HIV Prevention Beyond Condoms

Michael Discepola, MA


While behavioral interventions focusing on consistent condom use have produced significant HIV-related risk reduction, both research and practice illustrate the pressing need for additional strategies to prevent new HIV infections throughout the world. At the same time, according to Australian researcher Susan Kippax, a contributor to this important volume, despite evidence that supports some alternate approaches to condom usage—options such as negotiated safety that combine notions of personal choice and personal freedom—not enough is understood about the impact of these approaches to be certain that they do not actually undermine safer sex culture.

Beyond Condoms: Alternate Approaches to HIV Prevention, a well-written anthology, explores this dilemma, challenges one-size-fits-all public health responses to HIV prevention, and calls for an integrated political and social response to the pandemic. Editor Helen O’Leary and her contributors, including some of the foremost experts in the field of public health, challenge researchers, policy makers, politicians, and prevention providers alike to think in systemic ways about the development and dissemination of effective solutions to HIV transmission. The volume focuses on the role of the research community in increasing knowledge, but also serves as a resource for anyone interested in an accessible historical account of the HIV prevention experience and a treatise on how that history might influence responses to the pandemic.

Condoms are an inexpensive, highly effective, and economical prevention approach. The premise of the book, however, is that condom use alone is not comprehensive enough, because technical, social, political, economic, and psychological barriers may undermine its efficacy. Condoms may break, they may be unavailable in some places or to some people, and a lifetime regimen of condom use is daunting and unrealistic in many circumstances. Yet, different approaches combined with condom use may more effectively respond to the diverse life circumstances of those at risk for HIV. Beyond Condoms offers a critical evaluation of a range of strategies such as negotiated safety, female-controlled technologies, and STD and HIV treatment as prevention. It also evaluates related topics such as the structural barriers to and the cost-effectiveness of HIV prevention.

Cost versus Effectiveness

In “Assessing the Cost-Effectiveness of Alternate Approaches to HIV Prevention” David Holtgrave and Seth Pinkerton discuss the need to fund and develop the most economically efficient interventions without compromising efficacy. While widely supported as a goal, the concept of cost-effectiveness is often seen as impossible to achieve due to a myriad of political and social factors that influence HIV prevention. Interventions that are shown to be both cost-effective and efficient such as needle exchange and family planning often face resistance due to national policies based on the morality of substance use or premarital sex. Besides these political barriers, it is difficult to measure the impact of many promising interventions not immediately linked to the observable elimination of risky behaviors—despite the opinion of many researchers and providers who now believe that these interventions are central to risk reduction. Such interventions help people at highest risk focus on increasing self-esteem, decreasing isolation, building communication and negotiation skills, supporting fiscal independence, getting job training, and supporting other changes not immediately related to risk reduction.
To date, most of the published efficacy and cost-effectiveness studies have examined those interventions—risk reduction counseling and small group counseling—that focus directly on altering behaviors or that facilitate the distribution of preventive tools, for example, condoms, bleach, and clean needles. Few studies have examined “non-traditional” approaches such as negotiated safety, reducing the number of sex partners, substituting safer behaviors for riskier ones, or supporting overall wellness.

Structural Barriers to Prevention

Solutions to stem the pandemic must not only be affordable, they must also be fully supported by the societies in which they reside. In “Structural Barriers and Facilitators in HIV Prevention,” Charles Klein, Delia Easton, and Richard Parker describe some of the complex political, social, and cultural factors that impede HIV prevention. Among these factors are: inner-city poverty, the exchange of sex for drugs, human rights violations, the lack of substance abuse treatment on demand, homophobia, sex-phobia, gender inequality, war, and displacement caused by large-scale development.

Understanding these factors might spur a shift in prevention from individual- to community-based efforts aimed at transforming norms, values, and “collective” meanings in ways that will promote safer sexual and injecting practices. This may well require a change in focus from the concept of “risk,” typically perceived in terms of individual behaviors, to the concept of “vulnerability,” which is understood as societal conditions that may undermine the abilities of individuals to avoid danger. Examples of risk are unprotected sexual contact with multiple partners of unknown or opposite HIV status, or the sharing of needles. Examples of vulnerability are the lack of equal employment protection for gay members of society or the destruction of local jobs through violence or war. Unfortunately, few societies consider these complex and systemic factors that underlie vulnerabilities when acting to curb HIV transmission.

Throughout Beyond Condoms, contributors describe changes that might respond to structural barriers. Such changes might include supporting condom use by sex workers, decriminalizing sex work, lifting the U.S. ban on needle exchange, and modifying syringe availability laws. Other changes might address political and social factors that equalize the availability of resources and power among all groups, for example, by strengthening legal protections for gay men, addressing tax inequities, and minimizing the social disruption of war and political instability. Beyond Condoms also acknowledges the ethical aspects of HIV policies, for example, the success of needle exchange and drug abuse treatment in Australia and the Netherlands and the parallel failure of law enforcement approaches to stem HIV in the United States and France.

Conclusion

To her credit, O’Leary presents a neutral but critical analysis without resorting to the moral judgments that so often litter HIV prevention reviews—a useful model for effective prevention design. In addition, the book successfully questions the handling of HIV prevention, yet acknowledges HIV prevention successes and calls for a systemic review of what is known.

There is still much to be done to curb the HIV pandemic. Beyond Condoms improves our collective understanding of this challenge and leaves the reader with a view toward identifying effective and feasible approaches. Through greater understanding, we can identify and improve our systemic responses to reduce the HIV pandemic in a humane and effective manner.

Clearinghouse: HIV-Related Books


The Boundaries of HIV Prevention

Thomas Coates, PhD


HIV prevention used to be much simpler. People who got infected with HIV were diagnosed with AIDS, on average, 12 years later. They died, on average, three years later. This is no longer true. Accessible and properly taken HIV antiviral treatments are extending lifespan after diagnosis beyond what we can currently predict and multiplying the number of people living with HIV. After years of extremely low seroconversion rates, new infections of HIV among gay men are increasing. At the same time, the likelihood of an effective HIV preventive vaccine is diminishing.

Crimp D. Melancholia and Morality: Essays on AIDS and Queer Politics.

Gay (or queer) politics used to be simpler too. Emerging in the 1970s, the issues were straightforward: encourage openness, allow individuals to express their sexual desires, and genuinely accept gays and lesbians into political and business worlds. Douglas Crimp, professor of Visual and Cultural Studies at the University of Rochester, charts and examines the clash between these two worlds—HIV prevention and gay political and sexual liberation—in his book Melancholia and Morality: Essays on AIDS and Queer Politics.

Destructive Morality

Crimp not only examines the AIDS culture through various lenses, but also seeks to chart how AIDS dominates queer culture and politics, a fact that Crimp laments. He attempts to show how media—ranging from the film Philadelphia to Randy Shilt's And The Band Played On—and queer commentators have all succumbed to the dominant moralist view of AIDS that suggests that HIV prevention methods tend to be sex-negative. He argues that the future depends on de-moralizing representations of AIDS, reclaiming the queer movement, and, in so doing, ensuring that AIDS is adequately addressed and the queer agenda properly defined and advanced.

Crimp argues that contemporary queer politics “is the repressed, unconscious force that drives the destructive moralism of the new, anti-liberation gay politics.” The AIDS prevention agenda, he argues, has caused mainstream gay pundits to identify with the repressive morality of the majority, undoing the dynamic and anti-establishment force of the queer movement. HIV prevention's failures are the result of a constrained effort to get inadequate knowledge and information to those who need it the most.

The problem with Crimp’s thesis—like that of many advocates—is that it denies the complexity of the situation. Is it possible that both things are true: that first, society's sexual mores are repressive and interfere with HIV prevention, and second, that HIV prevention does require boundaries on sexual behavior? Is it possible both that HIV prevention could be better and that gay culture and leadership could take responsibility for those elements of the culture that cause disease to spread?

We have now heard from all sides. During the past five years, Larry Kramer, Michelangelo Signorelli, Gabriel Rotello, and Andrew Sullivan have written critiques of gay culture and the AIDS epidemic. Douglas Crimp goes further, arguing that homosexuals remain stigmatized, stereotyped, and repressed, and that queer culture needs to continue to push the boundaries of society. He asks whether queer culture should return to its roots or move on to a new formulation that addresses and even embraces the new realities of gay life, including acknowledging HIV as a relatively permanent feature.

Conclusion

What we need is a queer philosophy and—dare I say the word?—morality that can embrace multiple realities. HIV is endemic in major gay meccas such as San Francisco. Because more than 2 percent of uninfected gay men are acquiring HIV every year, the percentage of gay men who are living with HIV will continue to climb, increasing the likelihood that even more people will get infected.

It is true that society still has difficulty with gay men and lesbians. But, at the same time, the gay and lesbian community does not always promote the health of its members. As a colleague said: “You can swing a cat in the Castro [the gay center of San Francisco] and have sex with all of the people it hits. But it is really hard to get a date.” Drug use and abuse takes life and quality of life away from many members of the community, and individuals new to the community do not always find it easy to find acceptance and support.

It is time to move beyond the rhetorical extremes embodied in works like Crimp's. It is time to evolve a way of living that supports people with disease and honors disease prevention, even as that way of living pushes the edges of society.

Author

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Women and Images of Caregiving
Diane K. Haas


Women Who Care is not a book about AIDS. It is a book that critiques AIDS narratives through the lens of race and gender. Katie Hogan examines dozens of these narratives as they arise in works ranging from the book Uncle Tom’s Cabin to the movie Boys on the Side. She concludes that we have not progressed far from 19th century images of women as self-sacrificial caregivers and asserts that this image of “innocence” is used to put a more acceptable face on AIDS.

Hogan has clearly done her research, and the book makes fascinating reading as it describes the ways sexism and racism are unwittingly reproduced in both mainstream and alternative creative works. At times I began to question my own caregiving motivations. Not even my days of spray-painting feminist slogans on advertising billboards helped me escape the feeling that when I’ve taken care of people with AIDS, it has been little more than an act of unacknowledged self-abnegation rather than an extension of myself as a member of a queer community. But the book had my interest, so I read on.

Making AIDS Digestible
Hogan applies the framework of “good woman” (“innocent,” only had one partner, usually White) versus “bad woman” (drug user, sex worker, “had a one night stand,” poor, women of color) to evaluate “AIDS” movies and novels, and women champions like Mary Fischer and Elizabeth Glaser. In each critique, Hogan examines the roles women play and how their relationships to the sick and dying are portrayed. Moreover, she explores why the authors or directors do not enrich these characters with greater depth beyond saintly caregiver.

Beginning in Chapter Two and extending through the book, Hogan uses Uncle Tom’s Cabin—specifically, Little Eva, the child character through which Harriet Beecher Stowe indicts slavery—as a framework for the other works she critiques. According to Hogan, Uncle Tom’s Cabin is like many AIDS narratives: a “radical text that is laced with a conservative nostalgia for feminine nurturance.” Hogan traces Little Eva’s imprint in works as diverse as Other Women’s Children by Perri Klass, where Hogan explores “the racial politics of sentimental deaths of children,” and In the Absence of Angels, Elizabeth Glaser’s memoir.

For example, Hogan entitles her chapter on Boys on the Side—the first film to address women and AIDS— “The Lesbian Mammy,” because Whoopi Goldberg as Jane plays a Black lesbian who ends up caring for Robin, the “good” White woman with AIDS. Hogan calls this relationship little more than an extension of the “mammy image . . . one of an asexual woman, a surrogate mother in blackface devoted to the development of a white family.” Under the heading “The Desexualization of Jane,” Hogan suggests that Jane is denied romantic, intellectual, social, or artistic interests of her own in exchange for her role as caretaker. Boys is but one of the narratives that Hogan critiques to make her point that women—and particularly White middle-class women—are used as images to make AIDS, an otherwise unpalatable social problem, more digestible.

Hogan goes on to critique Push, Touch, and What Looks Like Crazy on an Ordinary Day, three novels written by and about Black women. She argues that in their own way, each of the books dismantles stereotypes by creating Black women characters with HIV who are smart, successful, and creative. By citing reviews of these works, as she does through the book, Hogan continues to weigh the value of these important works against the portrayal of Black women as caregivers, as self-sacrificing, and as closeted.

Conclusion
If you’re like me and save the light reading for the bedside table, this is not a bedside book. Give the book a well-focused couple of hours during the day, however, and you’ll be rewarded with Hogan’s countless examples of women being denied power and her insights suggesting that the denial of AIDS by Black communities has been a psychological defense against societal racism. For anyone who has lived with, worked in, or witnessed the AIDS epidemic, this book offers a perspective rarely expressed in the world of AIDS research, care, and prevention.
The lives of these clients have been chaotic and complex, including childhood rape, assault, and family violence.
Aging and HIV

James W. Dilley, MD


This ambitious and well-written book takes on a subject of growing importance to those concerned about the HIV epidemic: the psychosocial needs and experiences of people living with HIV in the second half of their lives. Using both quantitative and qualitative data, the authors do an admirable job of blending research findings with participants’ "real-life stories."

Make no mistake, however, this is an academic book, which is notable since so little research is available on this increasingly important topic. At the same time as the authors review the recent literature on a number of relevant issues such as coping and social support, they organize the book for a variety of readers with differing interest levels. For example, they assign to an appendix the entire survey instrument they used to gather their data along with tables of their results—information that is of particular interest to other researchers but of less value to clinicians or policy makers. Similarly, case histories and liberal quotations from participants make the book more accessible than it might have been.

Biggest Problem: Money

The nearly 400 pages of the book are divided into 13 chapters, beginning with a discussion of HIV incidence and prevalence among older adults and followed by the primary findings of the authors’ research. The authors conducted a quantitative survey of a diverse group of 172 men and women 45 years of age or older recruited from the community in west Florida and held in-depth qualitative interviews with a 15-person subset of this cohort.

The primary findings highlighted the problems of many of our nation’s elderly: the biggest problem participants faced was “having enough money to live on (rent, food, clothes).” The mental health items found that nearly 50 percent of the participants reported significant degrees of depression, despair, anxiety, anger, or stress; 53 percent expressed fear about the dying process; and 42 percent felt that the greatest difficulty living with HIV was “finding someone with whom to talk or do things.”

The personal stories that follow highlight the individual experiences of participants with HIV and put these qualitative findings into context. Interestingly, specific comments about living with HIV in mid- to later life reflected a mixture of experiences. Some participants highlighted the general problems of growing older, for example, having other medical problems and “aches and pains.” Others were able to identify advantages as reflected by comments such as, “I’ve lived a good life, already,” or “By the time I was diagnosed, my life was fairly stable, and I’ve had a chance to have a family—something which younger people may not have had.” This chapter alone gives the reader a clear sense of the effect of living with HIV on this group of older adults.

The next chapter reviews basic medical information about HIV disease and the following two focus on psychosocial issues, including stress, coping, social support, and mental health. Each of these chapters contains a review of the general literature on these topics and an analysis of the scant literature on older adults with HIV disease. The second half of the book describes the types and degree of services needed by older people with HIV and highlights, in two chapters, the specific needs of people of color and women. The final three chapters discuss briefly, but not inappropriately so, prominent issues of concern for this population, namely, sexuality, end of life issues, and HIV prevention and outreach.

Conclusion

This book is suited to a broad range of readers, including clinicians, policy makers, and researchers. The authors state that they hope the book will “serve as a basic reference on the health, mental health, and social challenges of living with HIV as an older adult, and as a springboard for further research.” While the breadth of the book seems to have made it necessary for the authors to only lightly touch many issues, they ultimately succeeded on both counts.

Comments and Submissions

We invite readers to send letters responding to articles published in FOCUS or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals. Send correspondence to rmarks@itsa.ucsf.edu or to Editor, FOCUS, UCSF AIDS Health Project, Box 0884, San Francisco, CA 94143-0884.
The HIV-Positive Analyst Discloses
Susan Thompson, LMFT


A century ago, when Freud was developing the “talking cure,” he described the analyst as a blank screen onto whom the patient could transfer, or project, his unconscious wishes, fears, and conflicts. If the analyst revealed himself to the patient, it would disrupt the projective process which illuminates the patient’s internal world. From the perspective of classical psychoanalysis, the analyst’s revelation would “contaminate” the projective field, so the picture of the patient would be harder for the analyst to read. The analyst would “infect the treatment.” This was a time before we came to understand that the observer alters the observed, and a blank screen is never really blank.

But what if Freud lived in this century? What if he were a gay man? And what if he were infected with HIV? Enter Gilbert Cole. In the collection of essays that make up Infecting the Treatment, Cole offers a rich examination of how his two identities—HIV-positive gay man and psychoanalyst—interact and affect the therapeutic relationship. In doing so, he makes an important contribution to the AIDS literature, queer theory, and the growing body of psychoanalytic literature dealing with the clinical use of the analyst’s subjectivity.

Stimulating, Yet Dense
The book consists of six essays, each of which embeds Cole’s personal experience into a theoretical context and follows multiple lines of thought. The result is stimulating, yet dense. For example, the game reader travels from a post-modern investigation of identity to the fantasy of male generative capacity found in Greek mythology to method acting technique. For the committed academic, psychoanalytic reader, or psychodynamic clinician, it will be a pleasure to tag along on Cole’s intellectual and clinical journey, but for the less theoretically inclined reader, this book and its abundant references will be daunting.

One essay in the book is quite accessible and useful to clinicians whose work is informed by relational psychoanalytic theory. In “Disclosure and Contagion,” Cole presents case material to illustrate the actual clinical conditions that might lead to the revelation of HIV status. His first disclosure involves a client who was extremely angry and ashamed about his recent seroconversion. The client told Cole that he would not enter treatment with an analyst who was not HIV-positive and asked Cole to reveal his status. Two longer case presentations involve an HIV-positive gay man and an HIV-negative gay man, both long-term clients who read the obituary in which Cole was named as a survivor of his partner who died of AIDS. Eventually both of these clients asked directly about Cole’s HIV status. Cole recounts rich clinical detail about his work with all of these clients and how the disclosure of his status deepened their treatment. He points out that it is not the content of a disclosure, but the process leading to and from it, that inhibits or promotes therapeutic work.

Cole moves from a clinical examination of his disclosure to an ethical examination. In “A Duty to Disclose,” a new client described how his previous analyst’s “two week vacation” was actually major surgery that led to her death and about which he was uninformed. Cole decides he has an ethical duty to disclose his HIV status to this client before beginning treatment. In this essay, Cole reviews the ethical literature and examines when an analyst’s self-disclosure of any kind is protective of the client and when it is, instead, a “seduction.” Although this essay begins with accessible clinical material, Cole’s ethical inquiry quickly deepens into a philosophical discussion of morality, contrasting the ideas of Kant and Nietzsche. This is both the gift and the curse of Infecting the Treatment, for some an intellectual feast, for others an impenetrable bore.

Conclusion
Infecting the Treatment rides the crest of the recent turn in psychoanalytic theory and practice, recognizing the mutual influence of therapist and client on each other, and the porous, shifting boundaries between self and other, analyst and patient.

In this brave work Gilbert Cole steps out from behind the blank screen and discloses to the world as he has to his clients. He knows that a client’s ability to accept his or her own limitation, vulnerability, and humanity depends on having accepted those of his or her caregivers.
Brief Reviews

In 2000, at the behest of the Centers for Disease Control and Prevention (CDC), the Institute of Medicine . . . comprehensively reviewed HIV prevention efforts in the U.S. No Time to Lose is the result of the committee’s work and provides a “strategic vision” that comprises six components that call for attention. These include: surveillance; adherence to rational cost-effectiveness principles in allocating resources; focused prevention services to HIV-infected individuals; community-level action based upon research; the development of new tools to enhance prevention efforts; and action to address social and political barriers that impede prevention efforts. The evidence to support this vision is clearly laid before the reader and cogently argued. This report makes fascinating reading and provides real insights into U.S. policy-making.

In many senses No Time to Lose is a cri de coeur for rational, evidence-based, cost-effective policy making and a plea to acknowledge that opportunities to respond effectively have frequently not been grasped because of social and political barriers. The report highlights public health successes, failures, and . . . potential successes which should be achieved but may not be because of ongoing political and cultural constraints. . . . [I]t provides ample evidence to show how these cultural, social and moral values have shaped policy. The report highlights the unrealized opportunities. These include the failure to expand drug abuse treatment programs and promote sterile injection equipment, the constraining of sex education and condom availability in schools, and the failure to support adequately HIV prevention in correctional settings . . . [I]t suggests that unfortunately public policies at present often “run counter to the scientific evidence regarding the effectiveness” of interventions focused upon these themes.


This is a very concise and useful overview of the state of the art of qualitative research into injecting drug use. . . . While its focus is on injecting in the “time of AIDS,” when injecting first came to be understood as the “main cause of health damage related to illegal drug use,” this brief book (125 pages) covers the historical context of such work . . . But while opiates are ancient, their injection is relatively recent—injecting itself is mainly a 20th-century innovation. . . . and cheap disposable syringes [were available] only after 1960.

The book includes an overview of all the modern research into injecting and its now well-understood biological link to transmission of infectious diseases and key role in the . . . HIV and hepatitis C epidemics. It identifies the broader social context of drug use and the genesis of certain customs related to sharing of injecting . . .

The book also explains the important relationship of such qualitative work to interpreting the findings of quantitative research . . . [T]he rationale for its significance is made clear in the foreword . . . : “Studying drug injecting is no easy task” and we must understand “why and how people decide to engage in such dangerous behavior.” This accessible volume makes it easy to see the wisdom of this view.

Next Month
Abstinence may be the hottest topic in HIV prevention. The Bush administration has elevated it to a policy priority both in the context of sexually transmitted diseases and in terms of family planning. But it is also hot because it places in opposition deep feelings about gay rights and the teachings of some religions. Many researchers are now advancing a hybrid model of adolescent sex education—“comprehensive sex education”—that provides teens with information about both abstinence and risk reduction.

In the January 2003 issue of FOCUS, Andrea Witkin, MA, Research Project Director at the UCLA Center for Community Health, compares the data on comprehensive sex education and abstinence-only programs. Also in this issue, Christine Cipperly, MPA, the Respect Life Coordinator of the Catholic Diocese of Sacramento, describes how “chastity” fits into Catholic spiritual teachings, offering readers a sense of the tenets behind this belief.
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