

the person's life. This high of a viral load is not seen again in the course of the infection until the last period of infection called Full Blown AIDS, which often precedes death.

Exposure to a single instance of the virus is not enough to infect a healthy individual. Over the course of evolution, the human body has developed immune responses and protections that combat a certain level of viral infection. Studies show that a critical viral mass of HIV is needed to infect a healthy person. In other words,

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if a positive person with a viral load below that critical number has sexual intercourse with a negative person, the risk of infection drops dramatically below what it would be if their viral load exceeded that level. Thus, many researchers believe that new HIV infections are on the decline in certain communities because of protease inhibitors (a main component of medication for people living with HIV) that are able to decrease viral loads, often to undetectable levels. It becomes more difficult for the virus to spread when these powerful drugs keep its numbers in check.

This is important when thinking about how HIV spreads. If high viral loads dramatically increase transmission rates, then it would seem that those two points during the HIV infection with the highest viral loads would be the times that the virus is most easily transmitted. While this is technically true, it isn't practically useful information. This is due to the fact that when a person's viral loads are so high, the body reacts with a powerful immune response. This experience is something similar to an acute flu infection. In short, it wipes you out. People often say that HIV has no symptoms at first – but this isn't entirely true. It's just that the initial flu-like infection (which lasts for a few days) is often mistaken for an actual flu infection. Thus, the moment that HIV-positive people are the most likely to infect others is the moment when they're experiencing these unpleasant symptoms. This may cause some concern for IV-drug transmission, but it's doubtful that one would be interested in having sex when one can barely get out of bed.

During the course of a "normal" HIV infection, the viral load follows somewhat of a pattern, as described above. However, other STDs complicate matters. As mentioned previously, STDs that cause open sores are an important factor for increased transmission risk, but this isn't the whole story. The other reason lies in the increased viral loads of HIV in people infected with other STDs. HIV-positive people who are simultaneously infected with another STD carry higher viral loads than those without other infections. This is yet another important reason for vigilance when monitoring STD outbreaks other than HIV. New scientific studies are

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also revealing that drug use can increase viral loads-as well, and may even speed up the course of the HIV infection.

A Call for Informed Dialogue

No one seems to be interested in discussing the reality of the HIV epidemic in the United States. Images of African countries being ravaged and freak cases of infection by nontraditional methods dominate our understanding of the disease. While it is important for the United States to help tackle the debilitating epidemic in other countries, it is equally important for us to understand the epidemic in our own country. Moreover, within our community much of what we hear is from alleged "safe sex" campaigns that often do more to scare queer men away from sex than to encourage them to play safely. Healthy sex campaigns must be sex-positive and must be founded on solid data and scientific knowledge, or we can expect to see more panic and side effects such as the "bug chasers."

I want to stress the fact that I am not interested in promoting unsafe sex – consistent condom use is vital to keeping HIV on the decline. Heavy drug use (namely crystal methamphetamine) and the subsequent risky sexual behavior some men are engaging in are threatening to destroy the progress our community has made toward eliminating the virus from the community. I do not want to belittle the threat that HIV poses to our community. That said, I am interested in the facts – specifically those that aren't being discussed. No one seems interested in telling you that if you use protection consistently, regularly get tested for HIV and other STDs, and communicate honestly and openly with your sexual partners, there is no reason why you cannot lead an active sexual life free from fear of contracting HIV. Can condoms break? Yes. Can the virus be transmitted during oral sex? Yes. But the gap between possibility and probability has been skewed, and when dealing with a virus like HIV, we cannot afford to wallow in ignorance.

Editor's Note: Trevor Hoppe is a senior political science major and sexuality studies minor. He would like to thank Professor David Halperin from the University of Michigan for assistance with this article.