. In their study of patients, at least 40% of whom untreated primary or secondary syphilis also had syphilis infection of their central nervous system (CNS) (the brain and spinal cord). Once the syphilis parasite enters the CNS it is safe from benzathine penicillin which cannot penetrate into the brain or spinal cord. HIV infected people treated with this tend not to completely recover syphilis. These patients treated with procaine penicillin 2.4 mIU, and 500 mg probenecid times per day, both for 10 day treatment appears to prevent syphilis from happening. It should be noted that none of the HIV infected patients had a severely suppressed immune system or AIDS and it is possible that this combination dose of drugs may not be effective for people living with (PLWAs) who have syphilis. *Journal of Internal Medicine* 1988;109:855-862.

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