HIV, like other sexually transmitted infections, tends to engender a cognitive dissonance between one’s awareness and one’s actions. AIDS has been around for a while, and most people know its devastating, and potentially deadly, effects. However, too often, the dangers are transmitted to sub-Saharan Africa, or the inner city, or to “other people,” or anywhere else that does not require a hard look in the mirror after a “risky” experience. We’re not attempting to write from a position of faux moral superiority, but with this issue, the Holistic Healer hopes to transcend specific tips and make the dangers of HIV/AIDS well, relevant again.

AIDS, After Almost 30 Years, Offers no Easy Answers

Essay by Abigail Zuger, M.D.

Instinctively, the first thing we want to know about a disease is whether it is going to kill us. As the Talmud says, pretty much all the rest is commentary. Twenty-five years ago, this was the only question about AIDS we could answer with any certainty; how disorienting it is that now, vast quantities of commentary later, it is the only question we really cannot answer well at all.

By now, those of us in the AIDS business long term have cared for thousands of patients. No one with that kind of personal experience can doubt for a moment the malignant potential of H.I.V. or the lifesaving capabilities of the drugs developed against it. But there are also now hundreds of footnotes and exceptions and modifications to those two facts that make the big picture ever murkier.

Not everyone who is infected gets sick. Not everyone who is treated gets well. Some people progress along the road from initial infection to progressive immune deficiency to life-threatening illness at the expected pace, then with treatment head right back again to health. Others stall along the way, sick or well, defying our dire predictions and happy reassurances alike.

Patients newly diagnosed throng into our clinics, many of them very young, and utterly underwhelmed by their infection. They know for a fact that the new drugs will make everything all right. I gave one of them his diagnosis on a hospital ward last year. “Try not to worry too much,” I told him as he stared blankly at his computer screen; it turned out he was more concerned by his weak wireless connection than his new status as a person with advanced AIDS. He was scrawny, spotted purple, with AIDS-related cancer all over his mouth and lungs, a flash from the grim past. We gave him all the magic drugs; he died five months later, age 23.

But for every memento mori like him, there are hundreds we save. As death rates fall, the numbers living with infection rise. As hospitals empty, the outpatient clinics overflow. The more drugs we have, the more drugs we need to mop up behind them, treating side effects and failures. All in all, we have an expensive little wellness industry on our hands, often with budgets so badly out of date we can barely keep up with it all.

Our clinic waiting rooms have always been strange places, the sick and the healthy all bundled in there together, the gaunt and the robust side by side. But even there, things are getting stranger. That skeletal fellow reading a magazine, skin pulled taut over his skull, folds of denim covering his wasted legs, is actually one of our big successes. He is perfectly well, at least as far as his H.I.V. infection goes. Ten years ago he was dying of AIDS; now he is living with it — or, more accurately, living almost without it, his immune system normal, no trace of virus detectable in his blood. It is the lifesaving drugs that have transformed his appearance like this, leaching the fat from his body even as they clear the virus from his blood.

He is another memento mori, for it is impossible to look at him and not see fatal illness, and yet as far as we know he will live a full life, untroubled by AIDS. Except, of course, that he now has other problems. The drugs have knocked his metabolism all out of whack: his body may be skeletal but his...
bloodstream is full of sugar and fat damaging his heart, liver and kidneys.

His appearance makes it hard for him to find work; the plastic surgery to fix his face a few years ago led to only temporary improvement, and he cannot afford more. Still, he continues to take the culprit medications precisely, day after day.

The vigorous man next to him, muscles bulging out of his shirt, is also in disguise. Ten years ago he was dying of AIDS, and now we think he still is, although we cannot be absolutely sure. His blood tests are terrible: his immune system in a shambles, the virus in his blood resistant to all the drugs we have.

Yet, for reasons no one can explain, he continues to thrive on these drugs, with no side effects. He too has had plastic surgery, for, he tells us, he plans to “live life to the fullest,” by exercising, partying and staying as beautiful as possible for as long as possible. It is anyone’s guess if his party has weeks, years or decades yet to run.

To look at him, dance with him, date him, you’d never know anything was wrong. But anyone who catches his virus may be in for a bad time; he must be careful, we tell him over and over and over again.

And between those two extremes we have patients scattered at every possible point: men and women who cruise on their medications with no problems at all, and those who never stabilize on them and die of AIDS; those who never take them properly and slowly deteriorate and those who never take them properly and still do fine; those who refuse them until it is too late, and those who never need them at all; those who leave AIDS far behind only to die from lung cancer or breast cancer or liver failure, and those few who are killed by the medications themselves.

And so, when we welcome a new patient into our world, one whose fated place on this grid is still unclear, and that patient asks us, as most do, whether this illness is going to kill him or not, it often takes a bit of mental stammering before we hazard an answer. You can win big, and why shouldn't you, with the usual fail-safe combination of luck and money (and lots of it). You have our very best hopes, so step right up: we peddle big miracles but, alas, offer no guarantees.

Moments in AIDS History

- **1959**—Scientists isolate what is believed to be the earliest known case of AIDS.
- **1982**—After it is known as gay cancer, new pneumonia, and Gay-Related Immune Deficiency (GRID), the syndrome is renamed acquired immune deficiency syndrome (AIDS) by the CDC when it becomes clear that the epidemic is affecting broader populations than originally thought.
- **1991-1995**—Freddie Mercury (lead singer of Queen), Arthur Ashe (tennis legend), and Eric “Eazy-E” Wright (rap star) die of AIDS.
- **1992**—Magic Johnson is diagnosed with HIV. He continues to play basketball, and plays on the 1992 US “Dream Team”.
- **1994**—The CDC announces that AIDS is the leading cause of death among 25- to 44-year-old Americans.
- **2001**—In a historic session of the United Nations General Assembly on the AIDS epidemic, participants unanimously pass a resolution declaring AIDS a global catastrophe and calling for worldwide commitment to end the epidemic.
- **2007**—Number of people HIV positive –
  - US – 1.1 million
  - Sub-Saharan Africa – 22 million
  - World – 33 million
- **2008**—Eric Cartman and Kyle Broflovski, of South Park, CO, become infected with AIDS. The pair travel to Magic Johnson’s mansion to discover the cure for the disease. Hilarity ensues.

http://www.nytimes.com/2006/06/06/health/06aids.html

Upcoming AIDS Awareness Events

**November 6th**
“AIDS Awareness” Party
Liberty Hall—First Floor
7:00PM

**November 10th**
AIDS in Politics
Speaker and Mini-Film Festival
Education Center, Room 116
7:00PM

**November 20th**
“STD Jeopardy”
Berry Hall, Room 104
7:00PM

**December 1st**
World AIDS Day Celebration
Sponsored by Lowcountry AIDS Services
The Cistern
Two Inspired Locals Tackle the AIDS Epidemic

Many of the world’s best ideas are born in bars. The rest come in dreams. Almost a decade ago, Jessica Lambrokos and Tera Mabe were slinging drinks at Vickery’s when they decided to take a trip to Africa to work at the heart of the AIDS crisis. But that’s a pricey venture, and the idea remained just that. Then two years ago, Lambrokos had a dream in which a guardian angel told her to make a calendar (of tastefully covered naked people) and sell it.

Today, the pair is back in the states after work for a season in Africa; the “Naked Truth” calendar was a success. From April to June, the friends lived in the village of Moshi, at the foot of Mt. Kilimanjaro in Tanzania. They worked with Cross Cultural Solutions, a short-term Peace Corps-type program that coordinates volunteers from around the world. Lambrokos wrote grants to acquire money for AIDS orphans to go to school, while Mabe spent her days with a group of virus-stricken women, many single and with multiple children.

Lambrokos and Mabe saw first hand the difficulties in fighting AIDS in Africa; for example extreme poverty prevents most people in Moshi from spending the 30 cents necessary to travel to the Tanzanian capital to procure the free, government-provided medicine. Also, social stigmas, cultural taboos, and general misinformation made complicated the pair’s job. You can read all about the two “on the front lines” at www.charlestoncitypaper.com; just type in “Naked Truth” in the search engine.

Lambrokos and Mabe are planning a 2009 calendar, splitting the proceeds between fighting AIDS in Africa and fighting AIDS in the Lowcountry. For more info on the “Naked Truth” calendar (or to order the 2009 edition), go to www.nakedtruthsc.com

Finally, while HIV/AIDS is especially virulent in Africa, there are 3,396 known HIV positive citizens in the Lowcountry. Lowcountry AIDS Services is devoted to helping these people, through testing, counseling, financial and housing assistance, and education and advocacy. For more info on this non-profit, or to donate or volunteer, go to www.aids-services.com.

Did you Know...

In addition to being the cradle of civilization, Africa is home to the only dog in the world that does not bark, the Basenji?
C of C Student Proud of Horrible Tan

CHARLESTON, SC—College of Charleston student Stacy Nielsen takes great pride in her deep, dark, horrible suntan, the 22 year old junior revealed Tuesday.

"I worked hard all summer, all the way through October, to get this tan," said Nielsen, her wide smile threatening to crack her sun-dried, rusty-orange face.

"It’s not like you can just lay out whenever or wherever. Marion Square is a prime spot, but it can fill up with other tanners, Frisbee throwers, dogs, and perverts. You’ve got to rotate your tanning spots on the Peninsula."

Nielsen frequently offers fellow students advice on proper flipping procedures, tanning oils, and skin moisturizers. "I guess you could call tanning an addiction for me," added Nielsen, crossing a leg that resembled a hot dog forgotten on a gas grill. "But I just can’t stand to look like a ghost."

Despite a full-time internship in a law office this summer, Nielsen managed to "get a little color," impressing her fellow students in her Communication Theory class.

"Stacy looks amazing," said fellow student Judy Haskins, overlooking the obvious flaking and discoloration of Nielsen’s epidermis, perhaps in an unconscious attempt to cope with her colleague's increasingly reptilian appearance. "I just don’t see how she finds the time. I guess, unlike me, she has the type of complexion the sun loves."

Haskins is not the only one to unfavorably compare his or her own light skin to Nielsen's withered husk.

"I thought I had a tan, but I'm two shades lighter than Stacy," said freshman Don Rourke, his eyes glued to the sandpapery skin revealed by Nielsen’s clothing. "Well, if you ever need me to help put suntan lotion on your back, Stacy, just give me a call."

Stretching her arms over her head to reveal her ghastly burnt-ochre armpits, the sun-raped Nielsen related some tricks sunbathers can use to prematurely age their skin and increase their risk of skin cancer.

"I catch a few rays over the lunch hour at Stern, if the sun’s out," Nielsen said. "Then, if I have a little time after school, I drive out to Folly and relax on the beach with a Diet Coke. And, of course, I sun a lot during the weekends—at home and at the Washout. I make sure I’m out there during peak hours. I don’t burn easily, so sunscreen isn’t really necessary."

Nielsen said she looks forward to the Caribbean cruise she will take with her boyfriend, sophomore Curt Kleis, in January.

"We’re definitely going back to the nude beach at Mazomanie a few more times," said Kleis with a wink, oblivious to the sickening impact of his words. "Stacy wanted to work more on her ‘all-over tan,’ if you know what I mean."

Citizen Voices:
College Drinking Age

A group of 104 college and university presidents has recently signed a statement that suggests the minimum drinking age of 21 encourages a culture of dangerous, clandestine drinking. What do you think?

Toni Graber, Housewife
"Wait, where exactly is this culture? I am a 48-year-old housewife. I want in."

Carl Rasmussen, Systems Analyst
"I remember the hassle of having to do keg stands from behind a curtain."

Sean Rowan, Bookstore Manager
"That may be, but getting a fake ID and sneaking into bars at least builds ingenuity and lateral thinking."

Top Halloween Costumes, Women 18-34

1. Sexy French maid
2. Sexy cat
3. Sexy witch
4. Sexy hobo
5. Sexy ketchup bottle
6. Sexy prostitute
7. Sexy Mother Teresa
8. Sexy bus driver
9. Sexy Teenage Mutant Ninja Turtle

*Stories on this page are A. not real, and B. pilfered from www.theonion.com