Publisher’s Letter

September 1, 2000 By Brad Peebles

I walk by the dirty brick apartment building—the site of my infection, seven years ago this month—and a blunt emotion, like a gunshot muffled by a silencer, shatters my carefully constructed calm, cool and collected exterior. I feel a deep-down anger and hatred for the man who lives there. I think to myself, “How many others has he infected?” It is difficult having these thoughts and emotions, let alone admitting to them. People with HIV are not supposed to feel this way. I’m reminded that my infector was a virus, not a person; that protecting myself was my responsibility, not my partner’s. But in blaming myself, I’ve completely absolved the guy—whose name I can’t remember, even though we dated for a few weeks—and that’s a little too easy. People with HIV do have prevention responsibilities, and if I accept that responsibility now, why didn’t he?

At the time, my close friend John Cook was dying of AIDS. When I tested positive, I decided that I could never tell him. I didn’t want to insult him with the fact that his suffering hadn’t taught me anything. All of the death, all of the pain around me—none of it had mattered enough to keep me negative.

I spend a lot of time trying to figure out why I got infected, and the gay community has spent almost two decades addressing the same question, identifying risk factors and building prevention programs. Gay men have been praised for instituting safe sex early in the epidemic; dramatic behavioral changes brought infection rates down. But the success has had no staying power. New infection rates among gay men are rising steeply, tripling in San Francisco over the last three years, to almost 4 percent in 1999. And nearly half of the gay men in that city likely had unprotected anal intercourse last year.

The conscious explanation for my infection is simple enough: I had been drinking, I had sex with a stranger, my judgment was impaired, we didn’t use a condom. The unconscious causes, of course, are more complex. There was a part of me then—I was 22—that equated being gay with having AIDS, and I wanted to be like other gay men. Old feelings of shame and self-hatred emanating from being gay made me prone to self-destructive behavior. If there was an unconscious upside to getting infected, it was that I could finally stop worrying about what seemed an inevitability. Better yet, I could go out and be as promiscuous as I wanted to be, anxiety-free at least about myself. The worst had already happened.

I wonder what John’s response would have been, had I told him that I tested positive. Anger or understanding? Condemnation or forgiveness? For me, witnessing friends seroconvert—even being

the confidante of others still negative but having unsafe sex—is an emotional minefield. On one hand, I want to tell them how stupid they are and how miserable HIV has made me. On the other, I want to reassure them that if they do test positive, they still have a whole wonderful life ahead, that treatments are effective, and that living with HIV can be “the best thing that ever happened.” Both of these responses are sincere, of course, and suggest the many conflicts and contradictions that come up when we HIVers think about our role in prevention. After all, we are in the unique position of knowing what it is like to be both negative and positive. And we each have firsthand experience with HIV transmission—and why prevention is so important.

The reasons that we put ourselves at risk—the carelessness, loneliness, compulsion and self-hatred that led to our infection—do not lose their destructive potential once we seroconvert. As the new infection rates show, they continue to play out in some sort of hideous, inescapable cycle. In our frenzy to survive as PWAs, to feel good, to take a break from AIDS, we often deny both our illness and our very infectiousness, disassociating ourselves from both reality and responsibility during sex. In these moments, easily rationalized, it doesn’t make sense that the partner whose health is not at stake must exercise the most restraint. True, the HIV negative person is supposed to “act as if every sex partner has HIV,” but this deeply held community assumption has had an unintended consequence: We each blame ourselves for getting infected, not our infectors. This self-blame, in turn, allows us to let ourselves off the hook for putting others at risk.

I have not wanted to believe the statistics coming out of San Francisco any more than I have wanted to wonder if I’ve ever infected anyone. But now I find myself needing to ask that question. I need to acknowledge the anger and hatred I feel for the man who infected me, because otherwise it is likely to only fuel unsafe sex: No one protected me, so why should I protect you? And I need to situate my own responsibility within this new world of tripling infection rates. I don’t seem to be able, either with words or by example, to stop people I care about from putting themselves at risk—a conclusion that John Cook might agree with had he lived to read this publisher’s letter.

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