



AIDS: A Pop Culture History

VH1 Music Studio
Cable in the Classroom

LINDA BERNE Q & A

Note to Teachers: The programs viewed in conjunction with these educational materials may include references, consistent with the eras portrayed, to substance abuse, violent acts, and topics of a sexual and/or political nature. Because this may be considered inappropriate for classroom use in some communities, you are encouraged to review the programs before presenting them to your students, and if necessary, choose those sections that enhance your lesson and are acceptable for use in your classroom.

Linda Berne Q & A

HIV/AIDS is a complex and sometimes delicate subject that many people prefer to ignore. Dr. Linda A. Berne has worked hard to ensure that people do not ignore the disease or issues associated with it. For 28 years, she has educated students from middle school through graduate school to help them better understand personal health and adolescent sexuality issues, including HIV/AIDS.

To help you better understand HIV/AIDS and feel more comfortable discussing the disease with others, Dr. Berne has answered a wide range of questions on the subject. Click on any of the questions below to read what she has to say.

What is the difference in HIV and AIDS?

HIV, or *Human Immunodeficiency Virus*, is the viral pathogen that causes AIDS. Once a person is infected with HIV, he or she is infected for life. Infected people progress toward AIDS and premature death unless they are treated with expensive antiretroviral medications that slow the disease process.

HIV suppresses the immune system, allowing typically harmless germs to become deadly. Once people reach a

point where their T4 lymphocyte count drops below 200, or they develop opportunistic diseases such as Kaposi's sarcoma or Pneumocystic pneumonia, they are said to have AIDS.

Today, doctors describe HIV/AIDS as a continuum disease. It starts when a person is infected. He or she typically experiences asymptomatic HIV (when no overt signs or symptoms are noticeable). Next comes HIV disease — symptoms include night sweats, flu-like symptoms, and other problems caused by mild immune dysfunction. When problems become severe and certain markers (such as those mentioned in the paragraph above) become evident, the illness becomes classified as AIDS.

What suggestions do you have for discussing HIV/AIDS and related subjects such as sex?

We live in a society that sells almost every product with sex and indeed sells sex itself! Yet, American young people and adults find sex and sexuality very difficult subjects to discuss comfortably. There are two essential problems that must be resolved before anyone can experience a comfortable dialogue about sex. First, teachers, adults, and young people must develop *comfort with their own sexuality*. Then, they must *acknowledge others as sexual beings* (including their children and students and yes, their teachers and parents!) Only when we are comfortable and accept others as sexual beings, can we begin to have productive, honest, and meaningful conversations about sex.

I like to move people through a series of communication activities to prepare them to talk about sex. I start with non-threatening questions that gradually become more intimate and “risky” to talk about. It is also helpful to talk first in same-sex pairs, develop a comfort level, and then progress to opposite-sex pairs. I'd then recommend creating small discussion groups — first same-sex, then mixed-sex groups. In the end, you can try a “fishbowl” technique in which one group talks while everyone else listens. I like to get to the point in which my students feel comfortable enough to role-play discussions of sex, including HIV/AIDS status and protection.

You may not have the time to build trust and comfort to that degree, but it is important to ease people into discussions as best you can. Regardless of your method, a second important suggestion in discussing HIV/AIDS, teen pregnancy, and other related issues is to be as honest as possible and not tell half-truths. Today, there is a strong national movement toward ‘abstinence until marriage only’ education. Under this approach, young people are instructed in abstinence until marriage and are not permitted to discuss anything about protective sexual behavior. Limiting discussion in this way denies people to see the whole picture. In fact, such programs have not been shown to be effective in case-controlled studies. Neither have programs that focus only on contraception and condoms as the complete answers to all sexual questions.

We need to hear all sides of an issue, knowing that ultimately, each person will make his/her decisions about sex and will do it best when forearmed with knowledge, values, skills, and practice. The most effective programs include the full breadth of discussion — abstinence, intimate sexual behavior, protective sexual behavior, crisis decision-making, sexual values, sex roles, communication/negotiation, and sex in our culture. A number of comprehensive sexuality education curricula have been shown to: 1) delay the age of first intercourse, 2) decrease the number of partners 3) increase the use of condoms and contraception, and 4) reduce the frequency of sexual activity among American youth.

The documentary charts the course of AIDS, particularly public awareness and public perceptions of the disease. As a health promotion specialist with an expertise in adolescent sexuality, what do you see as some of the specific moments in the history of the disease that have had a profound impact on society?

Publicity surrounding the cases of Rock Hudson, Ryan White, and Magic Johnson were watershed events for different reasons.

- Rock Hudson was a Hollywood icon. His death in 1985 broke the conspiracy of silence, and pressure from other actors forced media and society to speak publicly about AIDS.
- The Ryan White case in 1990 forced schools to deal with HIV infection in children. We learned how HIV was and was NOT contracted. Today, all schools apply universal precautions when handling body fluids, and HIV-positive children attend schools without overt discrimination.
- When Magic Johnson told the nation he was infected with HIV in 1991, we were looking at a verbal, healthy, heterosexual married man who was a giant in the sports world at the top of his game. With Magic's revelation, almost every family in the nation was compelled to communicate with their children about the risks of HIV/AIDS and to learn more about the difference in having an HIV infection and having AIDS.

A significant historic event not included in the documentary was Ronald Reagan's appointment of Dr. C. Everett Koop as the Surgeon General of the United States. His confirmation was protested by many who believed that he was too conservative to be the "nation's doctor." However, in the face of AIDS, Dr. Koop examined the evidence and produced the first far-reaching medical guidelines for physicians and public health officials. The guidelines supported abstinence, monogamy, and condoms to prevent the spread of AIDS. In 1987, Dr. Koop sent a letter to every American home explaining the AIDS epidemic and what the public's response must be to stop it.

A final significant event was the development of AZT in 1987 and the more potent antiretroviral therapies that followed. The good news is that medical advances now allow people to live with HIV much as they would with a chronic disease such as diabetes or sickle cell anemia. The bad news is that young people do not remember the devastation of the early epidemic and are more cavalier about the risk of becoming infected. Plus, researchers have new evidence that the drugs we now use to hold back HIV are becoming ineffective, as the virus mutates. If scientists are unable to develop new effective medications in time, we will again return to a shorter timeframe between HIV infection and death from AIDS.

Few people still believe that someone can get AIDS from kissing, but there are still some HIV/AIDS myths that persist. If there were one myth/misconception you could eliminate, what would it be?

The myth that concerns me the most is the belief that condoms are ineffective in the prevention of HIV/AIDS. While not perfect, they are highly reliable when good quality condoms are used every time and used correctly.

In two large European studies *, couples were followed for two years, where one was infected with HIV and the other was not. In a Dutch study, it was estimated that "with approximately 15,000 acts of intercourse over a two year period," no one became infected when condoms were used every time. In an Italian study, there were 3 failures among 187 couples, leading the researchers to set the effectiveness of condoms against HIV infection at approximately 98%. However, condom effectiveness can be as low as 46% when people are not taught how to use condoms correctly and discouraged from using them.

Some people exaggerate the failures of condoms hoping that young people will refrain from sex until they can be monogamous. Knowing the biological nature and psyche of young people as well as adults, though, it is more likely that they will still have sex yet not use condoms. In Europe, the battle cry has been "No sex or safer sex" for more than 15 years. Their rates of HIV infection are 8x lower than American rates. A "No sex or safer sex"

theme in a multiyear national media campaign would also benefit Americans.

* De Vincenzi, Isabelle. (1994). A longitudinal study of HIV transmission by heterosexual partners. *New England Journal of Medicine*, 331:341-347.

Do you worry that the students you teach today are less concerned about HIV/AIDS than students were 5-10 years ago?

Not only do students seem less concerned about HIV/AIDS than they did 5-10 years ago, but they are less knowledgeable about all aspects of the disease, except for maybe the modes of transmission. Teacher training about HIV/AIDS has been drastically cut due to budget shortages, reduced time for health education, and more funding for abstinence than HIV/AIDS education.

Anonymous surveys of my own students confirm national trends that more than 80% are sexually active — many with multiple partners and most WITHOUT the regular use of condoms. Studies also show that “cheating” on steady partners is common. While students acknowledge the risk of HIV infection in general, they do not seem to internalize the messages in ways that affect their own behavior. Most do not get tested prior to having sex with a new partner and quit using condoms (if they were used at all) when the relationship becomes “exclusive.”

A more troubling concern is the fatalism or lack of respect for self or others observed in some youths, particularly the urban poor. Existing in a survival mode with little hope for the future, people do little to protect themselves or others. Whether we are talking about suicide bombers or spreaders of HIV, part of the cure for these problems are probably the same.

If someone has had unprotected sex with a person whose HIV status is unknown, how long should he/she wait to get tested?

When HIV is transmitted in the body fluids from one person to another, it takes from two weeks to six months to produce enough antibodies to be detected by the ELISA and Western Blot methods. Many centers now employ a rapid HIV test called Ora-Sure that uses saliva rather than a blood sample and produces the results in 20 minutes. Anyone who has engaged in high-risk behaviors (such as unprotected sex or needle sharing) or has reason to think they have been exposed to HIV should be tested early. A person should want to know his or her HIV status for at least two reasons. It helps them get life-extending medical care and avoid infecting others.

June 27 has been proclaimed the National HIV testing day. Anyone who is sexually active, shares needles, or might be exposed to HIV in another way should be tested.

What future issues around HIV/AIDS do you see on the horizon?

Two important issues that loom large on the horizon are: 1) the unequal burden of HIV/AIDS within the African-American population and 2) the development of drug resistant strains of HIV that could render medicine ineffective in prolonging the lives of HIV infected people.

While African Americans are 12% of the American population, they account for more than 50% of the new cases of HIV and more than 67% of all cases of HIV in women and children. The AIDS rate in African Americans is now 10 times higher than that of Caucasians. It is estimated that 1 in 50 African-American males and 1 in 150

females is HIV infected according to CDC data. Problems such as poverty, unsafe sex, and drug use in jails and prisons are compounded by lower rates of monogamy and protective sexual behaviors. Further, these issues have yet to be addressed adequately by the affected communities with the assistance of the government, media and public health sectors.

The HIV/AIDS epidemic has been dramatically slowed in industrialized nations through aggressive and expensive medical regimens used with HIV-infected patients. However, scientists already see strong evidence that successful treatment may be short lived, as the virus mutates and becomes resistant to currently-effective treatment. For instance, one study followed HIV-negative people from 1995 to 2000. During that time, subjects who became infected were tested for the strains of HIV. Between 1995 and 1998, 3.5% of the new cases were drug resistant HIV. By 2000, 14% of the infections were drug resistant strains, of which 6% were resistant to two or more antiviral drugs.* Patients with resistant strains cannot suppress the virus effectively. These data should be a wake-up call to individuals, social networks, institutions, and governments that prevention is still our only sure way out of the AIDS pandemic.

* Little, Susan, et. al. (1999). Reducing antiretroviral drug susceptibility among patients with primary HIV infection. JAMA, 282:1142-1149

INFORMATION on Linda A. Berne, Ed.D, Professor

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Dr. Berne has conducted research, educational study tours, and more than 300 training programs in the United States, Europe, Japan, Australia and New Zealand.

Among her national and international publications are sexuality education textbooks for public schools and the RAP IT UP! campaign for Black Entertainment Television. In 2001, Dr. Berne was a consultant to the US Surgeon General's *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. A successful classroom teacher for 28 years, Dr. Berne was awarded the Bank of America Award for Excellence in Teaching in 2001.



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