Where and Who and WHEN?

April 7, 2015 By Jay Vithalani

I was infected with HIV around 3 a.m. on 21 August 2005. In the village quaintly known as Iowa City. And by a guy named “Matt” (more about him in a bit). I know these three things beyond a degree of reasonable doubt. Am I lucky, am I glad, to be in possession of this knowledge--the when, the who, the where--or unlucky, unhappy, to have it?

Neither, I think: I don’t feel lucky or unlucky, sad or glad. It’s a complicated and touchy subject. It’s not a theoretical matter of epistemological apathy. Nor is it some casual triple-shrug of practical indifference. But many friends and acquaintances simply will not not not believe me when I say that, on balance, I could live pretty easily *without* this knowledge. What can I say to counter their doubt? Make some kind of all-vanquishing aphoristic retort? So... “Ignorance may not always be Bliss, but Knowledge is not always Power either.” More loud cries of disbelief--and derision! I don’t think I’m going to win this one.

Even so...I’ve never quite understood the obsession some HIV-positive gay men have with identifying, with some precision, When they were infected. I mean, it’s a natural desire to have, of course I get that, the desire to know how long you’ve had this bug inside you--but is it worth agonizing over? And over and over? And then, after a while, all over again? Pop psychology: well, it’s a defense mechanism, it helps block the awful feelings of the present, especially if you’ve just been diagnosed. The hope is that, once other ways of coping have been found, the *severity* of this yearning will pass if not the actual desire itself.

Impossible *not* to look backward; but let’s try to look forward as much as possible, yeah? You have your test results--and no, you *cannot* do a simple extrapolation from the current CD4 count and viral load to determine length of infection--and let *those* be the guides from now on. And no, don’t go hunting around for “detuned assays,” whatever you may have read on the Internet. Even if you find a commercial lab that can and will perform one (very unlikely), it’s *not* going to tell you much, trust me. All *that*, in brief--lots of italicized words, trying to mingle an emphatic tone with empathy--is what I’ve found myself telling many men over many years.

And, to make the obvious point, this obsession--let it be a brief one!--underscores, in one strong way, the need to be tested annually. For HIV and other STIs if you’re a sexually active man or woman. Take A. and B. and C. Three intelligent and highly-educated and successful and good-looking men, from three different countries I should mention--none of them had had an HIV test for at least three years before testing positive. A. simply didn’t think he was at risk, the sex he had

was so “tame and negotiated.” B. acknowledged high-risk behaviors but was terrified of a laboratory Day of Reckoning. And C. was bafflingly clueless, for whatever reason, about the importance of annual testing--his longtime GP had after all never said any thing.

Crudely: complacency, fear, and lack of knowledge. A. and B. and C. took quite a while to reach even the first “pillar” of the treatment cascade: diagnosis. B. half-expected his test results, but A. and C. were stunned. B. is again the exception: he was curious, more than curious, about the *method* of transmission rather than the exact time of infection and seroconversion, though he urgently wanted to know if infection-length dictated the nature and speediness of treatment. A. became briefly obsessed with the When question. With C. I feared that the relentless pursuit of an answer had risen to clinical OCD levels (and after much gentle-strong nudging, he did go into cognitive-behavioral therapy for a few months).

More about these, and related, matters in my next.

JV

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