

The good news has dominated the press and the psyches of gay men across the country.

Since 1995 and the availability of highly active antiretroviral treatment (HAART), HIV-positive gay men have been living longer and more productive lives. New cases of AIDS and deaths attributed to AIDS have been in decline.

But the good news isn't so good any longer. Since July 1998, the number of diagnosed AIDS cases and deaths caused by the disease in this country has remained roughly stable rather than declining as in previous years, according to the federal Centers for Disease Control and Prevention.

Additionally, the CDC estimates 40,000 people in the United States become HIV-positive each year.

One study released by the CDC at the 13th International AIDS Conference in Durban, South Africa, suggests only one-third of U.S. patients might achieve long-term suppression of HIV through HAART. These treatments, often costing as much as \$15,000 annually, lead to at least 12 months' suppression of HIV in only about one-third of HAART patients.

HAART involves a combination of three or more anti-HIV drugs, including two of the drugs known as nucleoside analog reverse transcriptase inhibitors (NRTIs), as well as one or more protease inhibitors.

Although 2 percent to 4 percent of the general population is considered at risk for contracting HIV, the CDC reports infection rates continue to be troublingly high among gay men. They are 17 times more likely to be HIV-positive than heterosexuals. In fact, CDC literature says gay men still have the greatest risk for HIV infection in the United States.

"While we are pleased that we have been able to maintain progress and prevent increases in HIV infection in recent years, we are allowing far too many infections to continue," Dr. Helen Gayle, director of the National Center for HIV/STD/TB Prevention at the CDC, told *Just Out*. "We have the tools to essentially stop the U.S. epidemic. What we need is the will and the resources to do it."

Experts say multiple factors must be addressed in working to decrease HIV prevalence among gay men. Many gay men think HIV is no longer a serious threat; others, particularly older gay men, are experiencing "prevention burnout" and are not receptive to old and often overused messages. In addition, new generations of gay and bisexual men have come of age during the epidemic and must be reached by educational efforts.

One CDC study indicates an increasing number of HIV-positive gay men are engaging in unprotected anal sex.

Cascade AIDS Project is retargeting its existing HIV/AIDS education resources. Resources that once focused on a "softer model," executive director Thomas Bruner says, now will be used on a more targeted prevention model. Special programs will be targeted at women, people of color, injection drug users, and gay and bisexual men at highest behavioral risk. A secondary pre-

vention program targeting HIV-positive youths and adults also will be explored with the aim of reducing reinfection and maximizing treatment adherence.

Cascade AIDS Project serves almost 2,000 people with HIV. While 68 percent of the organization's clients are gay and bisexual men, 32 percent are heterosexual. People of color make up 25 percent of the agency's clients.

The Multnomah County Health Department estimates that, although people of color make up only 12 percent of Oregon's population, they represented 18 percent of all AIDS



Multnomah and Washington counties joined forces to provide free HIV testing during Pride 2000 last month.

IT'S NOT OVER

New information about AIDS indicates prevention efforts must be redirected by Jonathan Kipp

cases as of 1998, the most recent data available. Oregon, meanwhile, had 4,363 people with AIDS—a little more than one-half of 1 percent of all U.S. AIDS cases.

After years of service agencies promoting HIV testing, researchers now find young gay and bisexual men aren't getting tested at optimal rates. More than one in five never have been tested for HIV, and more than half haven't been tested in the past six months, according to one CDC report.

But education about testing does work. Men who have been exposed to a variety of prevention strategies—fliers, workshops, advertisements—are more likely to get tested, particularly if they know of a place where they feel comfortable or at ease, one study shows.

Historically, prevention efforts have been aimed at people without HIV. But today, with more and more HIV-positive people surviving longer, education efforts have to be redirected to include HIV-positive individuals, experts say.

Bruner says one survey shows half of the people receiving HIV services claim to be participating in unsafe sex practices. Before, HIV/AIDS agencies adhered to a clear division between services and education: You either had HIV or AIDS and needed services, or agencies were educating people on how to keep from getting the disease. Agencies no longer can operate like this, he says.

"That artificial brick wall is bogus," Bruner adds. He says clients receiving services are a bridge to people who need more education. Bruner wants to get HIV-positive clients educated about prevention so the agency can use them as peer educators for those at highest risk within their communities. HIV-positive clients also need education to encourage safe sexual practices and prevent further spread of the virus.

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