

Editorial

AIDS research has broad benefits

Fundamental discoveries made in one area of biomedical research often benefit a wide variety of human diseases. The following is a summary of how research on HIV and AIDS is already a proven boon to us all.

How does AIDS research benefit others? AIDS has a single underlying cause — a virus, HIV. This makes it easier to target than disorders with multiple and largely unknown causes. But AIDS research doesn't exist in a vacuum. It has become a gateway to the diagnosis and treatment of myriad diseases. For example, it has already led to a new drug for hepatitis B, the leading cause of liver cancer, and for hepatitis C, an additional cause of liver disease.

What are some examples of those benefits? Recent therapies developed to combat HIV have had a profound impact on the quality of life of people with HIV/AIDS. Less well known is how these drugs may be critical in the treatment of other diseases. For example, 3TC, a drug similar to AZT in its anti-HIV activity, has been found to block the growth of the hepatitis B virus. Similarly, the success of the HIV protease inhibitors has spurred development of similar inhibitors for treating other infections.

What about breast cancer? One promising experimental therapy for advanced breast cancer is high-dose chemotherapy, followed by a bone-marrow transplant. However, the profound immune suppression necessary for a successful transplantation often leads to devastating, even fatal, opportunistic infections, including cytomegalovirus (CMV) other herpes viruses. These conditions are common in AIDS, and new drugs against CMV and other herpes viruses have come from AIDS-targeted research.

Do HIV advances help in treating cancer? AIDS researchers have discovered antibodies and drugs that inhibit the activity of specific growth factors, or cytokines, the natural body hormones that can promote the activity of HIV. Many of these hormones also accelerate the

growth and spread of cancer cells. Inhibiting the essential cell receptors for such hormones prevents certain cancer cells from spreading. This strategy, which was used first in the experimental treatment of Kaposi's sarcoma, a cancer found in HIV-infected patients, is also being tested in bladder, vulvar and breast cancers. Additionally, small proteins and drugs that can block the growth of new blood vessels were developed to treat Kaposi's sarcoma, but are now being tested in many other cancers as well.

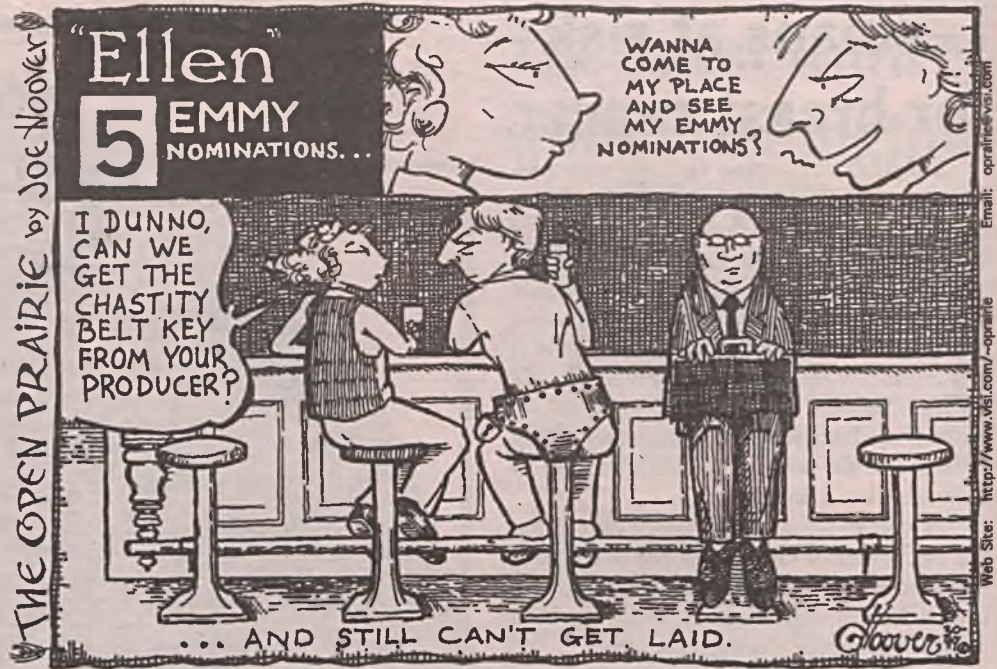
What about autoimmune disorders? Research on AIDS and HIV has stimulated interdisciplinary studies into the development of new treatments for these conditions. More than 40 percent of HIV-positive patients develop some evidence of an autoimmune problem, such as a lupus-like blood abnormality, Sjogren's syndrome and rheumatoid arthritis. For these autoimmune diseases, treatments developed in the context of AIDS should be applicable to the same conditions when they occur apart from any association with an identifiable stimulus.

Has diagnosis of other diseases improved? Extraordinarily sensitive techniques, capable of locating less than one molecule of HIV genetic material among millions of particles of extraneous material, are now available. Such techniques have made it possible to measure otherwise undetectable levels of cancer cells in individuals so that new therapy can be initiated or ongoing treatments continued.

What are the benefits to heart disease? A substantial portion of HIV-positive children suffer heart attacks and strokes. HIV appears to affect small blood vessels in the heart and the brain, rendering them vulnerable to spasms, blood clots and early atherosclerosis. The arteries of a two-year-old child with AIDS often resemble those of a 50-year-old man. It appears that in HIV infection, apoptosis injures the cells that line the small blood vessels of the heart. This same injury occurs in HIV-negative people with atherosclerosis, where its origin is thought to be certain infections of the blood vessel wall. Discovery of the means to block the apoptotic process may thus not only benefit those with AIDS, but everyone. ▼

— Jeffrey Lawrence, M.D.

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letter

AIDS, more than a crisis

AIDS is not, I repeat, not a crisis in the gay community. That's right, the Gay Outreach Program Coordinator at Triad Health Project just announced the end of the crisis, and you can say you read it here.

Now that I have your attention, let me say this: AIDS is something much worse for us. AIDS is a plague. AIDS is a holocaust. AIDS is a tremendous systemic trauma both here and in the larger community.

How has AIDS affected you? I want to know. I want to know because I don't look at health education for gay men, lesbians, transgenders and bisexuals as limited to HIV/AIDS, nor do I believe in information-driven HIV prevention programs. I believe in holistic answers to holistic problems. I can do nothing to improve this community's health, particularly relative to AIDS if we feel unsafe, oppressed, or otherwise unable or unwilling to cope with our personal and collective experiences of AIDS, or, for that matter, other health issues. This is the "new thinking" about gay and lesbian health and HIV prevention to which I fully ascribe.

According to Eric Rofes, author of *Reviving the Tribe: Regenerating Gay Men's Sexuality and Culture in the Ongoing Epidemic* (1996), one of the primary articulators of this philosophy, until public health educators, officials and providers realize this, our efforts will fall far short of their potential. Gay men's mental health conditions are all over the map. Some have coped well with the grief and losses of the epidemic. Others suffer significant grief overload; some show symptoms of post-traumatic reactions and/or serious stress disorders.

The reality is that AIDS has torn apart our sex cultures, our social networks and our individual lives. Even here, in a smaller, quieter community, our friends and lovers are still getting sick, getting infected and still hearing prevention messages. Some of us came here to

escape, but we have found that these issues persist.

The truth is gay men, both HIV-positive and HIV-negative, are tired of dealing with the whole issue. What's more, there is a whole generation of gay men, like me, who know no life apart from AIDS. These men experience higher infection rates now supposedly because they see AIDS as an older man's problem. The truth is that AIDS has so profoundly affected us that living in an ongoing epidemic has either consciously or unconsciously contributed, as a major player with other issues, to our massive substance abuse problems, our mental health problems, our collective denial, and our (false) belief that living this way is normal. The truth is that we younger men are getting infected and our older brothers still get infected and/or get sick even with treatment because we are tired of having to consistently "play safe" and be fully compliant with treatments and being told something is wrong with us if we don't do these things! The older generation is tired and now we have a younger generation that, having heard no other message, gets tired quicker.

What do I as your Gay Outreach Coordinator for Guilford County do? Well, first, I will soon complete my MPH at UNCG. I have concentrated in lesbian and gay health issues as a whole, not just HIV/AIDS, though that is the primary focus of my work. Second, the Triad Health Project (THP) program this year is radically different in content. This year, we will be talking about HIV/AIDS and every program will emphasize (a) relationships and relationship skills and (b) come out of this systemic, holistic approach to our community's health. This means THP will be collaborating with GLBT organizations in Guilford County. Workshops and groups will be the mainstay of our work together, not just random presentations and occasional group work. Also, since I have a holistic view, even though HIV is my focus, I want to be a health education resource for all GLBT citizens of the Triad, for AIDS and other GLBT mental and physical health concerns, whether in terms of information or

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QNotes

Vol. 12, No. 7 - August 23, 1997

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Issue Date

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October 4

Deadline

Monday, August 25

Monday, September 8

Monday, September 22

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