

CAB-Share The Ride

A Community Advisory Board Newsletter for Informed Families

Perinatal HIV Research Unit - Adolescent CAB

by Mr. Steven Ngobeni
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Soweto, South Africa

The CAB for the Adolescent HIV Prevention and Vaccine Preparedness programme was formed on Monday, 5 September 2005 at a meeting held on the ground floor auditorium of the Perinatal HIV Research Unit (PHRU). The meeting was attended by people from different Non Governmental Organizations (NGOs) and Community Based Organizations (CBOs), most of them young people.

Although thirty-five (35) people volunteered to be members of the board, the number had to be reduced to thirty (30). We were looking at having between fifteen and twenty people, but people's response was overwhelming. The CAB was launched on 29 October 2005. Training of the board members will begin in a month's time.

The Adolescent CAB is the representative and the voice of the community in HIV/AIDS clinical trials. Its mission is to provide an opportunity for those affected by the HIV/AIDS epidemic to contribute to the development, implementation, and evaluation of research protocols conducted within an institution (the PHRU).

The role of the Adolescent CAB in HIV/AIDS Research explained.

The primary role of the CAB is to integrate community involvement into the clinical trials process in order to advance HIV/AIDS research.

The Adolescent CAB also educates the public about the importance of the participation of all communities in clinical trials. In these various roles, the CAB:

- Represents the interests and concerns of all communities affected by HIV/AIDS.
- Educates the community on how to access clinical trials.
- Initiates and participates in community forums on issues related to HIV/AIDS.
- Assists in PHRU outreach efforts.

Membership:

Anyone is allowed to participate in the CAB regardless of his or her HIV status or educational background. Participation of all communities is encouraged so that the CAB's diversity reflects the diversity of those who live in Soweto, and especially those who are served by PHRU.

Members do not need to have any special education in science or medicine to be an effective contributor to the CAB, but a member should:

- Have an interest in or connection to PHRU.
- Know or be willing to learn the basics of the treatment of HIV/AIDS.
- Have a desire to share important health information with those around them.
- Be able to advocate for the increased enrollment of traditionally under-represented populations into clinical research.
- Be willing to attend meetings regularly.
- Agree to be bound by standard confidentiality regulations.

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YOUR TURN

Stigma

By Charlene Bowman

HIV-related stigma and discrimination remains an enormous barrier to effectively securing the needs of people infected and affected by the HIV/AIDS epidemic. Fear lies at the core of stigma which causes those touched by HIV to remain silent. While each geographical area is unique, in the US, nationally funded care and services are not increasing. People with HIV/AIDS are a normal part of society yet due to fear of discrimination our voices are not heard. Just one person speaking out, just one time, can make a difference. We have accepted isolation even as we sit in the HIV clinic waiting rooms. We are fearful to speak to others or offer words of comfort or support.

Our sites' CAB meetings are a safe environment in which to join other community members dealing with similar concerns and needs. While the focus of the CAB meeting is to discuss medical research information, the meeting atmosphere offers an opportunity to join others to discuss mutual issues which can be the first step in forming supportive friendships. We are not alone. Share our stories, we are important, and collectively we and our friends can make a difference. Each person needs to voice their experiences which may also include speaking to youth groups, church groups, or other family members. Our role is to educate, speak up, inform the medical team, local housing authorities, HIV planning councils, legislators. Our voices control future funding. Reducing stigma, fear of discrimination, starts with each of us as we join others who are also infected or affected by HIV.

Let us continue to exchange ideas about how to diminish stigma and discrimination. We can do this on our monthly CAB calls and through this newsletter.

The Cape Town Desmond Tutu HIV Centre's Adolescent CAB, the 'Future Fighters'

By Nosiphiwo Soka

The Desmond Tutu HIV Centre's adolescent CAB is thriving; the CAB members have shown extraordinary leadership and commitment to their CAB and what it represents. They regard themselves as agents of change for a better future. This was most evident when the CAB decided to name themselves 'Future Fighters'. The adolescent CAB members say they recognize that South Africa's youth (young people of roughly their age group) are particularly vulnerable to infection. They understand that certain risk behaviors on the part of adolescents predisposes them to infection and so, see themselves and their CAB as key agents in the fight against HIV and high-risk behavior. In choosing a name for the CAB, members took into consideration some of the history of South Africa; they feel that even though they as young people are fortunate enough to have political emancipation, HIV/AIDS poses a new and different challenge for them. Like the youth who fought for liberation in the 1970's and 1980's, they too need to fight against HIV/AIDS, not only for their future, but also for the generations to come. They feel that one way of doing this is to be involved in HIV vaccine research, and hope that in doing so they will be assisting in the development of an effective HIV vaccine, which will help to protect them against HIV.

The adolescent CAB has elected their own executive committee, comprising five members, to represent them in global teleconferences. The executive committee is mandated to report back to the entire CAB on any activity in which they have participated. In addition, in March (16-18) this year, Ms Phumza Samente, the 17-year-old chairperson of the CAB, attended the WHO and ELH-AAVP Consultation meeting on the Inclusion of Adolescents in HIV Vaccine Trials, held in Gaborone, Botswana. There, she spoke about community considerations in including adolescents in HIV vaccine trials from the adolescents' perspectives. Ms Samente has been invited to the HVTN Vaccine Trials Network (HVTN) semi-annual Full Group Meeting, held on the 23rd and 24th of May in Washington DC, to speak about South African Teen CAB perspectives on HIV vaccine trials and adolescent participation.

Finally, as a means of disseminating information to their peers, the adolescent CAB has formed a drama group, which they use as a tool for communicating with their peers about HIV/AIDS and HIV vaccine research.

Staff Members

PACTG CCG Community Education Working Group

Hospital dos Servidores do Estado – CAB

CAB Report by Noemi Aguiar,
Psychologist, CAB Member
Rio De Janeiro, Brasil

Committees Advisories Board (CAB) is known in Brasil as Adviser Communitarian Committee (CCA) is not a tradition in our country. So, it was being introduced to our studies since last year.

There are several departments in Brasil with patient representation whose objective is social control. These departments also follow research that involve human subjects and questions regarding primary care procedures.

These departments are:

- CEP / IRB – Committee for Ethics in Research - We have 2 patients who also belong to CEP (IRB).
- CONEP – National Committee for Ethics
- At Hospital dos Servidores there is an organized group formed by DIP patients and relatives: Viva a Vida – 1997

Since we started following HPTN research in Rio de Janeiro, we are studying and learning more about CABs, their objectives and guidelines. And we, from Hospital dos Servidores, also joined HPTN CAB that started at FIOCRUZ.

In July and October 2005 Mariana (Psychologist) went to Washington to participate in the PACTG/CAB meetings and Noemí (Psychologist) went to the HPTN-CAB International Meeting in Rio de Janeiro in October 2005. So, we could increase our understanding of how CAB is involved and works within a site and better understand the CAB's importance either for the population or for the structured health service and within the research.

We planned some tasks for the CAB as follows:

- Bimonthly meetings for reading and evaluation of protocols (HPTN AND PACTG) at ABIA (AIDS multi-disciplinary Brazilian Society) because the CCA in Rio de Janeiro doesn't have its own office yet .
- Weekly meetings since January 2006 at Hospital dos Servidores, where we talk about identification and capturing of subjects and members of the community for the CAB organization. (Sanitarian agent, PWLA [person living with HIV/AIDS], mother and child with HIV, adolescents, sexual workers and adolescents' care givers.)
- The PI of the Hospital dos Servidores Research Department donated a computer to us and is trying to obtain a room for the CAB. Also he is contributing some stationery for our CAB.

As we are starting to develop CAB activities, we depend on these donations that are not frequent. Our concern is as we have no fixed budget for this purpose, it is still difficult to make an annual schedule.

We are planning to have at least one CAB member to give assistance to the people of the community, as we are aware how important and effective it is to get closer to the population.

What the Infectious Diseases Department of Hospital dos Servidores do Estado (Departamento de Doenças Infecciosas e Parasitárias) (DIP) Presently Has:

- On DIPs schedule we already have activities during the year within the care unit for DIP subjects and non DIP subjects, giving them information about HIV and AIDS, STD (Sexual Transmitted Diseases), healthy life habits and education, listening and welcoming adversities from them, providing space for social conviviality, evaluation of the social needs and guidance for these population.

(continued on page 5)

PACTG Active Protocols

- P394 A Phase I Study of the Safety and Pharmacokinetics of Tenofovir Disoproxil Fumarate in HIV-1 Infected Pregnant Women and Their Infants
- P1006 The Effects of Highly Active Antiretroviral Therapy (HAART) on the Recovery of Immune Function in HIV-Infected Children and Young Adults
- P1020A Phase I/II, Open-Label, Pharmacokinetic and Safety Study of a Novel Protease Inhibitor (BMS-232632, Atazanavir, ATZ, Reyataz™) in Combination Regimens in Antiretroviral Therapy (ART)-Naïve and Experienced HIV-Infected Infants, Children, and Adolescents
- P1021 An Open Label Study to Evaluate the Safety, Tolerance, Anti-Viral Activity and Pharmacokinetics of Emtricitabine in Combination with Efavirenz and Didanosine in a Once Daily Regimen in HIV-infected Antiretroviral Therapy Naïve or Very Limited Antiretroviral Exposed Pediatric Subjects
- P1025 Perinatal Core Protocol
- P1026S Pharmacokinetic Properties of Antiretroviral Therapy During Pregnancy,
- P1030 A Phase I/II Study of Lopinavir/Ritonavir in HIV-1 Infected Infants 6 Months of Age
- P1031A Mother Infant Rapid Intervention At Delivery (MIRIAD) International Version
- P1034 A Comparative Trial of Protease-Containing and Protease-Sparing HAART Regimens in HIV-Infected Adolescents with an Evaluation of Therapeutic Drug Monitoring
- P1036B Directly Observed Therapy in HIV-Infected Adolescents
- P1041 A Randomized Double Blind Placebo Controlled Trial to Determine the Efficacy of Isoniazid in Preventing Tuberculosis Disease and Latent Tuberculosis Infection among South African Infants with Perinatal Exposure to HIV
- P1043 Phase III Randomized Trial of the Safety and Efficacy of Three Neonatal Antiretroviral Regimens for Prevention of Intrapartum HIV-1 Transmission
- P1053 A Phase II, Randomized, Open-label Study to Evaluate the Safety and Effectiveness of Two Antiretroviral Therapeutic Strategies: A Dual PI-based HAART Regimen versus a Multi-NRTI ART Regimen in ART-experienced Children and Youth Who Have Experienced Virologic Failure
- P1054 Assessment of Safety and Toxicity Among Infants Born to HIV-Infected Women Enrolled in Antiretroviral Treatment Protocols in Diverse Areas of the World
- P1055 Psychiatric Co-Morbidity in Perinatally HIV-Infected Children and Adolescents
- P1058 Intensive Pharmacokinetic Studies of Antiretroviral Drug Combinations in Children
- P1059 A Phase I, Open-Label Study to Evaluate the Safety and Tolerability of Recombinant HIV-1 Vaccines in HIV-1 Infected Young Adults with Control of HIV-1 Replication and on Stable Highly Active Antiretroviral Therapy (HAART)
- P1061s Evaluation of Immunologic Memory Following Pneumococcal, Hepatitis B, and Measles Vaccination in HIV-Infected Children Treated with Highly Active Antiretroviral Therapy (HAART)
- ATN 015 Short Cycle Therapy in Adolescents Following Continuous Therapy with Established Viral Suppression: The Impact on Viral Load Suppression
- ATN 024 A Randomized, Open-Label Trial of Three Hepatitis B Vaccination Schemas In HIV-Positive Youth
- ATN 048 Correlates of HBV-Specific B Cell Memory Following Vaccination in HIV-infected Adolescents and HIV-uninfected Adolescents, A Substudy of ATN 024 and ATN 025

Pending:

- P1032 Phase II Study of Pharmacokinetics of Nevirapine and the Incidence of Nevirapine Resistance Mutations in HIV-Infected Women Receiving a Single Intrapartum Dose of Nevirapine Alone or in Combination with ZDV/ddI or ZDV/ddI/LPV/r
- P1047 Safety and Immunogenicity GARDASIL in HIV+ Children \geq 7 to 12 Years of Age
- P1056 Phase I/II Comparative PK Study of the Fixed Dose Combination (FDC) of Stavudine, Lamivudine and Nevirapine as GPO-VIR Pediatric Chewable Tablets vs. the Individual Liquid Formulations in HIV-Infected Children $>$ 6 months to
- P1060 Parallel Randomized Clinical Trials Comparing the Responses to Initiation of NNRTI-Based vs. PI-Based Antiretrovirals

Rio de Janeiro CAB (continued from page 3)

We also have a group of approximately 30 adolescents (13 to 21 years old) with sexual and vertical transmission. In this group we have some activities together with the medical staff, nurses and one psychologist (Mariana). The activities happen once a month where we work with the adolescents to close association among themselves and to increase their social ties. The group who assists them work with questions concerning HIV/AIDS and their medical care.

Also we have meetings to talk about adolescents issues like:

- Violence
- Vulnerability and drugs
- Pregnancy
- Nutrition and others

We also have some extra activities with them that include:

- Bimonthly walks as visits to the Zoo, Botanic Garden, Cristo Redentor, etc
- Monthly meeting with adolescents' care givers.

In this group we are still identifying adolescents and care givers who want to participate in the CAB group and up to now we have one girl interested to come to the group.

We also have one room for the VIVA A VIDA group. This group was created in 1997 by DIP patients with the participation of the social assistance department of the hospital.

Ms. Corina is the coordinator and presently a CAB member. Her job is totally voluntary and VIVA A VIDA receives donations for the bazaar (where people buy clothes, shoes and several articles for R\$ 1 to R\$ 5 - R\$1 = US\$ 2.20). With this collection Ms. Corina gives food baskets for children who participate in her program (10 to 20 a month).

There is also psychological and social counseling to the people subscribed in the group. The Psychologist and Social Assistant are also volunteers. Some unidentified godfathers help to buy clothes, shoes, school materials, glasses, medicines, etc. for the children (presently 28).

We intend to put together all the experience and job of VIVA A VIDA with our CAB projects and schedule.

BARRIERS: A large part of our population (patients of Hospital dos Servidores and other public hospitals) has some limitations like illiteracy, lack of understanding of foreign languages, and difficulty to obtain US visas to participate in US CAB meetings.

My Feelings About Stigma

By Noemí Aguiar
Psychologist, CAB Member
Hospital dos Servidores do Estado,
Rio de Janeiro - Brazil

I think that Brazil has the same problems regarding "HIV stigma" as other countries. There are small groups working separately in their own segment and day by day joining strengths, getting to know each other, to little by little become a big group one day.

Nevertheless this kind of work is slow and difficult, like a mason who builds a house brick by brick. Stigma is still too strong and the information about HIV care is still very poor through the media.

Living with HIV research for four years I can see that efforts to eradicate the disease are growing and the web is becoming stronger around the world. Last year, in a worldwide HPTN CAB meeting in Rio de Janeiro/Brazil, besides meeting people from other countries and exchanging ideas with them about the subject (which was very important to me), I had the opportunity to visit an NGO that is run by the family of a well known singer in Brazil, who died of AIDS 10 years ago. They take care of around 25 HIV-positive children who have a daily relationship with HIV-negative children. Caregivers have a program to make other people, like parents, teachers, friends, aware of how to live stigma-free with HIV children. And they are successful!

On our CAB conference calls I've been hearing about the problem of a child who has been missing classes because of health problems and feels embarrassed to give explanations about it to his schoolmates and friends. And I recalled that since I was a sick child, I got asthma, it was very difficult to pass through barriers in the school.

But, we will overcome this stigma I believe, giving hands and fighting all together like all of our CAB groups are doing. And also I believe that the cure is very close.

While we expect this time to come, let's put our hearts together and join our efforts to abolish the stigma around the world.

Calendar of Events

CAB Call-3rd Thursday at 10am ET
Adolescent CAB Calls-
1st Saturday at 9am ET
2nd Thursday at 7pm ET

Untitled Poem

by Marie Tizora
Tygerberg KIDCRU Clinic
Cape Town, South Africa

I know that the day I die
I will die a happy mother
I will die with warm pride
I will die knowing I have
overcome
I will die knowing
I have reached the peaks of
Kilimanjaro
I will die knowing
I am a conqueror
I will die knowing
I had the world in the palm of my
hand
I will die with contentment
I will die a hero.....
And still be a hero
In my siblings eyes.....
Because I had God on my side.

Congratulations Samantha Kuryla! Winner of the Gigi Nicks Award - From AIDS Alliance for Children, Youth and Families - Honor received at this year's Voices Conference.

Lay Summaries for Select PACTG Studies

The PACTG Community gratefully acknowledges the PACTG for its approval and implementation of a system to ensure that lay summaries of publications/manuscripts and presentations describing clinical trials findings are distributed to trial participants and the PACTG Community Constituency Group in a timely manner. For further information, or assistance in obtaining these summaries, please contact Claire Schuster, Network Community Coordinator, at CSchuster@s-3.com

Please note that these summaries are intended for trial participants and the PACTG Community Constituency Group only. No public statements can be made about the information contained in these summaries until the manuscripts are published.

PACTG 219C Program, "Pediatric Late Outcomes Protocol":

PACTG 219C, Pediatric Late Outcomes Protocol: Predictors of Adherence to Antiretroviral Medications in Children and Adolescents with HIV Infection

PACTG 219C: Pediatric Late Outcomes Protocol Neurodevelopmental functioning in HIV-infected children before and after the introduction of protease-inhibitor-based highly active antiretroviral therapy (HAART)

Protocol 219 and 219C - Pediatric Late Outcomes: Use of Antiretroviral Drugs during Pregnancy and Possible Problems with Mitochondria in HIV-uninfected Children

Perinatal Research Agenda Committee:

PACTG 316: A Phase III Randomized, Blinded Study of Nevirapine for the Prevention of Maternal-Fetal Transmission in Pregnant, HIV-Infected Women: Characteristics and Management of HIV-1-Infected Pregnant Women Enrolled in a Randomized Trial: Differences Between Europe and the USA

PACTG 358, A Phase I Trial Of The Safety, Tolerance And Pharmacokinetics Of Oral Indinavir Co Administered With Lamivudine (3TCJ) And Zidovudine (ZDV) In HIV-1 Infected Pregnant Women During Gestation And PostPartum, And In Their Infants Post Maternal Dosing: Pharmacokinetics and safety of indinavir in HIV-infected pregnant women

PACTG 386, A Phase I Trial of the Safety and Pharmacokinetics of Fortovase (Saquinavir) Co-Administered With Low Dose Ritonavir, ZDV And 3tc in HIV-Seropositive Pregnant Women During Gestation And Postpartum, and in Their Infants Post-Maternal Dosing: Clinical Response, Safety And Tolerability To Saquinavir With Low-Dose Ritonavir In HIV-1 Infected Mothers And Their Infants

PACTG P1026s, Pharmacokinetic Properties of Antiretroviral Drugs During Pregnancy: Reduced Lopinavir Exposure During Pregnancy

Primary Therapy Research Agenda Committee:

PACTG P1021: An Open-label Study to Evaluate the Safety, Efficacy and Pharmacokinetics of Emtricitabine in Combination with Efavirenz and Didanosine in a Once Daily Regimen in HIV- Infected Antiretroviral Therapy Naïve Pediatric Patients

Immunology Vaccine Research Agenda Committee:

PACTG 351, Phase I/II Trial of CD4-IGG2 in HIV-Infected Children: Susceptibility of Pediatric HIV-1 Isolates To Recombinant CD4-IgG2 (PRO 542) and Humanized Monoclonal Antibody to the Chemokine Receptor CCR5 (PRO 140)

PACTG P1015: Treatment Interruption vs. Continuation of Anti-HIV Therapy: Intensification of HIV-Specific CD4 and CD8 Activity by Cycling HAART Therapy in Pediatric Patients with less than 50 copies/mL

Positive Hook Ups: WEB Links

Pediatric AIDS Clinical Trials Group (PACTG) pactg.s-3.com/inccg.htm

PACTG CAB - pactg.s-3.com/cab.htm

Positive Life Website (PACTG Adolescent) www.positivelife.net

Adult AIDS Clinical Trials Group (AACTG) aactg.s-3.com/ccginfo.htm

Community Programs for Clinical Research on AIDS (CPCRA) ww.cpcra.org/index.htm

HIV Vaccine Trials Network (HVTN) www.hvtn.org/community

HIV Prevention Trials Network (HPTN) www.hptn.org/community_program.htm

The January/February issue of "Positively Aware," a regular publication of the Test Positive Aware Network (TPAN), includes the annual HIV Drug Guide, a clear, concise description of HIV medications. The guide lists dosing information, average prices, and potential side effects and drug interactions. The same issue includes charts on side effects and drug interactions.
<http://tpan.com/publications/pa/positivelyaware.shtml#drugguide>

Drug-related information, including a database and a chart listing all approved drugs, is also available from AIDSinfo
<http://www.aidsinfo.nih.gov/>

AIDS Alliance Newsletter, FACES
http://www.aids-alliance.org/aids_alliance/publications.html

African-American HIV University
www.blackaids.org/university

www.hiv.drugabuse.gov

National Institutes of Health (NIH)
<http://www.nih.gov/healthdisparities/hdsymposium/proceedings2/sessions3/htm>

National Institutes of Allergy and Infectious Diseases (NIAID) NEWS (NIH/NIAID) NIAIDNEWS@niaid.nih.gov

National Institute of Child Health & Human Development (NICHD)
<http://www.nichd.nih.gov/>

Health Resources and Services Administration (HRSA)
HIV/AIDS Bureau (HAB) TA Library
<http://www.hab.hrsa.gov/CATIE/>
(Search for consumer involvement)
CARE Act TA Title I Manual (Ch VI, Section 4) Recruiting Members, Maintaining Members, Nonmember Involvement

HRSA Information Center
<http://www.ask.hrsa.gov/index.cfm>
(Search for "Organizations That CARE: A toolkit for Employing Consumers in Ryan White CARE Act Programs")

Continuous Quality Improvement - HRSA Grantee Manual
<http://hab.hrsa.gov/tools/QM/>
Systematic Process, Benchmarks, Adaptive, Improved Outcomes

YOUR TURN

HAVE YOU EVER HAD A QUESTION YOU WERE TOO AFRAID TO ASK? A question about HIV and AIDS? About research? About medicines? How different medications interact when taken together? Or about community involvement? How do I start a CAB? What does a CAB do? What is conflict of interest? What does the community need to know about ethics and research?

Here is your opportunity to get answers! We will find someone who can give us the answer and we will put the question and answer in the next newsletter to share with the community.

DO YOU HAVE SOMETHING YOU WOULD LIKE TO SUBMIT FOR PUBLICATION IN A NEWSLETTER? We are happy to publish reports from your CAB, poems or stories you have written, or other information to share with the research community.

Send your questions or other submissions to us by e-mailing them to Claire Schuster at CSchuster@s-3.com. Claire is the PACTG Operations Center Community Support Person. Please let Claire know if you would like to be named with your question or submission. Your privacy will be respected.

Testing Positive Today

Being diagnosed with HIV has never been easy, and it may actually be more difficult today. This is because years of HIV education and prevention campaigns have informed people how to avoid infection. Hardly anyone who becomes infected today has not heard at least some of these prevention messages. This can lead to feelings of shame and guilt on the part of the newly-diagnosed person. They may ask themselves, "How could I have let this happen to me now?" Friends and family may say, "You should have known better." Judgment and rejections come not only from the HIV/AIDS ignorant; other HIV+ people can be especially critical of the recently diagnosed.

One real-life story comes from Troy. Troy is a 29-year-old African-American man who has sex with men who recently tested positive. He has a five-year-old son. Becoming HIV infected was Troy's "worst fear come true." He was afraid that if he disclosed his status, people would assume he was promiscuous, a drug abuser and/or "stupid for getting infected now." When he did tell someone he was HIV+, he was told that "he was lucky to have been infected now" because of the availability of anti-HIV drugs. But Troy did not feel lucky and was haunted by images of people with advanced AIDS. He feared he would not live to see his son grow up.

Being diagnosed with HIV, at any time, is life changing and presents a series of



By Paul Warren

challenges. But the fear of judgment causes many newly-diagnosed people to isolate themselves and not talk to anyone. Keeping to yourself can make the process of moving forward after the diagnosis more difficult. Even though it felt risky, Troy decided to seek help by joining a support group for the newly-diagnosed. He

was able to open up and receive reassurance from the group. Joining a support group and talking about your feelings in a safe space may provide insights and reduce some fears and concerns. Check with your local AIDS service agency to find out about groups in your area.

Remember, you are not alone. There are others who have similar feelings. Find safe, non-judgmental people to talk with. Fight any judgmental voices coming from inside. Many newly-diagnosed people especially want to talk with others in the same situation to see how they are coping. This can decrease isolation, help relieve stigma and normalize feelings. Don't settle for, "You're lucky, this is the best time to get diagnosed" or "Get over it, it's no big deal." Get the support you need to help you through a truly difficult time and know that life will go on. **RM**

Paul Warren, CSW, is the Coordinator of Group Services at Gay Men's Health Crisis and a professor at Hunter College School of Social Work.

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