

The Truth About HIV

Adapted by Olivia G. Ford

Today we know more than ever about living well with HIV, treating the virus, and preventing transmission. But some myths hang on. Read the facts about HIV, and avoid misconceptions that are bad for your health.



MYTH: “AIDS is a death sentence. If you test positive for HIV, you will die soon.”

FACT: In the epidemic’s earliest years (1980s through early ‘90s), there were no effective treatments* for HIV. An HIV diagnosis was usually a death sentence.

It’s different today. There are many good medications that treat HIV with few noticeable side effects. Someone diagnosed with HIV today, who has access to treatment, can expect to live as long a life as someone without HIV.

HIV is not AIDS. You can live with HIV for years with no signs of disease, or just mild symptoms. Those who take HIV drugs as prescribed are unlikely to progress to AIDS. But without treatment, in about five to 10 years, HIV will wear down the immune system in most people until they develop certain health conditions (called opportunistic infections) that indicate AIDS.

Many people don’t get tested for HIV until they have already progressed to AIDS. This still doesn’t mean they will die quickly—but if they had been able to get tested and treated earlier, they might never have become sick. The longer HIV attacks the immune system, the greater the risk of developing serious health conditions, including cancers. It’s important to get tested

HIV stands for human immunodeficiency virus.

AIDS stands for acquired immune deficiency syndrome—the condition that results if HIV is not treated for many years.

for HIV and, if you test positive, most doctors recommend you start treatment as soon as possible.

MYTH: “HIV is easy to transmit. There’s almost no way to prevent it.”

FACT: Even in the most unsanitary conditions, HIV can’t be transmitted by: tears or sweat; a cough or sneeze; a hug or handshake; a swimming pool or toilet seat; sharing dishes with someone living with HIV or eating food they prepare. The virus doesn’t survive in open air.

Only four things transmit HIV: blood, semen, vaginal fluids, or breast milk from a person with HIV—most often via sex, sharing needles, or breastfeeding an infant. If the person with HIV is on treatment that’s working, meaning they have an undetectable viral load (too little HIV in the blood to measure), any risk of transmitting HIV can drop dramatically—to zero, in the case of sexual transmission.

There are multiple ways to prevent HIV transmission. Drugs to prevent people who don’t have HIV from contracting it include PrEP (pre-exposure prophylaxis—a daily prescription drug to prevent HIV) and PEP (post-exposure prophylaxis—preventing HIV by taking a month of HIV drugs within two or three days after coming into contact with HIV). For people living with

HIV, effective treatment* prevents them from transmitting HIV to others. If a pregnant woman with HIV takes effective HIV treatment,* the baby’s chance of getting HIV is less than 1%. And, of course, condoms and other barriers are effective for all who use them.

MYTH: “I can tell who is ‘clean’ and ‘dirty’ by looking at them. People with HIV look sick.”

FACT: Now that effective HIV drugs* are widely available, it is unlikely that a person with HIV will ever get sick, much less look sick. An HIV test is the only way to know if someone is living with HIV.

Using “clean” and “dirty” to describe a person’s HIV status adds to stigma against people with HIV. Stigma makes HIV hard to live with, even in the age of effective treatment.*



MYTH: “HIV can lie dormant in a person’s body for years, and the person will test HIV-negative. I tested negative many years ago, and now I’m positive.”

FACT: It takes around 10 years for HIV to cause illness, so a person could contract the virus and not know it unless they got tested. But during that period, their body makes HIV antibodies (proteins that mark a disease cell so your immune system can destroy it). Most HIV tests detect antibodies, not the virus itself.

But it takes one to three months, and sometimes up to six months, to develop those antibodies. This three-to-six-month period is called the “window period.” An



HIV test result is only reliable if it's done three to six months after exposure to HIV. If your HIV test is negative in the window period and then years later you test positive, your original test may just have been too early.

MYTH #5

MYTH: "Having any kind of sex with someone with HIV puts you at high risk."

FACT: Not all sexual activities carry equal risk. For example, if one partner has HIV, and the couple do not use prevention methods, anal and vaginal intercourse pose the highest risk of sexual transmission (especially for the receptive partner). Yet oral sex poses only a very low to zero risk (especially for the insertive partner). Condoms are extremely effective at preventing HIV and other sexually transmitted infections (STIs). Having an undetectable viral load blocks sexual transmission of HIV, but doesn't prevent other STIs. Sex acts where fluid isn't exchanged carry no risk of HIV transmission.

MYTH: "Only 'those kinds of people' get HIV—and they deserve it."

FACT: Since the start of the HIV epidemic, some people have pointed fingers—like saying it's a gay men's disease or "an African problem." But virtually any human being can get HIV if they engage in activities that transmit HIV.

HIV does affect some communities more than others, but that's not because people in those communities are doing something wrong. It's because of conditions like past trauma, discrimination, poverty, and lack of access to health care. If a community already has

high HIV rates, it's more likely that someone in that community will be exposed to HIV if they "slip up."

HIV isn't a punishment for "bad behavior"; it's a health condition that can be prevented with access to the proper resources.

MYTH: "HIV in Black communities comes from 'down-low brothas' who secretly have

sex with men, including in prison, and bring HIV home to women."

FACT: Despite highly publicized claims, not backed up by evidence, of the dangers of the so-called "down-low," research proves that the number of "secretly" bisexual Black men is small—not even close to what could cause an epidemic. The down-low myth is part of a long history of framing Black men as predators and labeling their sexuality as dangerous.

Most incarcerated people with HIV already had the virus but hadn't been tested until they got locked up. For many, prison health care is their first chance to get tested and treated.

Research also shows that Black gay men have lower rates of HIV risk behavior than their white counterparts. Things like existing high HIV rates in the community, discrimination, poverty, and lack of access to good health care are responsible for the ongoing HIV epidemic among Black communities.

MYTH: "HIV drugs are more dangerous than the virus itself."

FACT: The first HIV drugs were extremely toxic, hard to take, and frequently had awful side effects. They sometimes did more harm than good. This is no longer the

case. Today there are many HIV drugs that are safe to take, work well at controlling HIV for a long period of time, and have few or no side effects.

MYTH:

"Locking people up for not revealing that they have HIV keeps communities healthy."

FACT: Prosecuting people for not disclosing their HIV status before having sex (known as HIV criminalization) does not reduce HIV transmission. A growing body of evidence shows such prosecutions are making the epidemic worse.

Despite this, more than 30 U.S. states have special laws to prosecute people with HIV who have sex—even safer sex, using prevention tools that work—if they can't prove they told their partner in advance that they had HIV.

In states without special HIV laws, people living with HIV may get charged for non-disclosure under general criminal statutes, or may face heightened charges or sentencing. A misdemeanor assault charge, for example, might become felony assault.

Seldom is HIV transmission a factor in these HIV criminalization cases. In some states, exposing someone to "bodily fluids" like saliva or urine—which cannot transmit HIV—can result in prosecution. Scientific facts—like that condoms and effective treatment* prevent transmission, or that saliva and tears don't transmit HIV—rarely influence these cases. These laws are about stigma, not science.

There is evidence that these laws discourage people from trusting public health officials, or getting tested for HIV—because a person can only be prosecuted if they knew their HIV status. Not being tested means not getting lifesaving treat-

MYTH #9

MYTH #7

MYTH #6

MYTH #8

ment if needed. The laws also create a dangerous illusion of safety for those who do not have HIV, leading some to have riskier sex.

MYTH: “There’s a cure for HIV, but the government saves it for rich people.”



FACT: There is no cure

for HIV yet. Only one man and, as of early 2019, possibly a second man have been cured of HIV—through an extremely risky treatment made possible because they had cancer as well as HIV.

Basketball legend Magic Johnson is very rich, and very much alive after more than 25 years with HIV. Johnson has stated repeatedly and publicly that he isn’t cured; he

takes the same HIV drugs that are available to virtually everyone with HIV in the U.S.

It’s understandable that HIV, which highly affects communities already facing historic injustices and mistreatment by medical institutions, would attract conspiracy theories. These fears are valid; but myths are dangerous if they keep people from seeking life-preserving HIV treatment and care.

*“Effective treatment” is a combination of HIV drugs, taken regularly as prescribed, that control the virus in a person’s body. People with HIV who are sexually active also need to get a viral load test every three months to make sure the virus is still undetectable, as well as a test for other STIs.

Q. “Shouldn’t people who ‘intentionally infect’ others with HIV be punished?”

A. Cases where someone has had a premeditated specific intent to harm another person by passing HIV to them are so rare that only a small handful have been documented. And “intentionally infecting” a person with HIV isn’t the same as not disclosing one’s HIV status. HIV is difficult to transmit even in the riskiest instances, so sex or contact with a person living with HIV doesn’t automatically equal transmission. Further, there are many complicated reasons why a person may not say, “I have HIV” to a sex partner, including potential violence.

TRANS HEALTH BASICS

Whether you’re trans or not, let’s start with a few definitions.

- **Gender:** A person’s sense of being a woman, man, or another gender
- **Transgender:** Being a gender that differs from the sex one was assigned at birth
- **Sexual orientation:** Attraction to other people, of one’s own or different gender(s)

Everybody has the right to live as the gender they feel they are.

Care for Transition

The steps a person takes to begin living their true gender are sometimes called “transition.” Hormones—and sometimes surgeries—may be prescribed to change physical appearance. Changes to hair, grooming, and clothing can make our bodies feel more like

home—even in prisons, which control and police gender expression.

Several courts have ruled that trans people have a right to hormones in prison (surgeries are still being fought for in court). Yet many prisons still deny legally required health care. This can create problems, especially psychological ones, so it’s important to follow up and seek support if you are denied care. You may need to attend sick call, file a grievance, and pursue litigation to get the care you need. It may help to ask to see a transgender specialist. If you didn’t have an active and legal prescription for hormones before incarceration, you may be required to go through psychological testing.

Regular Checkups

Your doctor should make sure you’re on the right dose of hormones and watch for side ef-

fects. For example, estrogen may increase risk of blood clots and heart disease. If you have surgery, you may need additional hormones to prevent bone loss and early aging.

Anyone can get breast cancer, including transmen who have had breast-removal surgery. Breast pain, lumps, or family history of breast cancer should be discussed with a doctor. Transwomen over age 50 have a right to mammograms. If you have a cervix (the inch-wide, knobby bit between vagina and womb), you may need Pap smears to check for cervical cancer.

Checkups are important. If a doctor needs to examine you, it may help to tell them what would make you feel most comfortable. Medical staff must provide care in a sensitive, respectful manner that recognizes your gender identity.

Sources: Prison Health News, Center of Excellence for Transgender Health, and TGI Justice Project