

Inside Edition...

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 HIV Testing Clinic Test Dates

June Calendar

June 14 Pride Fest at Hemisfair
 Park 12:00-10:00 pm
 (contact Beat AIDS for more information at
 210.212.2266)

June 26 National HIV Testing Day
 at UTSA 1604 Campus
 (Free HIV Testing for Bexar County residents from
 5:30-8:30 pm at Student Health Services)

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A Farewell to Shame

by Christopher Leeth, Health Education Coordinator

We've all been there. That weird place where we debate whether or not to get tested for a Sexually Transmitted Infection (STI). We'll spend countless hours looking up pictures of whatever on Google or Wikipedia trying to figure out if we should get to a clinic. Ironically enough, we spend so much time worrying that we actually begin to think that we have something. Something itches, something hurts. Is that a bump or has it always been there. Of course, we could just go get tested but that would require us to talk about what got us through the clinic door in the first place.

That's the problem; shame. Shame keeps us from just solving the very riddle that wastes so much of our time and energy. We think that we would know if we had something so why risk letting someone know about our sex life? Sound logic...if every STI had symptoms. If you had HIV, the most you would experience would be some flu-like symptoms; fatigue, a fever, some soreness. And I'll take a shot in the dark and assume that even if you really had the flu--like the *real* flu--you wouldn't go to the doctor (in fact, how many men got flu vaccines this past season anyway?) because "it's just the flu" and because you're a real man and you can handle it.

Could a real man handle HIV? No. Sorry. Not even you. Try as you might, it will best you. Now I realize that for many readers, this will be no surprise. After all, the word about HIV (for the most part) is getting out. The trick now is getting men tested. It is not fear that keeps us men from getting the test. It's this shame that is felt for no reason at all. What is the shame in getting tested? Why is that one of the first things that is thought of when thinking about an HIV test?

Men will wear sunglasses at night, inside clubs and bars; will wear hats like their completely aloof; and we will, in general (myself included), do about a billion things that should embarrass ourselves. Further, men spend as much time worrying about our body image, our diets, and maintaining a "healthy" lifestyle as do women. So how is that we can do things that should legitimately shame us *and* be concerned with our physical health, but we can't bring ourselves to take a confidential (if not anonymous) 20 minute, no-blood-involved, HIV test? I sometimes forget which end of the test I am on, but I've also been on that other side. I encourage men, NAY, *dare* men to get tested. If a man is so confident that he doesn't have HIV, then he should have no fear while he waits for the results. If a man does have a concern, then he should be responsible and summon that courage we all strive for and get the test.

Bottom line, there is no shame in getting an HIV test. For the low-cost of walking in the door and waiting about half an hour, a man can buy himself peace of mind. And not just because women dig a man who is into sexual health and can seek help, but because if a man meets a special woman, he can get to know her in complete confidence (if you catch my drift).

The Epidemic: The Early Years

by Howaida M. Werfelli, MPH, Health Education Coordinator

The early 80s was marked with no clear definition of what AIDS was or where it came from. Physicians were forced to treat patients without a clear understanding of the problem, public health practitioners were trying to avert the problem without knowing the cause, and researchers were trying to find a cure without really knowing what they were fighting. By the end of the decade, however, the silver lining was beginning to show.

The first observations of the disease came on June 5, 1981 when the Centers for Disease Control and Prevention (CDC) published an article in *Morbidity and Mortality Weekly Report* (MMWR) about five sexually active, homosexual men suffering from pneumocystosis (pneumonia). The article noted that the patients were experiencing immune system suppression as a result of whatever was plaguing them.

The article marked the beginning of the epidemic in the United States. Data collection became a staple activity and reporting to state health departments became a common place practice. The CDC became the central hub of information as each state's respective health department forwarded its reports to the CDC. On July 3, 1981 a second article was published by the CDC in MMWR. This time MMWR reported that 26 homosexual men were reported to have not only pneumonia but also Kaposi's sarcoma, a skin cancer usually affecting older men of Mediterranean background.

As more reports were sent to the CDC, researchers were becoming more confident that this was a disease singly affecting homosexual men. They began to formulate and studies theories as to why this may be the case. The disease became known as gay-related immune deficiency (GRID).

By June 11, 1982 the CDC had reports on 355 cases from California, Florida, New Jersey, New York and Texas. The realization that the cases were limited in location left researchers believing that this disease was probably caused by a virus.

On September 3, 1982 the disease officially became recognized as acquired immune deficiency syndrome (AIDS) by Bruce Voeller, a biologist. It was also Voeller who noted that AIDS transmission somehow involved blood and/or blood products.

By 1983 approximately 1000 Americans had been diagnosed with AIDS and the public was becoming increasingly aware that AIDS was not a "gay-man's disease" but rather it was every man's disease and essentially anyone could be at risk. This idea was solidified after a heterosexual woman contracted AIDS from her hemophiliac husband and transmitted it to her newborn child.

April 23, 1984 came with an announcement by Robert C. Gallo that a virus in blood samples from 48 people with AIDS was identified. French researchers also reported that they had

isolated a virus. A huge debate between the two groups ensued as to who discovered the virus first. After comparisons were made it was discovered that the two viruses were virtually identical.

By 1985 the news surrounding AIDS was that the problem was more widespread then originally thought. Health officials in Africa were reporting that the epidemic was widespread throughout the continent. By 1988 the state of AIDS was elevated to a pandemic level. European officials were reporting approximately 5000 cases, with researchers providing more realistic estimates that ranged from 500,000 to 1 million infected.

The late 80s marked the development of various programs charged with the mission of dealing in one capacity or another with the AIDS pandemic. The World Health Organization's Global Program on AIDS, the United Nations Programme on HIV/AIDS (UNAIDS and United Nations Children's Fund emerged as the leading authorities on the AIDS virus and pandemic and work with governments to provide resources, help guide research and implement programs to increase knowledge and awareness and promote preventative practices.

Did you know...

The **US** is one of **13 countries** that completely ban incoming travel across their borders by HIV-positive individuals.

In January, the Department of Homeland Security (DHS) proposed more restrictive changes on this 20-year-old policy banning foreigners with HIV from entering the U.S.

For students only



Student Health Services

June 2008 Schedule

DT Campus

BV 1.308

June 11, 25

1604 Campus

RWC 1.500

June 5, 12, 19, 26, 27

By appointment only

Call 458-6428

Private and confidential 20 minute Rapid Testing

For students only