



Detectablues

A new viral load test shows how ultrasensitive he is to that word

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When I learn that someone has become “detectable,” I want to put my hands over my ears, as if just hearing about drug failure might cause my own combo to crash. What did that person do wrong? I wonder, trying to come up with the one thing that makes them different from me. Did he miss one dose too many? Is her virus too virulent? And even worse, I sometimes catch myself sizing up a potential date’s medical stats, like the cowboy from Dodge City who checks the teeth of his mail-order bride before deciding whether to send her back on the stagecoach.

Recently I got back some lab results. My CD4 cell count had shot up to 278—from a low of 7 in June 1996. Cause for celebration, right? Not so fast. The lab work also included my first “ultrasensitive” viral load test; the results showed 42 copies—I was, technically, *detectable* for the first time in more than two years. I tried to convince myself that since there was no way to know what my previous “ultra-sensitive” levels had been, it was as likely as not that 42 represents a new low. But still I cried, for two days. Did this signal a return to the bad old days?

I first got sick in 1995, with fatigue, fevers, diarrhea and finally PCP pneumonia. I was devastated and felt somehow a failure; I feared that my first opportunistic infection meant that I had crossed some invisible barrier from “living with HIV” to “dying of AIDS.” I began to incorporate into my treatment program more conventional medicine—including combination therapy and prophylactic drugs—which I had spurned in favor of alternative approaches. Having regular blood work done, I gradually came to accept the conventional out-look: It’s less how you feel than how your numbers rise and fall that counts.

My therapist, who sees many clients with HIV, tells me that many doctors fail to appreciate the emotional toll of this quarterly lab-results ritual, as evidenced by their habit of leaving test results on patients’ answering machines. And the fact that there’s no consensus about viral load’s power to predict disease progression doesn’t diminish its power over our emotions. Let the virus be there if it must, we bargain with whatever powers we believe in, but let it be hidden in lymph nodes, beyond the blood-brain barrier, mercifully “undetectable.”

Perhaps the most wounding aspect is the way we use this magical medspeak to discriminate against one another. In personal ads the word *undetectable* has replaced *asymptomatic* and HIV *but healthy* as a desirable trait, mirroring the split between HIV positive and HIV negative in the

larger gay community. Of course, only The Undetectables raise this issue in their ads: It would take a brave soul to describe himself as “viral load 330,000, with numerous opportunistic infections”—my stats just three years ago. Imagine someone with heart disease or diabetes listing his cholesterol or blood-sugar levels in a personal ad, and the misguided desperation of this becomes plain. Undetectables are the quadroons or octoroons (those one-quarter or one-eighth black) of the HIV plantation, who can still dance the night away at Tara and pass for uninfected.

While easy to poke fun at, this is deadly serious stuff, because love—and its sticky simulacrum, sex—is so important. For me, the whole undetectable obsession boils down to this: I’m safe to love because I’m not going to die. Or go blind like my friend Peter, or mad like Steven, or incontinent like Gustavo. I will never again have a KS lesion on the left side of my nose that no man will ever see past to what is inside me. Un-detectable means I might actually make some plans that go past this summer, might jump-start my career, might escape the confines of living on disability. The mere word detectable comes crashing down on that dream like a ton of bricks.

It’s my job now to master my fear about these numbers and labels. I need to do this not only for my own sanity, but to proclaim that this disease—feared around the world perhaps more than any other—is an illness of the body, not of the soul