Mailbox

April 1, 2006

MELTDOWN

Your story on beating seasonal depression (“Melting Winter Blues,” December 2005) speaks to a timely issue. After years of healthy skepticism, experts say certain kinds of light therapy may be as effective as antidepressants. This means the HIV community may have a viable alternative to antidepressants, which can affect the antiviral cocktail. Or perhaps the antidepressant dose may be reduced using light therapy as an adjunct. Patients who chronically oversleep and feel foggy when they wake up are most likely to respond. Doctors warn against such therapies if the depression is clinically severe.

MICHAEL TERMAN, PhD
New York City

IT’S A LIVING

I found the January issue of POZ (“2006: Making Resolutions that Stick,” January 2006) thought provoking and helpful. I was happy to see people like me, who are also living with HIV, building on successes of the past year and looking at the new one with such tenacity and possibility. I have worked in the field of HIV for about seven years and am currently employed at the National Association of People With AIDS (NAPWA), where I coordinate the Positive African-American Network. Like some HIV professionals, I’d forgotten that HIV is a human disease, not just a career. I worked long hours and had little time left for my family and myself. On January 1, I kicked off my New Year’s resolutions. Now I am going to the gym, eating and resting adequately and taking care of myself. My resolution is to live, sugar, live!

DERRICK H. L. FLOWERS
Silver Spring, MD

PUMP YOU UP

It was great reading both your article on HIV positive personal trainer Jeffrey Gross and his first fitness column for POZ (“Trainer’s Bench,” December 2005). Like Jeffrey, I have been positive for more than 20 years, and I feel like a survivor who has lived through it all. Working out regularly and having a fairly clean diet (with the occasional cheeseburger thrown in) have gotten me this far. But the issues Jeffrey ad-dressed in his column—working out through fatigue, battling workout boredom and lipo problems—hit home. I thought I had a solid knowledge of how to address those problems, but his column gave me some new pointers. I’m looking forward to reading what else he has to teach those of us who already integrate fitness into our daily lives.

ROB BERGSTEIN
West Hollywood, CA

ORAL ARGUMENTS

Dr. Perry Halkitis' advocacy of the idea that oral sex poses a "negligible" risk of HIV transmission is dangerous ("Ask the Sexpert," January 2006). We can-not use the same methods to quantify the transmission risk of oral sex that we use in anal or vaginal sex. I'm not saying that panic should prevail, but given what we don't know about oral sex and HIV transmission, is it really fair that medical professionals should continue advocating the relatively low risk of transmission that is associated with oral sex?

SCOTT [LAST NAME WITHHELD]
Riverdale, MD

Oral sex has been scientifically proved to be less risky than other behaviors. This is not to say there is no risk; the best method for preventing HIV transmission for any type of sex, including oral, is the use of a barrier. —The Editors

SHORTCHANGED?

I have been a subscriber since your first issue, 12 years ago, and have noticed the smaller size of your content. That might sound like a complaint, but with my schedule, I don't have time to read lengthy articles. I prefer the shorter synopses with a bit of detail. But don't slim down too much: I am very involved with education and advocacy, and I hear fewer people talking about AIDS and HIV in all areas of my life. I think many advocates are burned out, and there doesn't seem to be anyone to continue our fight. The advocates' fight has kept me alive. With all the budget cutbacks and the current political climate, we need to fight for every penny and pill available. Keep up the good work.

MARK NOWAK
Buffalo, NY

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