

AIDS TURNS 20

The pandemic enters a new decade—and transitions into a new phase
by Bob Roehr

It began with just a small article, a cluster of gay men in Los Angeles dead or dying of *Pneumocystis carinii* pneumonia, an unusual lung infection. The date was June 5, 1981; the journal was *Morbidity and Mortality Weekly Report*, an obscure publication of the Centers for Disease Control and Prevention read primarily by public health officials.

Then four weeks later MMWR printed news of 26 young gay men in New York and California diagnosed with Kaposi's sarcoma, a rare form of cancer heretofore seen primarily in elderly men of Jewish and Mediterranean extraction. The trickle of events became a flood of what would be called HIV/AIDS.

It was not the start of the HIV epidemic—that began surely years and likely decades earlier—but it did mark the beginning of our recognition of that pestilence.

The statistics during the past 20 years numb one beyond comprehension, be it nearly a million U.S. citizens estimated to be infected with HIV, the 40,000 who still become infected each year or the 440,000 who have died of the disease.

Who can understand the meaning of 36 million people throughout the world carrying the virus? Or that the rate of infection continues to explode throughout much of the world? It is only when we realize that a 15-year-old in South Africa has a 50-50 chance of dying of AIDS before the age of 30 that the horror begins to take on a human scale.

The U.S. perception of AIDS has gone through a cycle of meanings during the past two decades. First came fear of the unknown, a terror that stalked the gay community and fueled its pariah status among the broader public.

Many gay men reacted with denial. As more became known of the mysterious killer, they adopted safe-sex practices that reduced the risk of exposure.

They cared for sick friends and lovers—first through informal networks of support, soon with an unprecedented blossoming of organizations that sprang from the community. Those organizations not only changed the gay community, they also changed the way biomedical research is conducted, drugs are approved and medicine is practiced.

Protease inhibitors, introduced in the mid-1990s, slaked the terror, although they did not work for all. Skeletal people rose from their deathbeds, gray flesh plumped to pink fullness in what came to be called the Lazarus effect.

The miracle drugs first brought expectations that AIDS might be vanquished, then a more reasonable hope that perhaps HIV could become a chronic, manageable disease. They brought a respite, a lull of normalization—if one considers it "normal" to take a dozen or more pills a day on a rigorous time clock paced around meals.

Then there are the side effects—the immediate ones such as diarrhea and rash and the longer-term ones we still know so little about: fat that seems to migrate, creating sunken pockets and lumpy masses, a disfiguring new stigmata marking those whose bodies are fighting the virus; imbalanced blood chemistry that greatly heightens the risk of diabetes, high cholesterol, heart attack and a liver under continuous pharmaceutical assault.

But the number of those dying from AIDS continued to fall every year after protease inhibitors were introduced. So this must be better; things were getting back to "normal."

The public seems to believe that, as reflected in polling data released May 25 by the Kaiser Family Foundation. The proportion of U.S. citizens who call AIDS the nation's top health problem has declined from 44 percent in 1995 to 26 percent today, second to cancer.

Still, 66 percent think the federal government is not doing enough to fight the epidemic. Only 5 percent say spending is too high, 25 percent say it is "about right," and 55 percent call for more money. Support is nearly universal for sex education in high school that includes HIV prevention (97 percent) and information about condoms (90 percent).

But the respite the developing world has purchased with its expensive drugs appears to be fading. Several factors suggest AIDS is transitioning into a new phase.

The number of AIDS deaths has stopped declining; in fact, it has begun to rise again. New York City reported a 2 percent increase in 1999. Last year,

Washington state reported a 6 percent increase in the number of AIDS cases, another sign that drugs are failing.

Public health officials are concerned by a decline in safe-sex practices as measured by survey data. That is particularly true among the young. Those younger than 25 constitute half of all new infections and are of a generation that always has known AIDS.

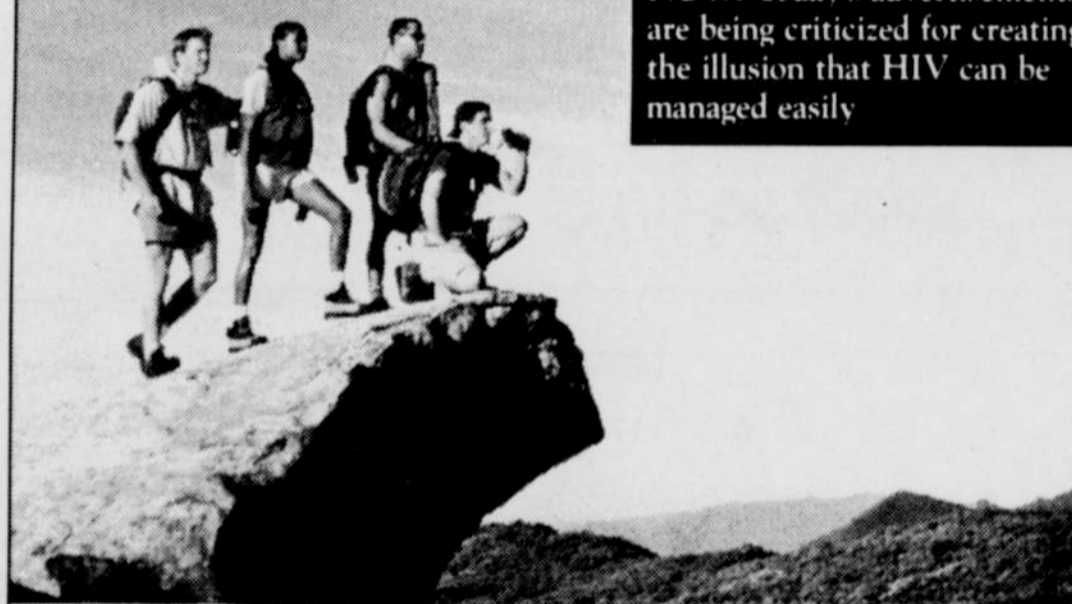
That very familiarity has reduced its sting, while the success of new therapies has created the illusion that the disease can be managed easily. The specter of gaunt shuffling victims who

so unsettled us a decade ago



THEN: Rock Hudson (with Doris Day three months before his 1985 death) was the first high-profile casualty of AIDS

Going the distance



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that we became more prudent in our sexual escapades has been replaced with false images of mountain climbing and triathletes competing because of their combination therapies.

Sexually transmitted diseases are on the upswing. Small outbreaks of syphilis have been reported in Seattle, Los Angeles and San Francisco, while New York's caseload for the first quarter of this year was double that of the previous two years, primarily among gay men in Manhattan.

STDs are a marker of unsafe sexual activity that increases exposure to HIV. They also facilitate the transmission of and vulnerability to HIV. Still, it is unclear if the higher levels of STDs represent a broad trend or a relatively small circle of barebackers who are passing the infections back and forth among themselves.

The domestic challenge is to formulate new prevention interventions that greatly reduce infections; develop new therapies that are more effective, less toxic, easier to use and more affordable; and provide access to medical care and support for those who need it.

The international challenge is even greater. In the United States, 1 in 300 people are infected with HIV. In much of sub-Saharan Africa, the ratio is 1 in 5 and in some villages as high as 1 in 2 women of child-bearing age.

Even if drugs were provided for free, there simply is insufficient medical infrastructure to use those drugs ethically on a broad scale. Furthermore, laboratory tests suggest the crucial protease inhibitors do not work as well against the strains of HIV prevalent outside the United States and Europe.

Developing a preventative vaccine will be the cornerstone of reining in the pandemic, but that seems to be at least a decade away and perhaps is impossible. Education for prevention, condoms and development of microbicides that can be used in lubricants to kill HIV are all components that are more immediately available and must be used.

It seems AIDS will remain a central concern for society for our lifetime. **J**

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