Publisher’s Letter

October 1, 2003 By Brad Peebles

My boyfriend doesn’t want to have sex with me a lot of the time. So when I came home from a business trip in July to find him horny and ready to go at it, I was both happy and surprised. I wondered what was going on in his mind but wasn’t about to start asking questions. I wanted it, and he wanted it. Sex, that is. And definitely not HIV—which I have and which he is scared to death of contracting from me.

So we did it. It was great—*really great*—until he pulled out and found blood all over the condom. I tried to remain calm while we both stared in shock at the thing. My mind raced through a mental checklist: Condom? Not broken. Blood to open-skin contact? Don’t think so. My viral load? 24,061 a month ago. *Damn it, why aren’t I undetectable?*

I knew that a lower viral load means a much lower—but not zero—risk of transmission. (While this information isn’t exactly top secret, it has been poorly publicized, perhaps because of a fear that if people with HIV know, we will stop using condoms.) Still terrified, however, that I may have actually infected my boyfriend, I started asking questions and gathering facts. For example: In a landmark Ugandan study of serodiscordant heterosexual couples, viral load was the chief predictor of transmission risk. But just how much more protection would “undetectable” offer in addition to our already-vigilant use of condoms? While I’m still trying to separate reality from rumor, one thing is clear: I feel a new and powerful desire to be undetectable, for no other reason than to protect my partner.

Of course, being undetectable has other benefits too, but as someone who’s fairly advanced in his HIV disease, my numbers are not the be-all and end-all. Survival is. I’ve always weighed my treatment decisions very carefully, balancing the fear of sickness and dying against other fears such as side effects and lipodystrophy. For me, this has resulted in the pursuit of some unconventional strategies, but so far they seem to have paid off. One against-the-guidelines choice has been tolerating a viral load of 20,000. (My instincts were confirmed by a recent study that found no difference in disease progression between people with virus below 400 and those with virus below 20,000.) Given my high level of drug resistance, I wonder if there’s even a combo out there that would get my viral load to undetectable and keep it there, anyway. And if there is, do I want to use that now, while my health is fine, or save it for down the road? After all, I’m in this for the long haul. HIV is mine for life.

But my boyfriend has a choice. I know he wrestles with the love he feels for me and his extreme fears about getting infected. Nonetheless, this is hard for us to talk about. When he says he’s

afraid of HIV, I hear that he's afraid of *me*. The whole conversation makes me feel bad, so we avoid it. Or we're both afraid that talking about it honestly might lead us to conclude that we just don't belong together.

So now, because of this bloody condom, I'm asking myself if I should alter my treatment strategy—something that I have worked so hard to develop and have so much faith in—for my boyfriend. Two weeks after our scare, he got a flulike thing. His doctor said he had strep throat. He knows that he needs to get tested for HIV, but right now he's too afraid. And I know that before I let my fear of infecting him drive me to risk my own health, I need to ask myself: Are we committed to each other? Is he willing to join me in confronting our fears?

Still, how odd it is to have a treatment decision competing with my wish to protect my partner, and the power of the love I feel—the hope, excitement and possibilities—as I wonder: *Is he the one*?

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