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# Think you know everything about AIDS? Guess again

By Paul Harding Douglas and Laura Pinsky

The Columbia Gay Health Advocacy Project (CGHAP) just completed this year's set of AIDS discussions on all 32 first-year student dormitory floors. This year more students than ever reported having previously attended an AIDS talk. Yet despite attending special educational sessions and hearing endlessly about AIDS in the media, many students are still not able to act to protect their health from HIV.

Transmission of HIV infection is completely preventable, yet students are still becoming infected through unprotected sex and needle sharing. HIV disease is becoming

more manageable from a medical standpoint, yet HIV-infected students are falling ill unnecessarily despite the availability of sophisticated and effective medical care on campus.

What follows are some rationalizations that we have heard people here on campus use to explain why they don't use condoms for intercourse or why they avoid HIV testing and treatment.

## SAFER SEX

1. *"I don't use condoms because I'm monogamous."*

We often hear students say that “If I’m monogamous with one partner I don’t need to use condoms for intercourse.”

This assumes that neither you nor your partner are infected, which you cannot know unless you have both been HIV antibody tested and have not had unprotected intercourse or shared needles since being tested. This also forces you to rely on your partner for accurate and reliable information about his or her HIV antibody status and sexual history.

At Columbia, as in the rest of this country, “monogamy” usually means having only one sexual partner at a time. The reality is that most people tend to have more than one sexual partner in their lives, while being more or less monogamous with each partner in turn. At

Columbia, relationships described as “long-term” typically last only three to six months. Most students have multiple sexual partners during their time on campus. Having unprotected intercourse with one person at a time does not guarantee safety. If one of your partners is infected, unprotected intercourse may well result in your own infection.

2. *“I don’t use condoms because my partner is heterosexual.”*

While HIV infection is most common among needle sharers and men who have sex with men, it is increasingly common among non-needle sharing heterosexuals. This means that even if you have unprotected sex only with partners who are neither men who have sex with men nor needle sharers you still run

some chance of becoming infected.

By 1991, an estimated minimum of 13,500 cases of AIDS will have been transmitted via unprotected vaginal intercourse between men and women. This implies that perhaps 10 times this number of people may already have been infected through vaginal intercourse, but have not yet developed serious symptoms. The proportion of AIDS cases transmitted between U.S. born women and men has quadrupled since 1985.

AIDS among heterosexual partners of needle sharers is frequently ignored because these people with AIDS are often poor and people of color. As the number of HIV-infected people increases, all heterosexuals face a greater chance of infection through unprotected intercourse. In this country, women who have intercourse are currently at greater risk than are heterosexual men, because there are more infected men than women in the United States. The idea that only gay men and needle sharers are at risk for HIV infection becomes more and more old-fashioned every day.

3. *"I don't use condoms because I'm strictly atop."*

From certain men we hear the rationalization that they don't need to use condoms because they never get fucked--that is, that they only take the insertive role in vaginal or rectal intercourse. In fact, the insertive partner in rectal or vaginal intercourse is definitely at risk for HIV infection. That means that a man

may be infected by inserting his penis in the vagina of an infected woman or by inserting his penis in the rectum of an infected man or woman. Infection can occur when infected blood, semen or vaginal secretions enter the urethra through the opening at the tip of the penis.

Although HIV can definitely be transmitted in both directions, the relative risk of the insertive partner versus the receptive partner is not known. The presence of any other sexually transmitted disease in the insertive partner--particularly any disease that causes a sore on the skin of the penis or in the lining of the urethra--increases the risk of his becoming infected.

4. *"I don't use condoms because I tested negative."*

In our HIV antibody test counseling service we often see clients who want to be tested so that they can have unprotected intercourse with a new partner. These clients frequently say that they want to start the new sexual relationship with a "clean slate," meaning that they don't want to be blamed for having infected their new partner. Sometimes they ask their partner to be tested also before abandoning the use of condoms, but not always.

A recurring theme is that people do not take seriously the chance that they themselves may become infected from the new partner. This is clearly possible if the partner has not been tested, does not reliably report test results, or if a partner who has tested negative subsequ-

if a partner who has tested negative subsequently has unprotected intercourse outside the primary relationship. For this reason, using HIV antibody testing to avoid condom use is a strategy fraught with peril, particularly for a university-age population likely to have multiple sexual partners in the future.

Of course, there are some situations in which testing is reasonably used for the purpose of having unprotected intercourse. For instance, couples who want to conceive can't use condoms. Some couples who have a high degree of confidence in their relationship want to have unprotected intercourse. But this decision has very serious consequences and should

not be romanticized. Try to be as pragmatic as you can. Is your relationship at the stage where you are ready to buy a house or apartment with your partner? Would you open a joint checking account? Or is this someone you wouldn't even trust to water your plants while you're away on vacation? If you decide to be tested, and you and your partner turn out to be uninfected, and you plan to abandon condoms, you must explicitly agree with your partner that all sex outside the primary relationship will include the use of condoms for intercourse.

5. *"I don't do safer sex because it's too complicated."*

The mechanics of safer sex are easy: if you use a condom correctly every time you have vaginal or rectal intercourse, you won't get infected. Other precautions will reduce your risk further but are much less important. Sure

it's a good idea to avoid getting semen, pre-cum (pre-seminal fluid), or menstrual blood in your mouth, but oral sex is much less risky than unprotected intercourse. About 100,000 cases of HIV have been transmitted sexually, but only two of those were transmitted through oral sex.

Latex condoms prevent transmission of HIV and many other sexually transmitted diseases. Use them correctly and they rarely break.

a. Use water-based lubricants such as K-Y jelly or Forplay. Oil-based lubricants such as Vaseline, hand lotions, or Albolene can weaken latex and make condoms more likely to break. Use lubricant for rectal intercourse. A lubricant containing spermicide kills HIV and provides a chemical backup to the condom.

b. Smooth out any air bubbles trapped under the condom. Bubbles may cause it to break during intercourse.

Note: if the insertive partner is a man who has sex with men, is a needle sharer, or is known to be HIV-positive, withdraw the penis before ejaculation to reduce the risk of exposure to semen should the condom break unnoticed.

6. *"I don't use condoms because they're too unpleasant."*

A common complaint is that condoms interfere with the fun of sex in various ways. Men specifically complain that intercourse

doesn't feel as good and that they are scared they might not maintain an erection.

Condoms do reduce sensation somewhat, but different brands feel different. Condoms will feel better if you put a dab of lubricant inside the tip. As far as maintaining an erection goes, practice makes perfect--either with a partner or by yourself. Put the condom on only when both partners are ready for intercourse.

Asking your partners to use condoms can be difficult socially and psychologically. Here are some of the reasons people give us for not doing safer sex even when they "know better:"

a. I'm too embarrassed. It spoils the mood. It's not romantic.

b. My partner will think I'm gay (or a drug addict or HIV infected).

c. My partner will think I'm sexually experienced or promiscuous.

d. My partner will get mad, will refuse to have sex, or will leave me.

None of these are good reasons to put yourself at risk for HIV infection. Remember, romance won't prevent transmission of the virus, and unprotected sex won't guarantee your partner's loyalty. Using condoms demonstrates that you feel good about yourself and your sexual activity.

Low self-esteem is closely linked to self-destructive behaviors, including unsafe sex. Homophobia that keeps gay men closeted and encourages them to feel ashamed makes it more difficult to adopt and maintain safer sex

practices. The same is true of social forces that may make people feel guilty about heterosexual impulses.

Alcohol and other drugs reduce good judgment. Transmission of HIV frequently occurs when one or both partners is too stoned or drunk to do safer sex.

If you ever have intercourse without condoms, and you don't know that your partner is uninfected, try to think seriously about how you can change your behavior. CGHAP peer counselors are available to talk to you anonymously about strategies for avoiding HIV infection.

### **TESTING**

There are probably more than a million HIV-infected Americans who have not yet developed any serious symptoms. These people can now get medical care before they get sick--care that may actually prevent them from getting AIDS itself. Yet only one in 10 has been tested for HIV infection. Since early HIV infection is now treatable, HIV-infected people need to take immediate action to protect their health.

Early intervention refers to HIV-infected people acting to control the virus and to fight symptoms while they are still healthy. Early intervention prevents or at least delays the onset of illness, lengthens the period of time patients are healthy, and increases lifespan. This strategy is not hypothetical; it is currently a proven part of the clinical practice of phy-



sicians expert in treating HIV disease.

But people are often reluctant to be tested for HIV infection, particularly university-age people who may not have had much contact with this illness. Here are some reasons that people offer to explain their reluctance:

7. *“I don’t get tested because I’m low-risk.”*

It can be fairly difficult to assess your risk for HIV infection if you have had multiple sexual partners. If you currently have unprotected intercourse with partners not explicitly known to be HIV-negative, you should be aware that your risk of infection becomes greater every year. We suggest that you talk to one of our trained counselors to see if your estimate of your risk is accurate.

8. *“I don’t get tested because I’m closeted.”*

For a variety of reasons you may not want to talk about your risk for HIV infection. You may not be comfortable telling anyone about your sexual activity, either because you may not want to admit it to yourself, because you are afraid of your sexual activity becoming public, or because you are afraid of being put down in some way by the counselor. Similar reasons may keep those who share needles to inject drugs or steroids from getting tested. You can be tested at no cost anonymously, either through the city’s Department of Health or through our organization. Here on campus you need only give your first name, which may be a pseudonym. Your counselor will respect

your privacy and will not judge you negatively. Counseling at Columbia occurs in a private setting in the Mental Health Division of the Health Services.

9. *"I don't get tested because there's no treatment."*

HIV disease typically causes few noticeable symptoms over the 10 years (on average) from infection to development of serious complications. The immune system gradually weakens until infections and cancers appear, often without any warning signs obvious to the patient. But physicians can use blood tests to determine the condition of the immune system: these tests can tell when an HIV-infected person needs to begin medication to avoid life-threatening complications.

Sixty percent of the deaths from AIDS have been due to a single illness: Pneumocystis carinii pneumonia, or PCP. Some people survive multiple episodes of PCP, but fully 25 percent of those who get it die during their first bout. PCP is now preventable with antibiotic drugs. Given enough warning of decline in the immune system, an HIV-infected person can begin taking medication to forestall (perhaps permanently) the onset of this deadly pneumonia.

Also, results announced last fall show that virtually all HIV-infected people can safely benefit from low doses of the antiviral drug AZT. Through a combination of government programs, any New York state resident can get

funds to pay for this safe, effective drug.

Currently, very few HIV-infected people are aware of the need for regular blood tests to monitor the immune system. The consequence is that many infected people who might be able to get PCP prevention, AZT and other therapies are falling ill and dying needlessly. If you wait until you feel sick to get treatment, you run the risk of dying unnecessarily from PCP, or of starting AZT too late to get the

maximum benefit. On the other hand, you can “buy time” by getting treatment now. Every year that you remain healthy provides more time for research on better treatments.

Most of the one to two million infected people in the United States do not know they are infected and many have no easy way to get adequate medical care in any case. Here at Columbia we are luckier. If you are a student and have paid your Health Service fee, you can get free, confidential, high quality treatment through specialists in the Health Service and expert outside consultants. If you are an employee, you can usually get referral to high quality medical services paid for through your insurance program. In either case, individual and group psychological services are available to help you deal with the stress of being HIV-infected. New York State entitlement programs make it possible for anyone to be subsidized for expensive medication they cannot afford. Columbia's excellent new student health insurance policy will pay for most of the costs of serious chronic illness and

help bridge the time after you graduate.

10. *“I don't get tested because I'm too scared.”*

Another reason that people may avoid getting tested is that they may believe that living with this virus is too frightening to contemplate. You may worry that you will face illness, stigma and isolation. It's understandable that this fear might overcome good judgment about the need for medical care. Also, some people wrongly imagine that early intervention will only prolong a period of painful terminal illness. What early intervention offers is an extension of a period of complete health and normal activity, not extra time dying on a respirator.

### **CGHAP Can Help**

Many of the rationalizations we're describing are powerfully ingrained in our culture and often reverberate with our personal conflicts. You may need to do some serious thinking to overcome them. CGHAP and the Health Service can give you knowledgeable peer counseling, accurate testing, expert medical treatment, sympathetic psychotherapy and an HIV-positive support group to help you do whatever is necessary to preserve your health.

Our services are confidential, private, gay-positive and free. Contact CGHAP at our offices in the Mental Health Division of the Health Services by calling 854-2878 during business hours.

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