

“HIGHER RISK: Crystal meth, the Internet, and dangerous choices about AIDS”

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San Francisco’s Magnet center is hard to miss. It occupies a storefront directly across the street from Badlands, a city landmark of its kind, at Eighteenth and Castro Streets, perhaps the gayest address in the world. Magnet is a drop-in clinic for a community that has been besieged by health problems for nearly a quarter of a century—since the men of the Castro began to die of the plague.

Even today, with a million Americans infected with H.I.V. and half a million others already dead, many of the clinics and counselling facilities that focus on the health of gay men remain dreary places, largely hidden from view. Magnet is neither of those things. Its bright setting, modern furniture, and polished wood floors make it look far more like an art gallery than like a doctor’s office. One needn’t be sick to go there, nor is it necessary to make an appointment. Drop in any time, to be tested for syphilis, chlamydia, gonorrhea, or H.I.V. It also functions as what its director, Steven Gibson, calls a “hotel lobby for the people of the Castro, a place to talk, to worry, to smile, to cry,” or, as Magnet’s Web site puts it, to “cruise (online or real time).”

Last month, on one of the first genuinely warm nights of spring, the center held a small gathering called Tina’s Café. The sidewalks of the Castro were filled with men. So were the bars and coffee shops; the Men’s Room, the Midnight Sun, and even the “gay” Starbucks, on Eighteenth Street, were all bustling by 8 P.M., and a small crowd had begun drifting into Magnet. A new exhibition had been installed—a series of sexually suggestive pictures taken from the Internet. The visitors stared at the walls in awkward silence for a while, then took seats at tables covered with lollipops and M&M’s. There was a bar with wine and soda in the back, where a d.j. was setting up his equipment. Soon, a tall man in a short dress appeared. His name was Michael Siever, and he wore a brunet wig, high-heeled pumps, and magenta stockings. “Welcome to Tina’s Café,” Siever told the crowd. “I am really glad you are here. We are going to talk about what’s real tonight. About paranoia and violence and anger and fear. About reality.” A couple of dozen heads nodded in unison. “We are going to talk about what is happening to our world.” Siever has the soothing voice of a psychotherapist, which he is. He is also the director of the Stonewall Project, a highly regarded counselling program. “Tonight, above all, we are here to talk about Tina.”

Tina is crystal methamphetamine, a chemical stimulant that affects the central nervous system. It is hardly a new drug, and it has many other names: biker’s coffee, crank, speed. It has also been called redneck cocaine, because it is available on the street, in bars, and on the Internet for less than the price of a good bottle of wine. Methamphetamine is a mood elevator, and is known to induce bursts of euphoria, increase alertness, and reduce fatigue. In slightly less concentrated forms, the drug has been used by truckers trying to drive through the night, by laborers struggling to finish an extra shift, and by many people seeking simply to lose weight. Crystal first gained popularity in the gay community of San Francisco in the nineteen-nineties, where it became the preferred fuel for all-night parties and a necessity for sexual marathons. Its reputation quickly spread. Crystal methamphetamine is highly addictive, but its allure is not hard to understand; the drug removes inhibitions, bolsters confidence, supercharges the libido, and heightens the intensity of sex. “The difference between sex with crystal and sex without it is like the difference between Technicolor and black-and-white,” one man told me at Tina’s Café. “Once you have sex with crystal, it’s hard to imagine having it any other way.” The first thing people on methamphetamine lose is their common sense; suddenly, anything goes, including unprotected anal sex with many different partners in a single night—which is among the most efficient ways to spread H.I.V. and other sexually transmitted diseases. In recent surveys, more than ten per cent of gay men in San Francisco and Los Angeles report having used the drug in the past six months; in New York, the figure is even higher.

After years of living in constant fear of AIDS, many gay men have chosen to resume sexual practices that are almost guaranteed to make them sick. In New York City, the rate of syphilis has increased by more than four hundred per cent in the past five years. Gay men account for virtually the entire rise. Between 1998 and 2000, fifteen per cent of the syphilis cases in Chicago could be attributed to gay men. Since 2001, that number has grown to sixty per cent. Look at the statistics closely and you will almost certainly find the drug. In one recent study, twenty-five per cent of those men who reported methamphetamine use in the previous month were infected with H.I.V. The drug appears to double the risk of

infection (because it erases inhibitions but also, it seems, because of physiological changes that make the virus easier to transmit), and the risk climbs the more one uses it. Over the past several years, nearly every indicator of risky sexual activity has risen in the gay community. Perhaps for the first time since the beginning of the AIDS epidemic, the number of men who say they use condoms regularly is below fifty per cent; after many years of decline, the number of new H.I.V. diagnoses among gay men increased every year between 2000 and 2003, while remaining stable in the rest of the population.

In San Francisco, I spoke with several men about the thrills and the dangers of crystal methamphetamine. Their stories, often eerily similar, tend not to end happily. "I used to have the house and the Mercedes and the big job," a lawyer named Larry told me at Tina's Café. "Then I fell into crystal. Oh, my God, it was great. I felt young and powerful and wonderful. And the sex. I was having the type of sex I could have only fantasized about before." He sat for a moment and sipped from a can of Diet Coke. "Crystal destroyed my life," he said. "I sold everything I could put my hands on. What I didn't sell, I lost: my house, my career. The more I used it, the more I needed it. At one point, I broke into my own house to try and steal furniture. Crystal tells your brain to go back and get more, more, more. The logical side of your mind is saying, 'I can't keep doing this,' but you are still on your way to the dealer's house." Larry has been off methamphetamine for three years, but he says the struggle begins anew every day. "Crystal motivates everything. The sex. The desire. Everything." He shook his head. "I wish I had never heard of it, but I can't say it wasn't great."

Twenty million people have died of AIDS, most of them in Africa, where the epidemic grows more devastating every year, as it does in places like China, Russia, and India. Ten thousand people die each day—seven every minute—and seventeen thousand more become infected. In America, however, the sense of crisis has passed. After increasing rapidly throughout the nineteen-eighties, the number of new cases peaked in 1993, and within two years so did the number of deaths. In 1996, when effective H.I.V. therapy became widely adopted, the incidence of AIDS began to fall dramatically. Few diseases without a cure have evolved as rapidly. In 1985, AIDS was considered so horrifying that Ryan White, a sweet-tempered boy from Indiana, wasn't even permitted to attend his seventh-grade class for fear that he could infect his schoolmates. Gay men were routinely turned away by terrified staffs at hospitals, and film crews even refused to work on stories that involved AIDS patients. These days, however, H.I.V. is often compared to diabetes—a chronic but largely manageable disease.

Yet AIDS has not disappeared in America; there are more than forty thousand new H.I.V. infections each year. (The numbers have remained remarkably high especially among black gay men, minority women, and drug addicts who share needles. What's new is the rise in infections in the gay communities in such cities as San Francisco and New York.) Nonetheless, AIDS has receded as a threat in the public consciousness, and as a cause for philanthropy or for political discourse. That is almost as true in the gay community as it is anywhere else. After all, many people have seen friends or lovers rise from what seemed like certain deathbeds once they received the proper medications. Those medicines transformed gay life, and, naturally, the new physical realities were accompanied by a tremendous change in attitudes about what H.I.V. meant. By the late nineties, there were thousands of men living with H.I.V. who were vigorous, healthy, and eager to reclaim the type of life they thought they had lost. As they began to gain weight and feel better, many returned to the kinetic night life that had virtually disappeared at the height of the epidemic, including all-night "circuit parties," which often include serial sexual encounters.

With bars in places like Chelsea and the Castro filling with healthy men, and the continual migration of new people in search of a more open life, some men began to wonder, What's so bad about H.I.V.? It's a treatable disease. Pharmaceutical companies ran ads depicting H.I.V.-positive men as rugged and virile. At first, such advertisements seemed necessary, to insure that people realized that the new treatments could help them return to a normal life. But some ads went far beyond that. Impossibly active men were shown climbing mountains or racing sailboats, and though the ads may have been unrealistic, they played into the growing medicalization of America. Pharmaceuticals have become a basic part of the lives of millions of people in the United States, who routinely take pills for depression, cholesterol, and blood pressure, to help pay attention in class, to sleep, and to cure sexual dysfunction. The fact that tens of thousands of people were undertaking a battery of anti-H.I.V. medications didn't seem unusual.

"It's hard to maintain your vigilance for twenty-five years," Michael Siever told me one day at the Stonewall offices. "What was my life once? You used to walk down the street and see death everywhere you looked. People with lesions on their faces, people on crutches and in wheelchairs, if they could even go outside. I went to memorial services every weekend. Always. This was a community of ghosts. And that is not true anymore. There is this cocktail, and it was like magic. Before that, AIDS was always in your face; you could never put it out of your mind, but after enough years you

just want to forget. And now you can go somewhere and in the heat of sex—and I am not even talking about the drug part, just in the heat of sex—it’s much easier to forget. I used to have a button that said, ‘If It Moves, Fondle It.’ People miss those days and wish they were part of them, and the drug helps you get back to the place where all your concerns go out the window.”

Crystal methamphetamine became popular among people in the gay community just at the moment when the drug cocktails for H.I.V. were starting to work, and when the Internet had begun to shape the way people interacted socially. “I was seeing a patient at one of the S.T.D. clinics one day,” Jeffrey Klausner, who is the director of the Sexually Transmitted Diseases Prevention and Control Services of the San Francisco Department of Public Health, told me. “It was in the spring of ’99, and we were starting to see a small increase in the number of syphilis cases in gay men: ten in 1998, and by the next spring there were already another ten. I asked this one guy how many sexual partners he had had in the past two months, which is something we always ask. And he said fourteen. And then I asked him how many he had had in the past year. And he said fourteen.

“That was a little odd,” Klausner continued. “I said, ‘Well, what happened two months ago?’ The man replied, ‘I got online.’ ” Klausner is a tweedy sort of doctor; he dresses in khakis, blue blazer, and button-down shirt, and unabashedly conveys the image of a man who is by no means cool. “I didn’t have a clue what he meant,” he said. “Nothing. So he explained it. ‘Well, I am a fifty-year-old, overweight, H.I.V.-positive man. I am balding; I’m not that attractive. But I can go online any time of the day and I can get a sexual hookup. I can go to this site on AOL and I can say I want to meet somebody now for sex. And that’s all there is to it.’ ”

Recounting this story six years later, Klausner still looked mystified. “I asked him to explain. And he told me, ‘I go online and put out my stats—if I am a top or a bottom, what I like to do. I am a top, I am H.I.V.-positive. So I will say, “Does anyone want to be topped by an H.I.V.-positive guy?” ’ ” Klausner continued to recall the conversation: “ ‘I’ll get five responses in half an hour. And then I will speak to them on the phone. If I like their voice, I will invite them over and look through my window. If I like what I see, then I will be home, and if not I can pretend I am gone. It’s been great. I don’t have to talk to anybody to do it. I don’t have to go out of the house. I can get it like this,’ he said, and snapped his fingers.”

After hearing the story, Klausner asked his public-health investigators to include questions about that kind of activity in their routine interviews. Seven out of the next nine people they saw had met their most recent sexual partner online. “It turned out that crystal methamphetamine and the Internet were the perfect complements for high-risk sex,” Klausner said. “Crystal washes away your inhibitions. Makes you feel good and want sex. And the Internet is there to respond to your whims. It’s fast, it’s easy, and it’s always available.” Klausner and others embarked on studies that concentrated on the use of the Internet, on attitudes about AIDS, and on the role of methamphetamine in gay life. The results were hard to misinterpret: the Internet has turned out to be a higher-risk environment than any bar or bathhouse—men who meet online are more likely to use the drug, more likely to be infected with H.I.V., and less likely to use condoms.

Methamphetamine can be consumed in any number of ways: you can drink it, snort it, inject it, swallow it in a pill, take what is known as a “booty bump”—insert the drug like a suppository—or “hot-rail” it (a process in which you heat a glass bowl, put the powder in the glass, and inhale the vapors, which go straight to your lungs). “Methamphetamine has a nine-to-twelve-hour half-life, which means that weekend warriors can start on Thursday and only dose five times to make it to Sunday evening,” Steven Shoptaw, a psychologist with the U.C.L.A. Integrated Substance Abuse Programs, told me.

Shoptaw and his colleague Cathy Reback, a principal investigator at Friends Research Institute, who also works for the Van Ness Recovery House, in Los Angeles, have carried out some of the most comprehensive research on the effect of the drug on gay men. “You are going to be active,” Shoptaw says. “Feeling sexy. The libido will be pushed and, with the advent of Viagra and other, similar drugs, you no longer have to worry about ‘crystal dick’ ”—which had seemed like the one obvious drawback to the sexual experience that methamphetamine provides. Crystal methamphetamine constricts the blood vessels, which makes sustained erections difficult. Viagra reverses that effect. “So now you can go from Thursday to Sunday and have outrageous amounts of sex,” Shoptaw said. “It’s cheap—you can get a hit for twenty bucks that lasts a day. It is the perfect drug.” Shoptaw added, “The issue about how a drug interacts with a culture also matters, because, if having that kind of sex is important, then this drug fits with the culture in a way that cocaine and alcohol don’t.”

The physical changes caused by methamphetamine are profound. The drug instantly increases the amount of at least three neurotransmitters in the brain: dopamine, serotonin, and norepinephrine. Those chemicals are released naturally by the body when we feel good, but crystal unlocks a constant flood of the substances, particularly dopamine. In contrast to cocaine, which is almost completely metabolized in the body, methamphetamine lasts much longer. As with all drugs, the bigger the rush the harder the crash. After long use, the effects diminish in intensity, and depression is common. Abusers forget to drink water, and can become dangerously dehydrated. The chemicals used to make the drug are so toxic that for

those who smoke it there is the danger that their teeth can crumble and fall out. Severe anorexia and malnutrition are also risks. Methamphetamine can cause heart failure and stroke. All users, not just addicts, suffer some long-term damage to the brain; memory loss and paranoia are common.

“In other places with other people, H.I.V. is a different issue,” Shoptaw told me. “But with gay men it is about the drugs. It’s simply about methamphetamine. The data on that are so clear.”

In Shoptaw’s office at U.C.L.A., he and Reback showed me a slide that said almost everything one needed to know about the relationship between H.I.V. and methamphetamine use: it summarized a survey of how likely certain gay men were to be infected with H.I.V. If the men in the study said that they had used methamphetamine in the past six months, there was a low but significant chance that they would be infected. For men who used it once in a while, the figure was twenty-five per cent. When the researchers interviewed chronic users, the number climbed to forty per cent. Sixty per cent of users in outpatient treatment programs were infected, and for users in residential care the number is nearly ninety per cent.

“You know that slogan from the Clinton campaign?” Reback said. “We have paraphrased it many times: ‘It’s the drug, stupid.’ When you are talking about H.I.V. infection among gay men, it’s the drug.”

I walked over to the Starbucks on Eighteenth Street with my laptop one afternoon and went online. There are dozens of sites devoted specifically to uniting men for the purposes of immediate, anonymous, and, often, drug-induced sex. The Web site Craig’s List has unintentionally become a sexual superstore for men and women, straight or gay; there is m4m4sex.com and also manhunt.org, the current favorite in San Francisco. (There is hunkhunter.com and bigmuscle.com, among many, many others.) The sites were numbingly similar, and the advertisements on them couldn’t be more explicit. Statistics are usually invoked, and pictures of body parts provided (or sought) as proof. It almost makes the seventies, when throngs of men congregated in bathhouses and on the piers of the Village, seem innocent.

Despite laws and regulations instituted at the height of the AIDS epidemic, sex clubs continue to exist in many cities; there is, for instance, the West Side Club, housed in an unexceptional-looking building in Chelsea, where men—both H.I.V.-negative and H.I.V.-positive—can have anonymous and, if they want, unprotected sex. Another club in New York admits only men with certain physical attributes; others demand that all clothing be checked at the entrance (except, apparently, boots). In San Francisco, clubs are legal, but most sexual encounters are not supposed to be permitted. They are, of course; why else go to a sex club? At least there you can put a box of condoms on the counter and some posters on the walls. Education and interventions are not easily transferred to cyberspace. “The Internet sucks you in,” Tom Orr told me in San Francisco. Orr, a thirty-four-year-old native of Seattle, rewrites show tunes in a salacious, funny way (much like “Forbidden Broadway”), from a gay perspective. “On the Internet, you can be whoever you want to be. Smoke some crystal, get online, and there is nothing you won’t or cannot do.” He is trying to quit the drug. For the most part, he has been successful, he said, but there have been occasional lapses. At Tina’s Café, for example, where he performed some of his songs, he mentioned a serious “Christmas binge.” He said, “It’s a constant temptation. It’s everywhere in this town. Anyplace you swing your purse.”

I went to the personals section of Craig’s List and clicked on the link for “men seeking men.” Then I typed the letters “PNP” into the search bar at the top of the page. (“PNP” stands for “party and play.” It’s the not very secret code that means you want sex and drugs.) “We call it ordering in,” Orr had told me earlier. In less than a second, there were seven hundred and seventy-one entries on my list. (This was just for that day in the San Francisco Bay Area. For comparison’s sake, I carried out the same search on the New York City version of the Web site and saw two hundred and twenty-one postings.) The first San Francisco listing said, “Preppy white bottom guy, coming to Castro wants to get fucked.” There followed an extremely detailed list of the man’s various attributes (“38, 5’8”, 150, medium complexion, well built, 8 x 6 cut”) and his desires (needs PNP). Another post said, “U.L.L.4 O. P.P.,” which stands for “Up Late Looking for Other Partying People.” Another said, “I’m a hot, down-to-earth, VERSATILE black male and I’m looking for an erotic adventure. Not interested in predictable ‘orifice by numbers’ encounter, and tired of scripted narratives/verbal roles.” He went on to say that he was “PNP friendly” and “POZ” (H.I.V.-positive), and that he was hoping for something hot and unexpected. Immediately.

“I don’t want to romanticize something that was often very hard and even dangerous,” Jeff Whitty told me when I met him the following week in New York. Whitty wrote the Tony Award-winning musical “Avenue Q,” and he has talked a lot about the dangers of crystal methamphetamine. “But I long for the days when people would actually cruise each other. I can’t remember what I was reading—I think it was Gore Vidal’s memoir, and he paints these pictures of being gay after

the war, when you would follow someone for fifty blocks. It was a weird, funny ritual, but in a way it was actually more open. At least you could look at somebody, see how the person moved, interact. But that is now gone. Now we have the Internet when you want to hook up. You can get sex within minutes. Anonymous. No names. No commitments. No connections. Is that what we are really looking for?"

One of methamphetamine's most dangerous effects is the weakening of inhibitions gay men might have about unprotected anal intercourse; people are suddenly happy to be receptive partners—"bottoms." The argument is often made that heterosexuals engage in risky sex, too, and that, in any case, most gay men don't. But it takes only a small group to fuel an infectious epidemic.

"I don't think I can say what kind of life most gay men want," Whitty said. "But if they are doing this on the Internet, with methamphetamine, and they are infected with H.I.V., then they are going to infect other people. I don't care what kind of sex anyone has. That's up to them. But we have a problem. And we need to start dealing with it a little more responsibly if we don't all want to die. How many times does that message need to be sent?"

On February 11th, the New York City Department of Health announced that a gay man who had repeatedly engaged in unprotected sex with many partners while using crystal methamphetamine was diagnosed with a remarkably aggressive strain of H.I.V.—a "supervirus"—that was resistant to essentially all normal medications. The diagnosis was made late last year, and within four months the man had progressed to AIDS—a process that can take a decade or more. The announcement, which caused a furor in the gay communities of New York and other cities, was a frightening reminder of the precarious lives of the millions who are infected with H.I.V. But it was little more than that. There is so far no evidence to suggest that this single case represents a greater threat; the announcement seemed to have much more to do with publicity, awareness, and fear at a time when public-health officials say that complacency in the gay community has become common. The man, whose name has been withheld, is in his mid-forties. He had been using crystal methamphetamine about once a month for five years but recently had started using it at least every week. Excessive use of crystal methamphetamine not only lowers your inhibitions but compromises the immune system, which is essential for any defense against H.I.V. Viral resistance is hardly new, nor is it a phenomenon restricted to H.I.V. Also, people who use H.I.V. medications need to take them at regular intervals. A weekend drug binge, when reality is banished, and even water is rarely consumed, seems unlikely to encourage such a regimen.

Still, it was the man's age that surprised me. I could understand that people who had not been alive to see men dying by the thousand in San Francisco, New York, and other cities might have to learn to exercise caution. But the average age of newly infected gay men in New York and San Francisco is nearly forty. The real problem lay not with naïve youngsters but with those who had been aware of this epidemic virtually their entire adult lives. "You want to kill yourself?" Larry Kramer writes in his new book, "The Tragedy of Today's Gays." "Go kill yourself. I'm sorry. It takes hard work to behave like an adult. It takes discipline. . . . Grow up. Behave responsibly. Fight for your rights. Take care of yourself and each other." Kramer has been offering such advice for decades. How, in 2005, can people ignore it? What could motivate a person who has lived through the worst of the epidemic to cast off the safe-sex practices that have protected him for years?

"For a lot of people, this is like coming out of a really tough war," Daniel Carlson told me. Carlson is a thirty-five-year-old former marketing executive who two years ago started H.I.V. Forum, in New York, because he was concerned that gay men simply weren't confronting the central problems facing their community. "They want to deal with it all by running away," he said. "There is tremendous pain and there has been for years. The prevention message has been lost completely. It used to be simple: AIDS equals death. Now the world is murkier than that. Fatigue is genuine. But also gay culture is focussed on youth, and once you hit forty you are no longer that cute kid on the block, the pretty kid. You are not married. You don't have a partner, and you are trying to assess what you want out of life. There are many who are confused and unhappy, and you mate that with cultural norms that have moved away from safety and you have a pretty explosive situation."

There is also evidence to suggest that the resurgence of H.I.V. is a result of problems that go beyond the midlife crises of gay men who did not expect to be alive today. It is never easy to fashion a message that can change the behavior of a community—let alone a dispirited and often despised minority. "We knew from the first days of the epidemic that knowledge was necessary but not sufficient," Ron Stall, a professor of epidemiology at the University of Pittsburgh, told me. Stall recently left the Centers for Disease Control, where he ran the Prevention Research Branch at the National Center for H.I.V., S.T.D., and T.B. Prevention. "If you want to demonize the gay man about his sexual behavior, then you

might as well walk up to somebody who is smoking a cigarette and ask him if he knows it is dangerous, or ask somebody who is driving without a seatbelt. This is a basic phenomenon we see among humans—taking a risk because it is convenient in the short term, even if in the long term it is something none of us would do. After all, it's not just one cigarette that causes emphysema; it's making a poor choice for thirty years.

“The epidemic of crystal methamphetamine is real and it's serious,” Stall continued. “But I suggest that everyone just stand back and ask, How is it that AIDS and substance abuse have been twin epidemics that have interacted and made each other worse? That question has bothered me from the beginning.” For his research, Stall has drawn on data collected from the Urban Men's Health Study, one of the largest surveys taken of a gay population. He looked at mental-health issues such as depression, partner violence, and substance abuse. He also examined the extent to which the men in this study of nearly three thousand people reported having been sexually abused as children. “I was surprised to see the extent to which one epidemic was associated with the other,” he said. “Depression, partner violence, substance abuse.” He controlled the sample for race, class, level of education, and H.I.V. status. Then he and his colleagues cross-referenced the data from all of the categories and found that each category was associated with all the others. That means that there are at least four significant epidemics going on in gay communities in the United States, and that they are interacting and making one another worse. Stall refers to this phenomenon as “syndemics”—a syndrome of interacting epidemics. The higher the number of the epidemics that any particular man experienced, the more likely he was to have risky sex, and to test positive for H.I.V.

“This suggests that substance abuse is a thread in a larger tapestry,” Stall told me. “And one shouldn't forget that crystal methamphetamine also acts—at first—as an antidepressant. People talk about ‘Will and Grace’ and how accepting America is now of homosexuality. That is simply not true. America has come a country mile, I agree. Still, in the state I just left”—Georgia, where the C.D.C. has its headquarters—“almost four out of every five adults recently voted to deny gay men and lesbians the right to even have a civil marriage. We have an awful lot more work to do.”

So, of course, does the gay community, which many people feel has badly distorted the fundamental message of prevention, by subordinating it to the idea that there is nothing wrong with being H.I.V.-positive. I went to see a Bay Area psychologist named Walt Odets one morning in his sunny, well-tended house, on a quiet street not far from the Berkeley campus. For many years, his clients have been mainly gay men. He is fifty-eight but looks far younger. Odets is an uninfected gay man who readily admits that for him the pain of the epidemic has not dissipated. “I still hold an intuitive horror about the whole thing,” he told me. “Sometimes I think of myself as a trauma victim. I had a partner who died in '92, and it is still a horror to me. But I can see that it depends on circumstances. Many people don't really care.”

Odets believes that the gay community split in 1985, the moment a reliable H.I.V. test was available. “Before that day, everyone was in it together,” he said. “Nobody knew who had it and everyone acknowledged that it was a horror. And then, in April of 1985, we started protecting people who had H.I.V. And we did that by normalizing infection—and we have done that all along. It has completely compromised prevention work, to the extent that when the AIDS Health Project, in San Francisco, put up a banner outside its facility that said ‘Stay Healthy Stay Negative’ the gay public was incensed. Men wrote in and said, ‘I have H.I.V. and I am perfectly healthy. How dare you imply that I am not?’ ” While it has always been important to protect and support H.I.V.-infected men in the gay community, Odets argues that it has become difficult to teach men who test negative how essential it is for them to remain uninfected. “This is not about making positive men feel good about themselves,” Odets said. “It's about protecting H.I.V.-negative men.” He told me that he had even conducted workshops where it was nearly impossible to shift the primary prevention message from supporting positive men to remaining uninfected. “There is just way too much guilt. Too much discomfort because what you are saying to a positive man is ‘I don't want to be like you.’ ”

Daniel Carlson agrees. “There is some level of guilt about not living with the disease,” he said. “About staying negative. People will say, ‘Oh, look at you going around and glorifying your negative status.’ I don't go around and say, ‘Hey, I tested negative today, joy to the world.’ And, believe me, when people test positive they do talk about it and they get support. People like me—we keep our mouths shut.”

A few weeks ago, I spent an evening stuffing condoms and lubricant pouches into packets at the headquarters of Gay Men's Health Crisis, in New York. The organization, founded by Kramer and several friends in his Village apartment in 1982, has evolved considerably since then. It was formerly run by, and for, white men, but its president now is Ana Oliveira, who has spent much of her working life in the South Bronx. You are just as likely to see a Hispanic man or a black woman in the elevator as a white man from Chelsea or the Village. The condom-wrapping group meets periodically

to prepare packets (two condoms, two pouches of lubricant) to hand out at discos or gay clubs or in communities like Fire Island—any place gay men might gather to have sex. The annual Black Party was held at Roseland in March, and a team from G.M.H.C. was there with a supply of condoms. The Black Party is one of many on the gay circuit where thousands of men meet to dance, to drink, and, sometimes, to engage in anonymous sex. The parties often last past dawn. A friend of mine who was there this year said that it was almost impossible to find a condom, or information about H.I.V., but that crystal methamphetamine was for sale everywhere and sexual activities ranged from “unbelievable to outrageous.”

At G.M.H.C., six men sat at a ten-foot-long table in a conference room, sipping sodas and putting condoms into packages. They talked about the epidemic as they worked. Each had spent time in the past two years trying to persuade people to practice safe sex. It’s not an easy task, but there are some signs of progress. “A year ago in the Barracuda”—a Chelsea club—“we couldn’t even hand out condoms,” Norman Candelario, a staff member at G.M.H.C., said. “It’s better now. Not great. But better. Now we are asking why are people using crystal. And the answers are always body image, stigma, age. It’s really self-esteem. A lot of these men are just lonely and depressed.”

Murmurs of agreement circled the room. “So we go right at that,” Timothy Kokott, one of the volunteers, said. “We talk to people about the problems, and I tell them it is absolutely O.K. to guard your negative status. This is our community, and we have seen too many people die in it. But we are not going to give up. And many of us never did give up. Yes, the crystal problem is real, and it’s true that people don’t protect themselves. We are going to have to change that.” He stared silently at the back of his hands for a moment. “And we will. I absolutely believe we will.” ♦