

Are we drowning?

Continued from previous page

safe" messages and have gay and HIV/AIDS groups rooted firmly in place—cities like San Francisco and New York City—are reporting alarming increases in unsafe sexual behaviors among gay and bisexual men.

A study last year involving HIV-negative gay men in New York City—a metropolis where half the gay men are estimated to be living with HIV—found up to a quarter of those questioned said they had had anal sex without a condom with another man who was either positive or of unknown status within the previous three months. Another survey of gay men in several smaller cities found up to a third had had anal sex without condoms within the previous two months. And a soon-to-be-released study of young men in San Francisco finds the rate of new infections has nearly quadrupled since 1987.

"Studies indicate that 2.5 percent of the gay population nationally is seroconverting each year," says Stall. "If that continues, it would mean that by the time a gay man reaches 30 he'll have a 30 percent chance of seroconverting, when he's 40 he'll have a 40 percent chance of seroconverting, and by the time he reaches 50 there is a 50 percent chance he will be HIV positive. That rate spells disaster for the gay community in this country."

"Once HIV had been discovered in the early '80s and a test had been developed, there was a gradual reduction in the rates of new AIDS cases among gay men. We hit a low in the late 1980s, but with the new decade there was a sharp rise," explains CAP volunteer coordinator Roger

Schroeder.

Picture that progression on a graph and what you'll see is a wave—actually you'll see one wave and the creation of another. From that image comes the phrase "second wave," which is increasingly used to describe the upturn in HIV-infection rates among gay and bisexual men.

Stall says he is fully aware this may be a hot-button subject for the gay community, but he believes it is too important to ignore. "We don't want people to view this as a 'blame the victim' situation," he says. "But our community has to talk about this. If people are worried that by talking about this we're letting out a community secret, I say to them, 'What can the right wing do to us with this information that is worse than more men seroconverting?' I think nothing."

"This is not a matter of education. These men know what they are or are not supposed to do in terms of sexual practices," says Schroeder, who conducts regular trainings addressing the "second wave" concept. "I do outreach into the Portland [gay] community and talk candidly with these men. What I have learned is that there is a complex set of psychological reasons as to why a gay man may choose to ignore sex-safe messages and take risks."

Many say watching the epidemic over the years has been like riding a roller coaster: First there was the shocking jolt that began the epidemic. People

scrambled to learn what was going on and how to protect themselves. As time progressed, and the shock settled just a bit, there would be a burst of hope about a possible cure. It would happen again, and, a little down the road, again. Now, nearly two decades later, those bursts of hope have settled into the rather somber reality that this disease is here to stay, at least for the next few generations. Stall and others say with that reality comes the reality that the gay male population must not only have safer

sex—but absolute safe sex—in order to survive.

"Safe sex is like a diet, and the vast majority of people find it difficult to stick to a diet. They slip and eat a piece of chocolate cake. In the case of AIDS, though, if you slip, you could die," says Stall. "What this epidemic tells gay

men is that we have to be perfect the rest of our lives, but we're human, so it makes it extremely difficult."

And, with so many dead and dying, it's easy to lose hope. Therein lies one possible reason that a man who has engaged in safe sex for years may one day forgo the condom.

"It's called survivor's guilt," explains Jim Everett, clinical services director for Phoenix Rising, a gay and lesbian counseling center in Portland. "They've buried all of their friends and they feel guilty about being negative. Finally they may decide it's not worth it any more."

Survivor's guilt, depression over the epidemic,

emotional exhaustion, damaged self-esteem—and plain-old humanness—may prompt people to take sexual risks.

According to Schroeder, gay men often provide rationales for their slips: "They may say, 'I'll do it just this once,' or, 'Oh, he looks healthy, he can't be positive.' But the motivations behind those actions and rationales go deeper. They're depressed over all the friends they've lost, or they may truly think that even if they're negative now they'll eventually get HIV anyway, so they ask themselves, 'What's the point of playing it safe?' It may also be internalized homophobia or low self-esteem."

Or maybe two men fall in love and convince themselves that their monogamous relationship is enough to protect them from infection. Or maybe the overwhelming need to belong sometimes outweighs the need to remain HIV negative. In fact, some researchers speculate that gay men no longer view HIV/AIDS purely as a disease. Instead, they say, the epidemic has spawned a new gay identity: one whose every essence has been informed by the epidemic.

"Sometimes it seems that in order to feel like part of the gay men's community one has to be positive," says Dan Bueling, who heads up CAP's Men's HIV Prevention Program. "I've facilitated focus groups with negative men who told me that they feel like they are not a part of the gay community because of their status. They feel completely shut out.... We need to end this sense of isolation and support not only positive men, but negative men as well."

Says Stall, "It is the only way to end this epidemic—keep those who are seronegative from seroconverting."

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David Lane of the Oregon Health Division

Dan Bueling of Cascade AIDS Project

