

Health Views: Straight Talk

I've observed a distressing trend in HIV that's been around since even before we knew enough about the virus to have trends. For more than 25 years, most of the queer community has shifted the "blame" for HIV to groups with diminishing amounts of power. Through all this shifting, though, people living with HIV haven't had the luxury of "passing the buck" for the virus. Perhaps it's time to stop finger-pointing so we can focus on making a real difference.

It makes a certain sense that as a broader community we'd try to avoid any part of the emotional

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were having gay sex "on the down low," contracting HIV, and infecting their wives or girlfriends who

rier or condom? Do you share needles? If you are living with HIV, are you potentially exposing yourself to other strains of HIV? Consider the ways in which you are at risk, *as well as* the risks you're avoiding.

Recently, Vermont CARES has been more often serving younger gay men. I can't speak to why gay guys in their twenties are becoming infected these days despite (or perhaps regardless of) 25 years of safer sex messages directed toward them. I asked a sage friend, who's been living with HIV for years, what he thought about recent infections in Vermont. We discussed the standard theories: that condom-promoting messages are tired, that safer sex is no longer chic, that fewer social options increase isolation and depression, or that protecting yourself loses importance when the virus is "more treatable."

Summoning patience and compassion, he gently summed up the outcome. He reminded me that though barebacking may seem more sensual or even practical than using protection in sex, daily lifelong drug regimens are exponentially more tiresome than being safe every time you share needles or have sex. HIV doesn't care about the history of safer sex, or the politics of who's able to scapegoat whom.

It does no good to pass blame for HIV infection onto any group or individual. It won't advance HIV treatment and care, prevent the spread of the virus, or advance social progress or understanding of HIV and AIDS. It is ultimately the responsibility of all of us to do what we can to reduce HIV's impact in our small state, and amongst those we care about: including ourselves. ▼

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weight of a virus that has had a severe impact on several generations. It's not absurd to expect that people have consistently found scapegoats amongst the madness that is the history of the pandemic. Still, we can't afford to overlook even one sliver of the effort to reduce HIV's harm in Vermont by focusing on the hype over thoughtful contemplation. Why do we continue to scapegoat people who are "more risky" than us? Why do we judge our own risk to be less, if we're having the same sex, sharing the same drugs? Unfortunately, every moment we focus on other people's risks, we lose focus on our own. I speak every day with people who are living with HIV and AIDS, many of whom "never thought it would happen" to them.

The lightning rods for fear of HIV transmission have evolved since the early 1980's, when gay men were thought to be the sole people affected by HIV and AIDS. Haitians, injection drug users, hemophiliacs, sex workers, youth, heterosexual Africans: all have borne the role of the feared or the vilified. Rarely does the media focus on the individual and the choices we do or don't have the power to make.

This past year, some African American men were forced into this role. These were men who

did not know of their HIV status or infidelities. Media coverage was intense: were all African American men being unfairly blamed for transmitting HIV, or was this a real widespread untold risk for their partners?

Similarly, the story of an unstoppable "supervirus" in New York City this past February turned out to be a hollow specter. Coverage compared one man's boudoir to a swirling cauldron of viruses, culminating in a strain of HIV resistant to drugs and progressing to severe illness in mere months. Our scapegoat here was a single gay man in Manhattan, who was purported to be using the internet and crystal meth to invite other guys into his dungeon where sex and HIV were swapped freely and frequently.


These stories provided easy opportunities to rationalize that, for instance, because we're not running meth-fueled sex clubs out of our basements, we're pretty safe. Those months of media furor were months we *weren't* talking about how *all* of us can reduce our risks, regardless of our gender, race, or relationship status.

What we often overlook in these short-term blame blitzes are crucial connections to the risks all of us may or may not be taking. So you don't have a dungeon. Are you fooling around without a bar-

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