

Thank you for coming.

My name is Laura Pinsky and I am from the Columbia Gay Health Advocacy Project (CGHAP). This is Paul Douglas, also from CGHAP. We are going to be the moderators of the discussion this afternoon.

I want to take just a couple of minutes to tell you about the thinking that went into this conference and how the afternoon will proceed.

In the first half of the program, we are going to hear from experts in the field about what scientific and clinical information exists that sheds light on the transmission of HIV via oral sex.

It will surprise no one here that after we have heard this information, we will not be able to draw any final clear-cut universally applicable conclusions regarding transmission via oral sex. We will not be able to give a definitive simple answer to the question "to suck or not to suck", "to lick or not to lick". We will not be able to give precise reliable odds about the risk possibilities of oral sex. We are going to end up with ambiguous data.

Why, then, have this conference? Some people suggested to us that it was a bad idea: "you'll make people nervous and you won't be able to tell them what to do" or "the information is too complicated". We decided, however, that increased knowledge and discussion among those affected by these issues is always a step in the right direction. It is in the spirit of the AIDS treatment movement to understand that regular people can deal with complex and ambiguous information.

You may have noticed that the conference was billed as a "community discussion". Because there are no clear cut answers, the best that we can do is to discuss the practical, social, political, and psychological issues related to oral sex and HIV transmission. We have brought together, in addition to the scientists, a panel of smart, thoughtful people from various communities who are willing to share their ideas about this topic.

I think that the afternoon will be anxiety provoking. It's hard to accept ambiguity about something so central to our lives and potentially so dangerous. It's hard to talk about sex and sexual decision making, but talking and thinking things out together is the best that we can do. Please remember that there is no one right answer to the question of safer sex. The conclusions that you draw today may not be right for the person next to you. The factors, physical, social, and psychological are multiple will add up differently for each of us.

In the first half of the conference, three scientists will speak about what is known about biological and epidemiological data. There will be two ten minute question periods for the audience. We will then take a 15 minute break and reconvene for a discussion among everyone here. The mike will be open for questions and comments from the audience and the community panel and scientists will comment.

Before our first speaker, I'd like to turn the mike over to David Gold from GMHC who helped organize the conference.