



The CARE Program and Clinics are affiliated with St. Mary Medical Center

People Who CARE

The Straight Story

Heterosexuality And HIV Transmission

BY PAUL LOVELY, EDITOR

It's no secret that HIV infection continues to sweep the globe. It's also fairly common knowledge that worldwide, a vast majority of people living with HIV were infected through heterosexual sex.



If you're HIV-affected and you're reading this—whether you're straight or gay—you know that even here in the U.S., HIV is much

more than simply a "gay disease."

In fact, HIV transmission patterns have shifted dramatically over time. In 2004, 31% of new AIDS cases in the U.S. resulted from heterosexual transmission of the virus—up from 3% in 1985. Over that same period, the share of new AIDS diagnoses attributable to sex between men fell from 65% to 42%. AIDS cases due to injection drug use peaked at 32%, and dropped to 22% by 2004.

Unfortunately, there are still straight folks (and gay ones too, for that matter), who mistakenly think that they are not at risk for HIV. 69% of Americans polled in a recent Kaiser Family Foundation survey stated that they are not personally concerned about becoming HIV-infected. These false assumptions and mistaken beliefs lead to thousands of new HIV infections each year among heterosexuals in this country.

LUST, TRUST AND LATEX

At lunch today, I asked a (somewhat rhetorical) question: "Why don't straight men want to use condoms?" The immediate answer from a female coworker: "For the same reason gay men don't." Fair enough. Guys don't like condoms much, no matter what their sexual persuasion. Things just don't feel as good once latex is deployed. There are, however, certain aspects of heterosexual male sexuality that have been discussed in HIV-related literature that are sited as roadblocks to some straight men adopting safer sex practices.

First, masculinity has been traditionally associated with risk-taking, while women tend to be regarded as the responsible gatekeepers and guardians of sexual safety. Second, male sexual pleasure tends to be prioritized, and for many straight men, penis-in-vagina ejaculation is the ultimate definition of "real sex."

Heterosexual men's adoption of safe sex may be further limited by their assumptions based on women's physical appearance and perceived sexual histories. Some men are said to distinguish between two types of women, "clean" vs. "unclean" (sometimes referred to as the "Madonna/Whore Complex"). They may make decisions about whether or not to practice safe sex based on these assumptions.

Expected or perceived monogamy in a rela-

(Continued on page 7)

Straight Talk From Two People Who CARE

BY DIANE BURKHOLDER, STAFF COLUMNIST

We have dedicated an issue of *People Who CARE* to not only provide a voice for our straight clients, but to provide inspiration, encouragement and guidance to those who might feel as though their voices aren't necessarily heard. Here are the stories and viewpoints of a CARE staff member and a client who will provide insight into a population who is often overlooked and underrepresented in the HIV/AIDS community.

Raul Diaz, MA, CARE employee since 2003.

Raul is a 24-year-old medical assistant at the CARE clinic. (Note: he recently left CARE to complete studies for an RN degree.)

CARE: As a medical assistant, why did you want to work at the CARE Clinic?

Diaz: I am working toward obtaining a degree in nursing. I feel that working in a clinic that

(Continued on page 4)

Inside this issue:

Disclosing HIV status to children	2	What's the word on straight vs. gay?	5
Resources for HIV+ heterosexuals	3	News Briefs	6

Staff Forum: Disclosure Of HIV/AIDS To Children

By JEFF REED, LCSW

There are many instances in which the disclosure of HIV/AIDS must be considered for persons living with the disease.

With which of my family members, friends and colleagues will I be open?

In accordance with the theme of this newsletter, I want to discuss and explore challenges that parents/guardians often face when they have children living with HIV/AIDS.

Although perinatal transmission of HIV/AIDS has not been the primary means of the spread of the disease, several children have been born with HIV/AIDS or have acquired it from breast milk or blood transfusions.

Further, many adoptive parents in the U.S. and elsewhere have adopted children with HIV/AIDS. Caring for children with chronic and terminal diseases presents parents with unique challenges. Most of us probably had experiences growing up where our parents, caregivers, relatives or friends minimized certain events for the sake of our "childhood".

Indeed, children facing cancer often have playful stories about "germs in their blood" that need to be *beat by the child's super duper white blood cells* for the child's health to continue.

At the core of these types of communication is the parents' desire for an innocent childhood for their child and the concern about when it is appropriate to tell the child the whole truth about the disease with which the child is infected.

Imagine a situation where a father has died of AIDS and the mother is raising her child of 10 years by herself and they

are both HIV positive. Until HIV is discussed openly, many family secrets might be maintained about (1) how Dad died, (2) why Mommy and I take pills, (3) and why do I (the 10 year old child) go to the doctor more



Jeff Reed

than my friends? I raise this example because I am aware of many like it in real life.

Many of the clinical experiences I have had along with psychological research have shown that children actually cope better when they are correctly educated about the diseases with which they are infected. Parents often ask when they should discuss such matters with their children.

I would not hold to any particular age rigidly, but 10 years of age plus or minus two seems to be an appropriate age range for disclosure of HIV and other serious illnesses. I think that the cognitive development of 10 year-old children is sufficient for them to better understand illness. Yet, I have seen exceptions made based on maturity where parents wait until 12 or share HIV information with their child when the child is seven or younger.

Clearly, terminal pediatric illnesses drastically increase the pressure for making decisions about the communication of illness between parents and children.

Parents have legitimate concerns in sharing information like this with their children. Topics like HIV/AIDS are already loaded in the public sphere and parents worry about their HIV-infected children becoming depressed, marginalized or even suicidal.

Such concerns are reasonable, but some parents make the big step of disclosure

only to find out that their child already knows about his/her HIV status. All it takes is a keen brain, the name of Sustiva on a prescription bottle, and an internet connection. The bottom line is that if you wait until the child is 12, you may be too late. According to California law, a child who is 12 years of age or older may get tested, counseled and treated for any sexually transmitted disease (of which HIV is one). Further, the provider may NOT disclose this information to the child's parent/guardian without the minor's consent. In other words, the child can then keep a secret from the parent!

Disclosure of HIV to children is such a difficult and complex topic that there is no way I can do justice to it in such a short article.

However, I would be remiss if I did not include a brief discussion of guilt. This is particularly the case in families where the parents and the children are all infected with HIV.

Let's assume a scenario in a heterosexual family where HIV is transmitted from father to mother to child. Whether or not there were high-risk behaviors on the part of one or more of the adults, parents who are part of the chain of transmission of HIV to their children often are plagued by much guilt.

This guilt has ardent ramifications that extend to disclosure, attachment and even parenting skills. In families where this guilt exists, it must be acknowledged and explored and worked through in order for the adults to engage in the parenting process in a healthy manner.

Many families bury their guilt deep along with the secrets of HIV and there is a point where

these secrets become unproductive.

As mentioned earlier, maybe the *minimized stories of illness* play a role in softening the blow of a serious childhood illness while the child is young.

Yet, no parent wants that table to turn so that their child calls them a liar. No parent wants the retort, "Why have you been lying to me all of these years?". Each family must carefully consider these questions and decisions with their own children.

Of course, clients of the CARE Program can always utilize CARE professionals to aid them in preparing for and actually disclosing HIV/AIDS.♥



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All CARE clients and staff are invited to send us comments, artwork, poetry, photographs, essays or other writing. Include your name, address, phone number. All submissions are printed at the discretion of the editors.

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The Onion Beaver



Chatmag.com:

"Comprehensive List of AIDS/HIV and Poz Chat Rooms on IRC and The Internet". They're not all heterosexually-focused, but you'll find what you're looking for.

www.chatmag.com/topics/health/aids.html



HIVSTRAIGHT: Lots of general HIV info as well as links for social groups all over the country. www.geocities.com/gene316/

Positive Connections: Very comprehensive site run by the Center for Positive Connections, geared towards heterosexual people living with HIV/AIDS. Chat, personals, nationwide buddy list and support group contacts, plus an annual cruise and retreats. Check out the whole site.

www.positiveconnections.org/

PositiveSingles.com: Dating site for folks with all manner of sexually-transmitted infections, including herpes as well as HIV. www.positivesingles.com/

POZ.com: Free online personals service from POZ Magazine. Contact POZ for more information: personals@poz.com www.positivepersonals.com/browse.asp

PozMatch.com: Personals ads from the Living Positive Community. Global and all inclusive. www.poz-match.com/index.php?page=index

TheBody.com:

Bulletin boards for all, including heterosexuals, in both English and Spanish. More information than dating focus, so mind the guidelines. www.thebody.com/bbs/forums/html

Support Groups

APLA: HIV positive heterosexual men and women. Meets on Monday, please call for time. Some support groups require an intake/assessment session. 611 S. Kingsley Drive, Los Angeles, CA 90005 213.201.1621

Being Alive: People with HIV/AIDS Action Coalition: Heterosexual men and women's group meets the first and third Thursday of each month 7 to 9 p.m. 5160 Vineland Ave., Px Comm. Rm. #101, North Hollywood, CA 91601 310.289.2551 or 818.342.7160

Bienestar Human Services, Inc.: Spanish-speaking HIV positive Latino heterosexual men and women. Meets Tuesdays at 7 p.m. Spanish-speaking HIV positive Latina heterosexual women. Meets Wednesdays at 4 p.m. 4955 Sunset Blvd., Los Angeles, CA 90027 323.660.9680

Heterosexuals with HIV/AIDS. Meets Thursdays 4 to 6 p.m. 5326 E. Beverly Blvd., Los Angeles, CA 90022 323.727.7896

Support group for HIV positive heterosexual persons. Meets Tuesdays 4 to 6 p.m. 1020 E. Pacific Coast Highway, Long Beach, CA 90806 562.591.5191♥

Frontrunners' Gift To CARE



CARE receives \$1,500 from Long Beach Shoreline Frontrunners during 2007 Pride Week. From left: Bill Hicks, Frontrunners president, Dr. Mark Davis and John Blasco representing CARE.♥

Straight Talk From Two People Who CARE

(Continued from page 1)



Raul Diaz

specializes in HIV care would not only be a good learning experience, but I would be able to help people more than in a general practice office.

CARE: How do you feel about the environment at CARE? Since our culture promotes straight lifestyles and portrays it as the "norm", do you think that our straight clients feel uncomfortable or out of place because they are not the majority?

Diaz: No. I feel like our clients, straight or gay, create a strong sense of community within the clinic. Everyone seems to get

along and I think that it contributes to the overall health of the clients. If a person feels comfortable in a medical setting, I think that they are more likely to be more responsible about their health because they see that we really do care about each other.

CARE: Since a majority of CARE's male clients are gay/lesbian and you are a straight male, have you ever felt out-of-place at the clinic?

Diaz: I have thought about the contradictions between my Catholic background and those that I serve. I have come to see that everyone is different and I respect the fact that we are all so diverse.

If anything however, I feel more comfortable here at the Clinic that I would in other medical settings. Some people assume that I'm either bi or homosexual, but that doesn't bother me. I don't feel like I have "act" macho and rigid all of the time; I don't feel like anyone places judgment on me. I can say words like "fabulous" and not get strange looks from those around me. I can be me and not be "in a closet".

CARE: You marched with CARE for the first time during the Long Beach's 2005 Pride parade. How was that experience?

It was a lot of fun. I enjoyed seeing many of our clients along the parade route. I didn't like seeing the anti-gay protestors. I respect that they don't approve, but they did not need to try to force their opinions on to others who were there just a good time.

DJ, CARE Client since 2004.

DJ is a 57-year-old African American woman. She is a mother of 5 children, ages 32 to 42 and has 32 grandchildren plus one great grandchild.

CARE: What were your overall feelings about HIV before you were diagnosed?

DJ: I didn't think that it was a "gay" disease. I knew that HIV didn't discriminate and anyone could get it, but I just didn't think that I was at risk. I used drugs intravenously for three years, but I didn't share my needles. I had a boyfriend at the time and didn't have a lot of partners.

CARE: Why were you tested for HIV? Was it a routine test?

DJ: I was seeing a general practice doctor because I had other health problems like thrush and sores on my body. I also had re-

peated bouts with pneumonia. My doctor performed a bunch of tests over two years, but I was never tested for HIV. I did not know that I was HIV+ until I was referred to an internal medicine specialist.

CARE: What were your first thoughts when you were diagnosed?

DJ: I was in shock. I thought that my world was over and I was just given a death sentence. I cried all of the way home from the doctor's office. When I got home, I told my husband of two years that I had HIV. He was very supportive and said, "OK, well, we'll have to work with it". I told him that he should get tested. He tested twice and was negative each time.

I visited the specialist until I lost my health private health insurance. I didn't know that I had AIDS until I came to CARE. I was upset with my previous doctor for not telling me. When I asked her why she didn't tell me that I had an AIDS diagnosis she said, "why does it matter? Does it make a difference?" Perhaps she didn't tell me because, at the time, I was very fragile and she thought that I would give up hope all together.

CARE: How do you feel about your diagnosis now?

DJ: It is bothersome, but it is a disease like anything else. I know now that just because I have an AIDS diagnosis, I am not going to die. My T-cells have been as low as 170, but now they are 390 and my viral load is undetectable.

CARE: Is anyone else aware of your status besides your husband?

DJ: No, I have decided not to tell my children. I think that two of them would worry a lot and two others wouldn't be able to handle it and would possibly become distant. What is the difference if they know or not? If I pass, I pass. Now is just not the time to disclose my HIV status to them. My good friend in Texas doesn't know either. I don't think that it would bother her because she has a cousin who is HIV+, but I just haven't told her yet.

CARE: Where do you find HIV related support since most of your family does not know that you are HIV+?

DJ: My husband is very understanding. He is diabetic and can understand what I go through. I had a bad day last week because I was at a doctor's office all day. When I got home, I was exhausted and frustrated. When my husband saw that I was upset, he to the store and surprised me with a beautiful bouquet of flowers!

I also receive great support from CARE clients and staff. I have made some friends with other women in the program. We are there for each other. They have families like mine and we are able to talk about all of life's issues.

I go to church, which helps a lot. I attend services and often make food when we have a special service. I live day by day and try to live my life to the fullest. I am thankful to God for everything that I have and allowing me to wake up every morning.

CARE: What message would you like to give to HIV- women?

DJ: All women, or all people for that matter, should be tested for everything, including HIV. Women should be tested for HIV during the same visit as their PAP smears. It is not tested for unless the doctor thinks that they are at risk. That can be everyone and women assume that they are being tested, but they don't ask.

(Continued on page 5)



Getting It Straight: I'm Happy, Carefree And Frivolous

BY KENT SPEIRS, EDITOR

After a half century of exploring the craft of writing, it's easy to understand why I've developed more than a passing fascination with words.

So, when we picked the theme for this issue of *People Who CARE*, I got to thinking about the key words you've seen on nearly every page: straight and gay.

Chances are, when you read or hear these words today, you're immediately going to think of sexual orientation. But sexuality has nothing to do with the traditional meanings of either word.

For straight, *Brainy Dictionary* (<http://www.brainydictionary.com>) offers these definitions: (1) Direct; not deviating or crooked; as, a straight line or course; a straight piece of timber. (2) Composed of cards which constitute a regular sequence, as ace, king, queen, jack and ten. (3) Conforming to justice and rectitude; not deviating from truth or fairness; upright; as, straight dealing. (4) Unmixed; undiluted; as, to take liquor straight. (5) Making no exceptions or deviations in one's support of the organization and candidates of a political party; as, a straight ballot. (6) In a straight manner; directly; rightly; forthwith; immediately; as, the arrow went straight to the mark.

Therefore, a guy who's straight as an arrow will tell a straight story; nothing but the straight dope, straight from the horse's mouth. He's a straight shooter, plays it straight and shoots straight from the hip.

He shaves his beard with a straight razor. Drinks his cocktails straight up. And will probably win at poker with nothing less than a straight flush. Ask him questions and he'll give you straight answers that set

the record straight. And, in love, he's all straight from the heart. Moreover, he'll warn you that anyone who veers from the straight and narrow ends up going straight to hell.

Notice that our friends at *Brainy Dictionary* fail to mention that straight is also mid-20th century gay slang for heterosexuals. One of the first uses of the word in this way was in 1941 by author G. W. Henry. Henry's book concerned conversations with homosexual males and used this term in connection with the reference to ex gays. Though not originally intended to refer to heterosexuals, like the meanings of many words, its primary usage has changed over time.

As for gay, let's go back to *Brainy Dictionary*: (1) Excited with merriment; manifesting sportiveness or delight; inspiring delight; livery; merry. (2) Brilliant in colors; splendid; fine; richly dressed. (3) Loose; dissipated; lewd. (4) An ornament.

Give me a break, brainy one. In this century (and most of the last), the one and only usage of the word gay ignores the traditional meanings above and has come to mean one thing and one thing only. Need (or dare) I say queer?

As a kid, I loved a cowboy movie named *The Gay Caballero* (a B western starring the very straight Cesar Romero as The Cisco Kid.) But today that title sounds like it was the prequel to *Brokeback Mountain*.

And, if I were to comment, "Isn't he gay?", would you possibly think I meant the fellow is lively, merry and richly dressed?

Not likely.

It's pretty obvious that the primary meaning of the word gay has changed dramatically from the original "carefree", "happy", or "bright and showy".

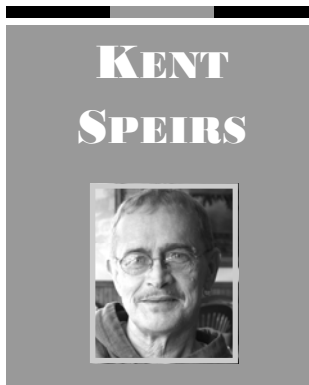
The use of gay to describe homosexuality shows up as early as the 1920s and by the mid-20th century was well-established as an antonym for straight.

Current usage started to become mainstream in the 1960s, when gay became the term predominantly preferred by homosexual men to describe themselves. In contemporary usage, the adjective gay usually describes sexual orientation.

While gay applies in many contexts to all homosexual people, the term lesbian is gender-specific and gay is sometimes used to refer only to men.

And, so ends today's discussion about just two of the words we speak and write. (Funny thing, our English language.)

If this were a contest, I guess straight, with its multiplicity of meanings, would easily be the winner. But, frankly, I'm perfectly content to be happy, carefree and frivolous.♥



Straight Talk From Two People Who CARE

(Continued from page 4)

Just because a couple has a stable relationship, doesn't mean that they are being safe or not at risk. Honesty and communication is the most important part of a relationship. They should get tested together so they aren't caught off guard later on.

CARE: Do you have any advice for someone who is newly diagnosed?

DJ: Find someone to talk to whether it is a counselor or a friend. Educate yourself about everything related to HIV, as it will make it easier for you to understand the disease. HIV is not death sentence and I have learned to live with it and have surrounded myself with great, supportive people.♥

News Briefs: Of Interest To Positive Men And Women

BY DAVID CHAILLÉ, STAFF COLUMNIST

Genotype Resistance Testing

Genotype testing is used to determine whether a patient has resistance to one or more anti-retroviral drugs used in HIV therapy. However, a 2004 U.S. treatment guideline advises against the use of such resistance testing when a patient's viral load is below 1,000. This guideline is based on a belief that a low viral load would not produce accurate test results. In practice, this guideline presents some problem in regard to persons with persistent low viral loads (50-500 copies). A small study of the TruGene HIV-1 Genotyping kit suggests that accuracy is maintained with viral loads below 1,000.

(thebodypro.com)

Tuberculosis and HIV

An HIV-positive person who develops tuberculosis and who has a CD4 cell count above 250 can postpone the start of anti-retroviral therapy. The delayed start of HIV treatment does not present a risk that the person will develop an additional AIDS defining illness or will experience a drop in the CD4 cell count. This finding is important since patients often must wait two months after completing their six-month course of TB treatment before starting HIV medications.

Unlike other AIDS defining conditions that occur when a person has a CD4 cell count below 200, Tuberculosis can occur in HIV-positive persons with only a modest immune suppression.

(AIDSmap.com)

New Tuberculosis Drug

A new anti-tuberculosis (TB) drug called moxifloxacin was reported as effective as another TB drug, ethambutol, when used in a four-drug anti-TB combination. Moxifloxacin is of particular interest to people with HIV because, unlike many other anti-TB drugs, it does not interact with medications used to treat HIV.

(AIDSmap.com)

Male Circumcision

A study in South Africa suggests that male circumcision may provide some protection against female-to-male HIV-1 infection. The rate of protection was deemed to be around 60%. In a follow up article, Dr. Tony Mills, MD, an HIV specialist in West Hollywood, states that the study's findings are equally applicable to men who have sex with other men. That is, an uncircumcised insertive sexual partner is at a

greater risk of contracting HIV that a circumcised insertive sexual partner. The article notes that the circumcision rate in the U.S. peaked at 80% in the 1960's and 1970's. Since that time, the circumcision rate has drop to about 55%.

(PLoS Med)

Negative Men Using HIV Medications

There is a growing practice of HIV-negative men who have sex with men (MSM) taking the antiretroviral drug tenofovir (Viread), one of the drugs classified as a "reverse transcriptase inhibitor." Apparently, these men believe that tenofovir protects them from HIV infection especially before risky behavior. Tenofovir is being sold in gay dance clubs and even being prescribed by some doctors. A survey of gay pride events in four cities revealed that 7% of the HIV-negative men had used an HIV medication and 20% said that they had heard of men who do. Medical experts caution that there is no evidence that tenofovir is safe to use as a HIV preventative and that such use may lead to resistance to the drug.

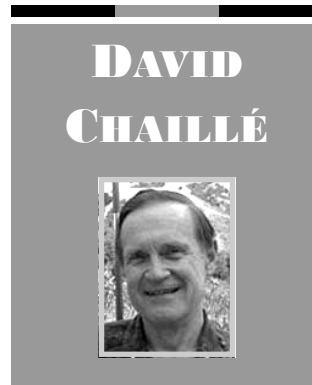
(Los Angeles Times)

(Kaiser Daily HIV/AIDS Report)

Increased In HIV-Positive Californians

In California, the number of HIV-positive residents has increased by 40% over the past 7 years. A recent study notes that there are currently about 151,000 HIV-positive residents as compared to 108,000 in 1998. The study suggests that the increased number may reflect longer survival rates due to improved HIV medications and treatment.

The study cautions that improved medication and treatment may not be the sole factors for the increase in HIV-positive Californians. It notes, for example, that there was an increase in the number of persons reporting that they had sex with more than 5 partners in the previous 2 years (10% in 1995, 24% in 2003). Furthermore, the number of Los Angeles gay men diagnosed with AIDS who reported not using condoms rose from 11% in 2000 to 26% in 2003. A survey in San Francisco showed the rates of unprotected anal sex increased from 42% in 1997 to 67% in 2003. There is also a troublesome indication that drug usage associated with high-risk sexual behaviors seems to be leading



to new HIV infections.
(thebody.com)

Methamphetamine and HIV

Researchers studied brain scans and cognitive tests of HIV-negative and HIV-positive meth users. They discovered that HIV infection and meth together can cause a significant loss of memory, motor control, verbal reasoning and information processing

speed. It was already known that both meth use and HIV infection independently affected brain function. However, the new findings show that the combination of HIV infection and meth usage results in significant additional impairment.

During use, meth causes the pleasure centers in the brain to be stimulated by increasing a chemical known as dopamine by 1,500% (contrasted with 400% for cocaine use). The user experiences an inability to sleep and impaired judgment that often leads to high-risk sexual behavior. Meth usage is typically followed by a "crash" characterized by excessive sleep, depression, psychotic or paranoid behavior. Medically, there is as much as a 60% reduction in dopamine levels one month after meth use and damaged neurons can take 6 to 24 months to recover.

(HIV PLUS)

Upset Stomach?

Over-the-counter antacids (like Alka-Seltzer, Maalox, Mylanta, Tums and Rolaids help lower the acid levels in the stomach, but they also interfere with the absorption of protease inhibitors such as amprenavir (Agenerase), indinavir (Crixivan), delavirdine (Rescriptor) and atazanavir (Reyataz). They should be taken at least one hour before or after anti-HIV medications (two hours for Reyataz).

Similarly, H2 blockers (Axid, Pepcid, Tagamet, Zantac) and proton pump inhibitors (Aciphex, Nexium, Prevacid, Protonix, Prolosec) mix badly with indinavir (Crixivan), delavirdine (Rescriptor) and atazanavir (Reyataz). Persons on these drugs should never take proton pump inhibitors. Some doctors recommend avoiding H2 blockers entirely and other doctors suggest their use at least 12 hours apart from their HIV medications.

(HIV PLUS)♥

Straight Story: Heterosexuality And HIV Transmission

(Continued from page 1)

tionship can also lead to unsafe sex based on false assumptions. Men or women can make this error, though men have the distinction of being more likely to have high-risk sex outside of their primary heterosexual relationship—potentially bringing HIV back in to it.

Also, straight men may think about condom use primarily in terms of preventing pregnancy. If a guy assumes (correctly or incorrectly) that a woman is on The Pill or using other contraceptive methods, he may be less likely to use a condom.

Finally, straight men may feel distant from the HIV/AIDS epidemic and see themselves at low risk for being or becoming infected. They may be more likely to see HIV as a “gay disease” and disassociate themselves from it—especially for heterosexual men with issues of homophobia.

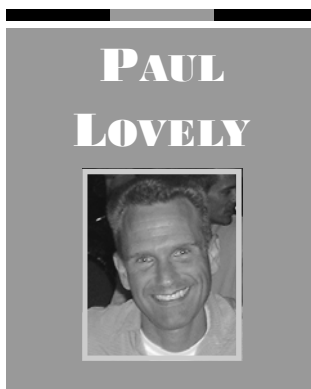
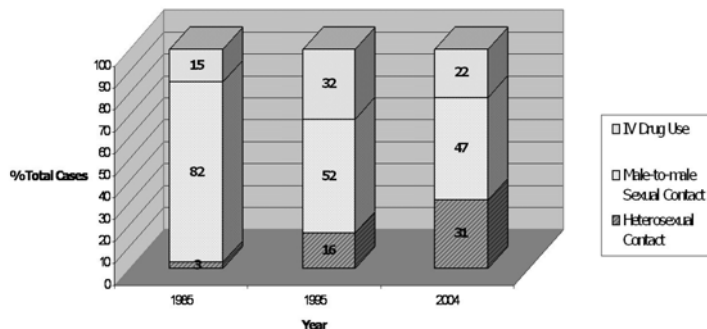
REDUCING TRANSMISSION RISK AMONG HETEROSEXUALS

Of course, the most effective way to reduce sexual HIV risk among heterosexuals is to practice safer sex—which primarily means condom use. No big surprise here, though there is no special magic that will put every guy’s wand in plastic. Increased HIV testing among straight people is also a no-brainer. There are barriers to this however, including health care providers who may not suggest testing routinely to sexually active heterosexuals, as well as testing sites (at gay and lesbian centers, for example) that straight people may feel uncomfortable accessing.

Another method of HIV prevention that gets talked about much less is treatment with antiretroviral therapy. It’s just my opinion, but I’ve always felt like this is a little bit of a taboo in the HIV prevention biz, as if talking about it will suddenly turn all us poz folks into irresponsible, sex-crazed, barebacking maniacs.

Yet it’s true (not my opinion—back to the facts) that HIV-infected people with lower plasma viral loads are less likely to transmit the virus to others. Since successful antiretroviral therapy significantly reduces viral load, treatment should also be anticipated to reduce an individual’s risk of transmitting HIV. One recent study showed exactly this—that antiretroviral treatment dramatically cut HIV transmission risk in serodifferent heterosexual couples. Also, there have been many studies that show a strong association between reducing HIV viral load with medication and reduced rates of mother-to-child transmission, a fact that can be predicted to apply to sexual transmission as well.

U.S. AIDS Cases By Exposure Category



There are many “sero-different” heterosexual couples out there—where one partner is HIV positive, and the other is negative. In addition to traditional safer sex practices, it’s completely reasonable for the poz partner to want to lower his or her viral load to very low levels with HIV meds as another means of responsibly reducing the risk of transmission.

There is also one other important method of HIV prevention that

will soon offer more protection and peace of mind to straight couples—topical microbicides. A microbicide is basically a chemical or biological compound that can be applied vaginally or anally to reduce the risk of transmitting HIV. There are several products—in the form of creams or jellies—that are currently in clinical trials.

One such product is Carraguard, which is a gel derived from seaweed that prevents infection of certain target cells by HIV and other STDs. Other candidates include PRO2000/5 gel, as well as PMPA gel, which is actually a topical form of tenofovir (best known as the anti-HIV medication Viread). The trick with microbicides is to come up with a product that is tough on killing HIV but gentle and non-irritating to the area where it is applied. It is also important that these products are inexpensive and convenient to use.

There are definitely many more questions and answers regarding HIV prevention among heterosexuals that haven’t been discussed here. There is one last opinion, however, that I’d like to squeeze in.

Whether we’re women or men, straight or gay, HIV positive or negative doesn’t matter as much as the fact that we are all human beings with pretty much the same hopes and fears.

We all deserve to be loved, and we all need to do a better job of looking out for each other. I think that’s an HIV prevention strategy that everyone can agree upon.♥

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