

There is good news, good news indeed. Persons with HIV/AIDS are living longer and better than ever. There are many effective, tolerable drugs from which to craft regimens to fit anyone's lifestyle. And research into new classes of drugs progresses at an unprecedented pace.

All this has happened in an incredibly short period of time: from the first reports of an unusual pneumonia coupled with an equally unusual skin cancer in gay men in Los Angeles and New York City in 1981, to the licensing of AZT, the first antiretroviral drug in 1987, to the release of Invirase, the first protease inhibitor in 1995, making possible the first highly active antiretroviral treatment regimen and ushering in the era of effective therapy and new hope.

In the mid 1990s HIV/AIDS was the number one cause of death among Americans ages 25 to 44 for three consecutive years. In 2005 the usual suspects, breast cancer in women and trauma in men have replaced HIV, which had been among men and second among women only a decade earlier.

In 1995 the average life expectancy of someone diagnosed with HIV or AIDS was 18 to 24 months. Now, a short ten years later, a man or woman diagnosed with any stage of HIV disease can look forward to the same life expectancy as anyone else of the same age, sex, and race. Those infected with HIV must contend with the same diseases and will die of the same heart disease, stroke, diabetes, and cancer as you and me.

I am an internist who has treated HIV infected individuals for nearly twenty years, all the way back to the pre-AZT era. I have seen the walking skeletons of wasting, the breathless young men, my age, dying of PCP; the faces disfigured by Kaposi's sarcoma; the young men and women blinded by CMV retinitis; and the vacant stares and drooling of demented twenty-somethings.

And I have begun to see these things again. Young men and women first coming into care with an AIDS defining condition, a late and completely preventable complication of HIV.

This is the bad news.

In our community young people are engaging in high-risk behavior, activities known to carry a high risk of HIV infection. They take no measures to protect themselves from these risks, and they avoid being tested for HIV. Denial is a common defense mechanism.

They are often poor and poorly educated, at least about HIV. They are young, largely female, and often African-American. Many are pregnant, and I have seen my first second-generation HIV infected pregnant woman, whose mother I treated 16 years ago while carrying this now pregnant child. She was born uninfected, contracting HIV from the father of her child. Is this a legacy we wish to leave to future generations?

The future has never been brighter for those infected with HIV. They can live long, full, productive lives, doing almost anything they wish, following their dreams.

But they can do this only if they take the test, find out if they are positive, and if they are, seek the care of an experienced physician and other professionals who can help guide them through life after HIV, the good life after HIV. We can make a better Baton Rouge, one Baton Rouge, for all our citizens.