To the Editor

October 1, 1999

We Are the World

Many thanks to Phill Wilson and *POZ* for making the connection between us in the United States and our sisters and brothers in Africa. We are powerfully linked and are intrinsically part of each other. The face of AIDS is ever-changing, and the July 1999 issue captures this with compassion and intensity.

Beth Sommers
AIDS Care Project Acupuncture Clinic
Boston

Female Trouble

I agree with Mary Lucey about the need for AIDS research in women ("Gender Agenda," July 1999). I'm a 40-year-old heterosexual woman with AIDS who is entering my fourth trial in two years at UCLA. I've been in a Memantine study for AIDS dementia complex and neuropathy, a study on the psychological effects of AIDS in women and a brain-bank study. Now I am beginning gene therapy. I enrolled in these studies because I get neurological treatment, routine spinal taps to keep an eye on the blood-brain barrier, and a team of top-quality doctors watching my complete medical condition.

The drive from my home to Westwood is terrible and sometimes I have to go every week, which makes for long, exhausting days. But most trials at UCLA and elsewhere provide reimbursement for lunch, mileage, invasive procedures and child care, if needed.

If we truly want to empower ourselves, we must go out of our way at times to participate in trials. My only complaint is that some of the criteria are too rigid. With very few T-cells, a high viral load and resistance to all of the classes of drugs, I usually don't meet these criteria.

Donna Godbold
Huntington Beach, California

Bummed Out

I am a cellular immunologist who read "Life After Latex" (June 1999) with great interest. I am developing a passionate interest in rectal HIV microbicides, but have approached the funding issue

with trepidation. My first grant submission on this topic was denied funding.

Michael Scarce's article reinforced my concern that the development of a rectal microbicide faces unique challenges that have nothing to do with science. Although many have advised me to join the effort to develop a vaginal agent, I fundamentally disagree with the idea that we can allocate funds to develop a vaginal microbicide with full intention of using the agent rectally. The development of a rectal microbicide should be a research priority because anal sex remains the highest risk activity associated with HIV transmission, and the frequency of unprotected receptive anal intercourse in women may be under-appreciated and may result in misclassifying a significant portion of HIV cases to vaginal transmission. In order to be successful, the science needs to be targeted to the cellular composition of the rectum, since it is in no way equivalent to that of the vagina. Therefore, a vaginal agent may not exhibit the same level of anti-HIV activity in the rectum (and vice versa).

We must insist on the development of a rectal microbicide in the name of preventing HIV transmission. The same person who might label anal sex as perverse would have difficulty denying that preventing HIV would save millions of health care dollars. It's a tragedy that this message hasn't reached the appropriate parties and that microbicide development is so greatly skewed toward agents for the vagina.

John Ferbas, PhD
UCLA School of Medicine,
Los Angeles

Tan Lines

Thank you, Nurse Know-It-All, for your advice on tanning ("Get Over It," June 1999). As someone who's HIV positive and going on vacation, I learned something new. I really didn't know the consequences of suntanning for people with HIV. Plus, I love your attitude.

Maria Lopez
New York City

Mom's the Word

I've been a fan of *POZ* since Day One, when I was working as an HIV test counselor in Philadelphia. The last thing I expected was for my mom to pop up as HIV positive four years ago. *POZ* and Critical Path were the first publications I got for her.

After reading your fifth-anniversary issue (May 1999), it hit me just how long I've been part of this AIDS experience, and frankly, it still sucks! Mom is blessed with an undetectable viral load and more than 600 T-cells—not bad for having had a nasty bout of osteomyelitis, a toe amputated, two cone biopsies and a few other girly problems I won't get into. Thank you for being there for us for five hard years.

Nik Dyanick,
Philadelphia

Eye for an Eye

I've been living with HIV for about 15 years; I've had AIDS for four. During the past few months, I have developed strange eye problems and memory and concentration trouble. Four doctors were convinced it was simply my deterioration, so I had a brain scan. The results were negative, and the neurologist suggested that one of my drugs might be the cause.

After weeks of testing, I discovered that the anti-wasting drug Oxandrin was the cause of the eye trouble and Serostim had caused the mind problems. I've been off both drugs now for several weeks and the symptoms are gone. My doctors had me convinced that the problem was my HIV, as opposed to drug side effects or allergies. I'm glad I kept on pursuing other causes.

Tony Brown
Via the Internet

Mon Terri Amour

I'm a newcomer to your magazine, and it's one of the best I've ever read. I am not HIV positive, but I have a friend who is and I've been reading up on the virus to understand it better. *POZ* mesmerized me, and I want to turn others on to it.

Terri Davis
Texas Dept. of Corrections
Houston

Correction: Due to a transcription error, Nurse Know-It-All's advice on sore throat remedies is incorrect (August 1999). One gram of sodium ascorbate is just one-fourth of a teaspoon, not four teaspoons. The smaller dosage is the correct one.

The phone number for the AIDS in Prison Project was listed incorrectly in the August 1999 Resources. U.S. inmates can call the project collect at 718.378.7022.

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