S.O.S.—August/September 1996

AIDS Mythology

August 1, 1996 By Sean Strub

The International AIDS Conference is always a good time to get a reality check on the pandemic around the globe. But it is also a good time to look at what is happening here in the U.S. Sadly, many of our policy decisions are still driven by myths that we know to be false.

Myth #1: People with AIDS are all terminally ill. The truth is, we live far longer than most people think; the historic average is more than 10 years of survival from sero-conversion to an AIDS diagnosis. A person in remission from cancer for five years is called a cancer survivor. How long does an HIV positive person need to stay alive and healthy before being called a survivor rather than terminally ill?

Myth #2: Oral sex is very risky. It isn't. In the beginning, it was ignorance of how the virus was transmitted that drove the effort to use condoms for oral sex. While it is possible to acquire HIV from oral sex, as long as semen isn't swallowed and the mouth has no sores, the chances are too remote to be classified as anything other than low risk.

Myth #3: HIV is exploding in the U.S. heterosexual community. None of the projections made over the years have proven true. In the U.S., most adults who acquire HIV get it through unprotected passive anal intercourse or shared needles. In the absence of anal intercourse or IV drug use, men rarely contract the virus from women, but women do contract the virus from HIV positive men through vaginal intercourse.

Myth #4: The solution is in drugs. Drugs play an important role, particularly in prophylaxis and at end stages of the disease. However, drugs aren't going to be the cure. We won't cure AIDS until we cure the underlying causes -- addiction, poverty, malnutrition, homophobia and racism -- that have fueled the epidemic's fire.

Myth #5: The solution is political. Again, politics plays an important role in funding critical programs. But the political system and, in particular, political leaders are not going to find a cure. Vesting the responsibility of saving our lives in the hands of politicians is really hopeless.

Myth #6: The American way is best. It isn't necessarily, particularly in the area of prevention education for young people, at which we've pretty much failed. We are followers, rather than leaders, in the research and use of complementary and alternative therapies. Nutrition ranks lower

on the priority list of preventive treatment in the U.S. than in almost any other major center of the epidemic.

Myth #7: Anecdotal evidence doesn't matter. It does. Especially to people with HIV, who put more faith in what they hear from other people with HIV than in what they are told by AIDS organizations, government agencies, drug companies or health care providers. When the science establishment starts responding to people with HIV by conducting the studies we want -- on drug, herb and supplement combinations and a whole host of complementary therapies -- the faith may move back to the scientific literature. But until then, we'll rely on each other.

That's why we've got *POZ*, so people who are HIV positive can share their stories of survival with others who are positive, their families, friends and the researchers and scientists working to improve our lives.

My message to those attending Vancouver: Stick with the truth and purity of your mission to help people with AIDS. And run like crazy from the politics, egos, greed and envy that seem to litter every path to brilliance.

And most of all, find us some good news. Please.

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