

No.1/December 2010

**MEDIA
PLANET**

SURVIVING THE VIRUS

PRIME TIME RISK

Are you tuned in to the truth
about your sexual health?

YOUR GUIDE TO
PREVENTING,
TREATING AND
LIVING WITH
HIV/AIDS

THE TOP TEN REASONS
YOU SHOULD BE TESTED

FIRST STEPS TO TAKE
IF YOU'RE HIV POSITIVE

HOW TO TALK TO YOUR FAMILY
AND FRIENDS ABOUT SEX

From the editors of





INDICATIONS

ISENTRESS is an anti-HIV medicine used for the treatment of HIV. **ISENTRESS must be used with other anti-HIV medicines**, which may increase the likelihood of response to treatment.

The safety and effectiveness of ISENTRESS in children has not been studied.

It is important that you remain under your doctor's care.

ISENTRESS will NOT cure HIV infection or reduce your chance of passing HIV to others through sexual contact, sharing needles, or being exposed to your blood.

IMPORTANT RISK INFORMATION

A condition called Immune Reconstitution Syndrome can happen in some patients with advanced HIV infection (AIDS) when anti-HIV treatment is started. Signs and symptoms of inflammation from opportunistic infections may occur as the medicines work to treat the HIV infection and strengthen the immune system. Call your doctor right away if you notice any signs or symptoms of an infection after starting ISENTRESS.

Contact your doctor immediately if you experience unexplained muscle pain, tenderness, or weakness while taking ISENTRESS. This is because on rare occasions muscle problems can be serious and can lead to kidney damage.

When ISENTRESS has been given with other anti-HIV drugs, side effects included nausea, headache, tiredness, weakness, trouble sleeping, stomach pain, dizziness, depression, and suicidal thoughts and actions.

Rash occurred more often in patients taking ISENTRESS and darunavir together than with either drug separately, but was generally mild.

I am outgoing. I am on the go. I am a newlywed. I am HIV positive.

You are special, unique, and different from anyone else. And so is your path to managing HIV. When you're ready to start HIV therapy, talk to your doctor about a medication that may fit your needs and lifestyle.

In clinical studies lasting 96 weeks, patients being treated with HIV medication for the first time who took ISENTRESS plus *Truvada*:

- ◆ Had a low rate of side effects
 - The most common side effect of moderate to severe intensity (that interfered with or kept patients from performing daily activities) was trouble sleeping
 - This side effect occurred more often in patients taking ISENTRESS plus *Truvada* (4%) versus *Sustiva* plus *Truvada* (3%)
- ◆ Experienced less effect on LDL cholesterol ("bad" cholesterol)
 - Cholesterol increased an average of 7 mg/dL with ISENTRESS plus *Truvada* versus 21 mg/dL with *Sustiva* plus *Truvada*

Ask your doctor about ISENTRESS.

Not sure where to start? Visit isentress.com/questions

People taking ISENTRESS may still develop infections, including opportunistic infections or other conditions that occur with HIV infection.

Tell your doctor about all of your medical conditions, including if you have any allergies, are pregnant or plan to become pregnant, or are breast-feeding or plan to breast-feed. ISENTRESS is not recommended for use during pregnancy. Women with HIV should not breast-feed because their babies could be infected with HIV through their breast milk.

Tell your doctor about all the medicines you take, including prescription medicines like rifampin (a medicine used to treat infections such as tuberculosis), non-prescription medicines, vitamins, and herbal supplements.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

For more information about ISENTRESS, please read the Patient Information on the following page.

Need help paying for ISENTRESS? Call 1-866-350-9232

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ISENTRESS[®]
raltegravir tablets

Patient Information
ISENTRESS® (eye sen tris)
(raltegravir) Tablets



Read the patient information that comes with ISENTRESS[®] before you start taking it and each time you get a refill. There may be new information. This leaflet is a summary of the information for patients. Your doctor or pharmacist can give you additional information. This leaflet does not take the place of talking with your doctor about your medical condition or your treatment.

What is ISENTRESS?

- ISENTRESS is an anti-HIV (antiretroviral) medicine used for the treatment of HIV. The term HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). ISENTRESS is used along with other anti-HIV medicines. ISENTRESS will NOT cure HIV infection.
- People taking ISENTRESS may still develop infections, including opportunistic infections or other conditions that happen with HIV infection.
- Stay under the care of your doctor during treatment with ISENTRESS.
- The safety and effectiveness of ISENTRESS in children has not been studied.

ISENTRESS must be used with other anti-HIV medicines.

How does ISENTRESS work?

- ISENTRESS blocks an enzyme which the virus (HIV) needs in order to make more virus. The enzyme that ISENTRESS blocks is called HIV integrase.
- When used with other anti-HIV medicines, ISENTRESS may do two things:
 1. Reduce the amount of HIV in your blood. This is called your “viral load”.
 2. Increase the number of white blood cells called CD4 (T) cells.
- ISENTRESS may not have these effects in all patients.

Does ISENTRESS lower the chance of passing HIV to other people?

No. ISENTRESS does not reduce the chance of passing HIV to others through sexual contact, sharing needles, or being exposed to your blood.

- Continue to practice safer sex.
- Use latex or polyurethane condoms or other barrier methods to lower the chance of sexual contact with any body fluids. This includes semen from a man, vaginal secretions from a woman, or blood.
- Never re-use or share needles.

Ask your doctor if you have any questions about safer sex or how to prevent passing HIV to other people.

What should I tell my doctor before and during treatment with ISENTRESS?

Tell your doctor about all of your medical conditions. Include any of the following that applies to you:

- You have any allergies.
- You are pregnant or plan to become pregnant.
 - ISENTRESS is not recommended for use during pregnancy. ISENTRESS has not been studied in pregnant women. If you take ISENTRESS while you are pregnant, talk to your doctor about how you can be included in the Antiretroviral Pregnancy Registry.
- You are breast-feeding or plan to breast-feed.
 - It is recommended that HIV-infected women should not breast-feed their infants. This is because their babies could be infected with HIV through their breast milk.
 - Talk with your doctor about the best way to feed your baby.

Tell your doctor about all the medicines you take. Include the following:

- prescription medicines, including rifampin (a medicine used to treat some infections such as tuberculosis)
- non-prescription medicines
- vitamins
- herbal supplements

Know the medicines you take.

- Keep a list of your medicines. Show the list to your doctor and pharmacist when you get a new medicine.

How should I take ISENTRESS?

Take ISENTRESS exactly as your doctor has prescribed. The recommended dose is as follows:

- Take only one 400-mg tablet at a time.
- Take it twice a day.
- Take it by mouth.
- Take it with or without food.

Do not change your dose or stop taking ISENTRESS or your other anti-HIV medicines without first talking with your doctor.

IMPORTANT: Take ISENTRESS exactly as your doctor prescribed and at the right times of day because if you don't:

- The amount of virus (HIV) in your blood may increase if the medicine is stopped for even a short period of time.
- The virus may develop resistance to ISENTRESS and become harder to treat.
- Your medicines may stop working to fight HIV.
- The activity of ISENTRESS may be reduced (due to resistance).

If you fail to take ISENTRESS the way you should, here's what to do:

- If you miss a dose, take it as soon as you remember. If you do not remember until it is time for your next dose, skip the missed dose and go back to your regular schedule. Do NOT take two tablets of ISENTRESS at the same time. In other words, do NOT take a double dose.
- If you take too much ISENTRESS, call your doctor or local Poison Control Center.

Be sure to keep a supply of your anti-HIV medicines.

- When your ISENTRESS supply starts to run low, get more from your doctor or pharmacy.
- Do not wait until your medicine runs out to get more.

What are the possible side effects of ISENTRESS?

When ISENTRESS has been given with other anti-HIV drugs, side effects included:

- nausea
- headache
- tiredness
- weakness
- trouble sleeping
- stomach pain
- dizziness
- depression
- suicidal thoughts and actions

Other side effects include rash, severe skin reactions, feeling anxious, paranoia, low blood platelet count.

A condition called Immune Reconstitution Syndrome can happen in some patients with advanced HIV infection (AIDS) when combination antiretroviral treatment is started. Signs and symptoms of inflammation from opportunistic infections that a person has or had may occur as the medicines work to treat the HIV infection and help to strengthen the immune system. Call your doctor right away if you notice any signs or symptoms of an infection after starting ISENTRESS with other anti-HIV medicines.

Contact your doctor promptly if you experience unexplained muscle pain, tenderness, or weakness while taking ISENTRESS. This is because on rare occasions, muscle problems can be serious and can lead to kidney damage.

Rash occurred more often in patients taking ISENTRESS and darunavir together than with either drug separately, but was generally mild.

Tell your doctor if you have any side effects that bother you.

These are not all the side effects of ISENTRESS. For more information, ask your doctor or pharmacist.

How should I store ISENTRESS?

- Store ISENTRESS at room temperature (68 to 77°F).
- **Keep ISENTRESS and all medicines out of the reach of children.**

General information about the use of ISENTRESS

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets.

- Do not use ISENTRESS for a condition for which it was not prescribed.
- Do not give ISENTRESS to other people, even if they have the same symptoms you have. It may harm them.

This leaflet gives you the most important information about ISENTRESS.

- If you would like to know more, talk with your doctor.
- You can ask your doctor or pharmacist for additional information about ISENTRESS that is written for health professionals.
- For more information go to www.ISENTRESS.com or call 1-800-622-4477.

What are the ingredients in ISENTRESS?

Active ingredient: Each film-coated tablet contains 400 mg of raltegravir.

Inactive ingredients: Microcrystalline cellulose, lactose monohydrate, calcium phosphate dibasic anhydrous, hypromellose 2208, poloxamer 407 (contains 0.01% butylated hydroxytoluene as antioxidant), sodium stearyl fumarate, magnesium stearate. In addition, the film coating contains the following inactive ingredients: polyvinyl alcohol, titanium dioxide, polyethylene glycol 3350, talc, red iron oxide and black iron oxide.

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LETTER FROM THE EDITOR

I was born in 1967. The summer of love. A time of unfettered, nonjudgmental, AIDS-free sex and sexuality.

Truth or consequence?

Empowered by the Pill and thus unencumbered by the thought of unplanned pregnancy, women and men in the '60s let down their proverbial hair.

But a little more than a decade later, the party ended abruptly, when HIV/AIDS showed up, killing people in droves and turning free love into a game of Russian roulette.

Almost overnight, people became very aware—and very afraid—of HIV/AIDS.

Then, it was hard not to think about HIV.

In the early '80s HIV/AIDS frequented newspaper headlines and mass media messaging. Within a decade, major motion pictures and hit Broadway plays tackled the subject. The virus and disease appeared in countless prime-time shows on television and were spoken of in schools, on college campuses and in many other venues.

But in the mid 1990s, the approval of two new classes of antiretroviral drugs meant people were suddenly able to live with HIV without developing AIDS. Understandably, people thought the worst was over. HIV became a “manageable” disease, a “chronic” condition.

When people stopped dying, the fear of the disease diminished. But HIV, and the stigma surrounding it, remained.

Lack of fear, however, led more people to contract the disease. The rate of new infections coupled

with the fact that today's treatment options help many with HIV survive means there are more people living with HIV in America and around the world than ever before. As a result, your statistical odds of contracting HIV are at an all-time high.

Which is why *POZ* teamed up with Mediaplanet to bring you the facts you need to know today about HIV/AIDS. Since 1994, *POZ* has offered lifesaving information to people living with HIV/AIDS, and today we share the wealth of our 16 years as AIDS experts and educators. In this supplement, we help you understand your risks and tell you the truth about how to keep yourself and the people you care about AIDS-free.

Part of the reason people no longer believe HIV is a real risk for them is the way HIV is covered in, and all too often absent from, the mass media.

To watch much of TV today, you'd think we're back in the swinging '70s. From anything-goes *Gossip Girls* to pregnant teens to bisexual experimentation—all with nary a mention of safer sex—the fantastical scenarios of modern love seem to imply that sex today is risk-free. The problem is that when these scenarios are played out in reality, they have very real consequences, some of which can still be deadly.

HIV is an equal opportunity offender. The misperception that only “certain kinds of people” get HIV has proved inaccurate. In 2006 alone, it led to 56,300 new cases of a disease that is easily, and



Regan Hofmann
Editor-in-Chief, *POZ*



“HIV is an equal opportunity offender. The misperception that only ‘certain kinds of people’ get HIV has proved inaccurate.”

entirely, preventable. It has contributed to the fact that an estimated 1.2 million Americans are living with HIV—one in five do not know they have it—and more than 33 million people worldwide are positive.

HIV is not a sin, a scourge, or a conspiracy. It is the virus that causes AIDS and it is still very much out of control and deadly. Anyone who has ever had unprotected sex, even once, with one partner, is at risk for HIV.

On the occasion of this year's World AIDS Day, December 1—consider getting yourself and those you care about tested for HIV. For information on where to get tested and what to do if you or someone you know is living with HIV, go to poz.com.

The key to living a long and full life with HIV is to find out your status and get into care as soon as possible. Finding emotional support, a safe haven and acceptance are equally key.

I know; I've been living with HIV for 14 years. It came into my life in the mid-'90s when I let down my guard, foolishly thinking HIV was something that couldn't happen to me. As a result of what has happened to me, I am grateful to have the platform of *POZ* to help spread the important messages about HIV/AIDS, so we can stop the spread of the virus.

So please stand with me in defiance of fear, denial and ignorance—for the sake of your life, the lives of people you care about and the health of people around the world.



WE RECOMMEND



PAGE 6

“One of the most under-used and overlooked resources in the fight against AIDS is right in front of our eyes: the stories and characters on today's hit television shows.”

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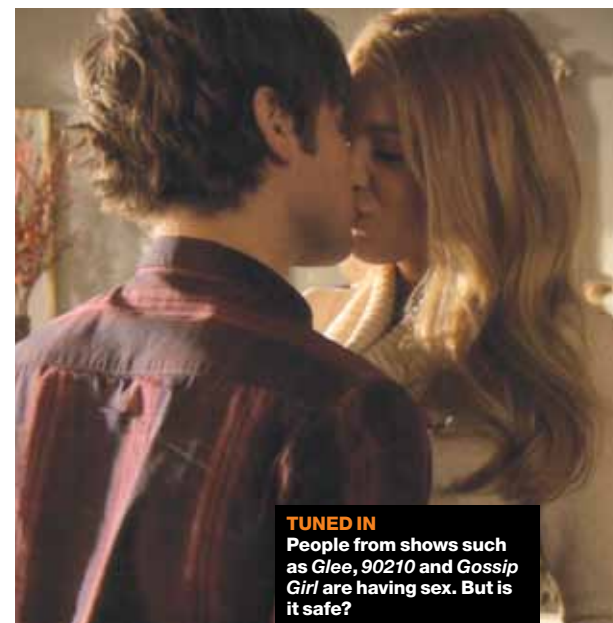
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THE POWER OF POP CULTURE



TUNED IN
People from shows such as *Glee*, *90210* and *Gossip Girl* are having sex. But is it safe?

Viewer discretion advised

How today's hit prime-time shows miss an opportunity to save lives.

"It girl" Serena van der Woodsen, the main character on the CW's *Gossip Girl*, has been doing it for years—as have most of her Manhattan high school classmates.

And the barely clad teens at *90210* aren't exactly virginal. For that matter, the action in America's heartland is hardly G-rated. On *Glee*, set at McKinley High in Ohio, Quinn Fabray was the captain of her school's celibacy club—until she had a baby. So you know she's done it.

Sex on television is nothing new, but salacious content is more prevalent than ever before. The issue is that amidst all the prime-time bumping and grinding there's barely mention of the health consequences of unsafe sex, or talk of how to prevent them. The reason? There is the misperception that HIV/AIDS is under control in America, or, a thing people no longer have to worry about. Last fall, when promoting his rebooted *Melrose Place*,

the show's executive director Todd Slavkin said: "We feel that there is a current sexual revolution going on. Kind of post-AIDS—where the boundaries are off!"

Sounds fun! Except for one small problem: We don't live in a post-AIDS world.

Of course, it's easy to forget that fact. How often do the stars of the small screen mention HIV/AIDS? How often do other sexually transmitted infections (STIs) become plot points? Do our frisky TV friends ever even use condoms?

We're not prudes. We're not the morality club, here to police your TiVo list or blame the spread of HIV/AIDS on pop culture. But with all this sex going on, it does give us the opportunity to talk about, well, sex.

If you're wondering how an actual teen's sex life compares with that of an average *Gossip Girl*, a study published last month in the journal *Pediatrics* found that more than 40 percent of New York City high schoolers surveyed said they had had sex. And before you think that's just because New Yorkers let their children

run wild, a national survey found similar results, and according to the Centers for Disease Control and Prevention, an estimated 34 percent of all new HIV infections in 2006 occurred among people ages 13 to 29—more than any other age group and proof positive that HIV is an epidemic among young Americans.

Clearly, teens in the United States are having sex—and unlike their TV counterparts, they often experience real-world consequences that are often glossed over in the fantasy world of pop culture. And that's more than irresponsible. It's a wasted opportunity. One of the most underused and overlooked resources in the fight against AIDS is right in front of our eyes: the stories and characters on today's hit television shows.

"It can be especially powerful when [sexual health] messaging is incorporated in a show," explains Victoria Rideout, MA, who studies health and media at the Kaiser Family Foundation. "The advantage is that it's less preachy and in the context

of drama and characters you already know and care about." (Not to mention, you can't fast-forward them like commercials.)

Plus, the messages sink in. Kaiser proved this when it worked with the writers of *Grey's Anatomy* to create an episode in which an HIV-positive woman discovers she is pregnant and is informed that she has a 98 percent chance of giving birth to a healthy, HIV-negative baby if she takes the proper meds. Polling the show's viewers, researchers found that one week before the show, 15 percent understood the correct risk of mother-to-child transmission. A week after the show, 61 percent remembered the proper risk—which translated to more than 8 million people absorbing the HIV message—and six weeks later, 45 percent had retained the information.

Unfortunately, references to condoms and safe-sex messages on TV are few and far between. According to a separate Kaiser study that examined TV programs from 1997 to 2005, among the 20 most highly rated shows for teen viewers, only one in 10 of those

with sexual content included a reference to sexual risks or responsibilities at some point in the episode. And those references were often in passing and incidental.

More confounding is the fact that public service messages about safe sex or commercials for condoms are often banned by the networks or cable affiliates, with the "rationale" that it's OK to advertise products that diagnose or treat a preexisting condition, such as erectile dysfunction or herpes, but it's forbidden to promote products with preventive claims—especially preventing pregnancy.

Imagine how the rates of new STI infections could change if more networks and producers focused on embedding safer-sex information in hit shows. Fifteen years ago, the writers at *Seinfeld* found a way to talk about condoms and the Sponge—and make us laugh while doing it. Perhaps the people behind today's teen shows could leverage the likes of *Gossip Girl*'s Serena and Nate (or whomever she's dating this week) to not only titillate us, but also teach us how to save our lives while doing it.

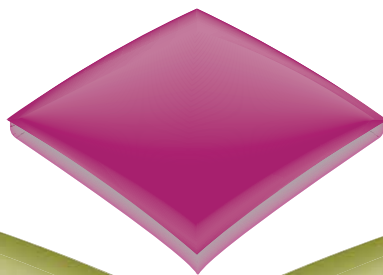
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ISENTRESS[®]
raltegravir tablets

FACTS AND FACTORS

HIV and AIDS: The basics—and the distinction

The difference between the virus and the disease.

If you have HIV, you may not necessarily have, or ever get, AIDS. But if you have AIDS, then you are HIV positive.

In short, HIV is the virus that can cause AIDS. But being HIV positive does not mean that you will definitely get sick or die of an AIDS-related illness.

AIDS stands for “acquired immune deficiency syndrome.” “Acquired” means that

the disease does not occur naturally in the body, but develops after contracting something that can cause the disease—in this case, HIV. “Immune deficiency” means that it is associated with a weakening of the body’s immune system. “Syndrome” refers to a group of health problems that make up a disease.

HIV stands for “human immunodeficiency virus.” The virus, confirmed in 1984 as the cause of AIDS, is most commonly spread through exchanging bodily flu-

ids during sexual contact or by reusing an HIV-positive person’s drug-injection equipment. HIV-positive women can transmit the virus to their children before or during birth, or through breast feeding. HIV can also be spread through blood transfusions, transplanted organs and tissue, or blood clotting factors. However, this is now very rare in most countries.

HIV attacks the immune system, notably its CD4 cells (also known as “T cells” or “T-helper

cells”). CD4s are white blood cells that command other immune system cells to fight disease.

If HIV kills enough CD4 cells, the immune system loses its ability to protect the body from serious infections and cancers. These are called “opportunistic infections” (OIs) because they take advantage of a weakened immune system. People don’t actually die of AIDS, but rather the OIs that can develop and prove very difficult to treat in people with suppressed immune systems.

Being HIV positive is not the same as having AIDS. Many people are HIV positive—meaning that they have HIV—but don’t get sick for many years. Without treatment, it can take 10 to 12 years for a person to progress to AIDS from the time of infection. With care and treatment, HIV progression can be delayed or reversed—but not cured—for many years. Today, people with HIV who take effective antiretroviral therapy without missing any doses can expect to live a nearly normal lifespan.

The state of AIDS in America—are you at risk?

New HIV infection rates continue to rise—particularly among young people, women, African Americans, Latinos and men who have sex with men. AIDS is still here, and it can still be deadly.

More people are living with HIV/AIDS than ever before—including an estimated 1.2 million in the United States and 33 million people worldwide. Of the 1.2 million Americans living with HIV/AIDS, one in five is not aware he or she is living with the virus. It’s estimated that the majority of new HIV infections are passed on by people who don’t know that they themselves are living with the virus.

Given that there have never been more people in the United States living with HIV, your statistical odds of getting HIV are higher than ever before. Remember that people who seek care and treatment can survive HIV/AIDS. But



because many people (and doctors) are not looking for signs of HIV infection, many of those who find out they’re positive do so only when they are already quite sick, maybe even with AIDS.

Consider these facts:

→ In 2007, an estimated 18,089 people with HIV died in the United States—and that’s only in the 37 states where these statistics are recorded. In 2008, an estimated 2 million people died of an AIDS-related illness worldwide.

→ More than 25 million people have died of an AIDS-related illness since the beginning of the epidemic.

→ HIV/AIDS is the leading cause of death and disease among women between the ages of 15 and 44 worldwide.

→ In the United States, 34 percent of new HIV infections in 2006 occurred in young people

between the ages of 13 to 29.

Accessing care and treatment is key to avoiding AIDS-related illnesses and death. An analysis found that in 2003, only 55 percent of those Americans who needed treatment were receiving it. It is estimated that a total of 650,000 Americans are not being treated for HIV/AIDS—this includes the nearly 300,000 people who have HIV and don’t know it and another 350,000 Americans who know they have HIV but are not accessing care.

HIV disproportionately affects African Americans and Latinos. Though African Americans comprised a little more than 12 percent of the U.S. population, they accounted for almost half of people living with HIV by the end of 2006. And while Latinos comprise 15 percent of the U.S. population, they comprised 17 percent of new infections in 2006. HIV also continues to affect men who have sex with men. They accounted for 53 percent of infections in 2006.

DEBUNKING MYTHS

Ten reasons you should get tested for HIV (even if you don't think you need to be)

1. Because HIV/AIDS is not under control in America.

More Americans are living with HIV than ever before. The most recent data show that in 2006 alone, there were 56,300 new cases of HIV. HIV/AIDS is the No. 1 killer of African-American women ages 25 to 34. While access to care has rendered HIV a survivable disease for many, others are diagnosed too late in the disease progression for the meds to save them. And some people can't afford treatment—their lives hang in the balance while they wait for federal and state funding to provide care and medicine. HIV/AIDS is not under control in America, and your chances of being exposed to the virus have never been higher.

2. Because there is no cure for HIV.

Some people are under the misperception that there is a cure and that Magic Johnson, the famous basketball player who speaks publicly about having HIV, has been cured. That's not true. Johnson is taking one of the various antiretroviral (ARV) drug regimens available in the United States. Though the drugs may have reduced his viral load to an undetectable level (meaning that the amount of virus in his blood is too small to be detected using even sensitive tests), the virus lies quietly in reservoirs in the immune system tissue and organs. It can and will begin to replicate again if treatment is stopped permanently. An undetectable viral load does not mean you have been cured of HIV, nor does it mean you are noninfectious (though you may be less infectious than if your viral load is detectable, especially if it is high).



VICKI DERDIVANIS
OAKLAND, CA
DIAGNOSED IN 1991

"I was asked to speak to students and other groups. I was in my 60s, my hair had started to turn white. I would walk into a classroom, and no one knew exactly why I was there until I began telling my story. It was wonderful to see the expressions on the kids' faces as it began to dawn on them that anyone can get this disease."

PHOTO: TOBY BURDITT

3. Because you're planning to have children or are pregnant.

It is possible for an HIV-positive woman to deliver an HIV-negative baby, and it is possible for discordant couples—in which one partner is HIV positive and the other is HIV negative—to conceive safely. Conception requires careful use of HIV treatments, ideally combined with the help of a fertility clinic that specializes in helping people with infectious diseases. If a woman receives ARV treatment while she is pregnant—and keeps her viral load undetectable—the risk of passing the virus to her baby is 2 percent (or less.)

4. Because donating blood or having your doctor run blood tests doesn't necessarily mean you're HIV negative.

Even if you have given blood, say to the Red Cross, or your doctor has ordered blood work, you should not assume you are negative. Donor blood is screened for HIV/AIDS, but the system for tracking donors who give HIV-positive

blood is imperfect and you might not be contacted even if you are HIV positive. In some states, in order for your doctor to test you for HIV/AIDS, it is legally required that you provide written consent. So, unless you have signed a form saying you agree to be tested for HIV, you might not have been tested.

5. Because your doctor tells you that you don't need an HIV test.

Today, many doctors are under the same misperception as the general public: That only certain kinds of people get HIV/AIDS. But the fact is, anyone who has unprotected sex even once, or shares injection drug equipment, can be at risk for contracting HIV. So, it is a good idea to make HIV screening a part of your annual physical check-up. Remember, you don't have to answer any questions about your personal or sex life. If you request an HIV test, your doctor should simply agree. No questions asked.

6. Because HIV doesn't only happen to gay or bisexual people.

HIV/AIDS is not a disease that affects only gay people. In fact, of the estimated number of HIV/AIDS cases that were reported in 2006, 32 percent were transmitted through heterosexual contact. Around the world, the vast majority of HIV/AIDS cases are the result of heterosexual contact. The virus cannot tell what your sexual orientation is. Anyone can have HIV/AIDS.

7. Because being married or in a monogamous relationship does not eliminate your risk for HIV/AIDS.

Given the infidelity rates worldwide, being married or in a monogamous relationship is not necessarily a safeguard against HIV/AIDS—especially considering that many couples do not use condoms. Plus, many couples do not get tested before getting married or committing to an exclusive relationship. So it is possible that one, or both, partners could have contracted HIV before the marriage. Even married couples should get regularly screened for HIV/AIDS.

8. Because only dating "nice" people can't protect you against HIV/AIDS.

You can't tell whether someone is positive just by looking at that person. It can take years for symptoms to develop after the initial exposure. A person's moral character or pedigree plays no role in whether or not he or she has been exposed to HIV. Anyone who has ever had unprotected sex may have come into contact with HIV and should be tested.

9. Because HIV is still deadly if left untreated and knowing your status could save your life—and the lives of other people.

The best way to survive HIV is to know your status and seek care, emotional support and treatment if needed. If you are aware you have HIV, you are less likely to unknowingly spread the disease. And if you find out you have the virus and choose to discuss that with former partners, you could give them knowledge that could help them stay healthy and prevent them from spreading a disease they don't know they have.

10. Because HIV is real. HIV/AIDS was not created by the government to kill off unwanted segments of the population and/or to make pharmaceutical companies rich.

The relationship between HIV and AIDS has been empirically, scientifically proved. Those who question whether this is true are known as "AIDS denialists," and this line of thinking has led to the deaths of hundreds of thousands of people around the world whose lives could otherwise have been saved through ARV treatment.

GET TESTED



BEYOND HIV

Ask your care provider about getting tested for other infections that can be spread sexually or through needles.

HIV is not the only disease to be concerned about. If there's a chance you've been exposed to HIV, it's also possible you've come into contact with other disease-causing organisms. In fact, some infections can increase the risk of contracting HIV—and vice versa. Like HIV, many sexually transmitted infections (STIs) don't often cause symptoms, and the only way to know you have them is to get tested.

Chlamydia and Gonorrhea

➔ Both are bacterial infections passed during sexual contact. Left untreated—a short course of antibiotics does the trick—they can cause serious damage to female reproductive organs. Some types of chlamydia can also cause Lymphogranuloma venereum (LGV), painful genital bumps and sores in men and women. Testing urine and swabs of the cervix, penis, vagina or anus are key.

Trichomoniasis

➔ “Trich” is a treatable parasite that can lead to vaginal inflammation in women and inflammation of the prostate and epididymis (a tube in the scrotal sack) in men. If you have discharge from your vagina or urethra, labs will test it for trich along with other STIs.

Hepatitis B and C

➔ These two viruses can cause serious liver damage and, ultimately, death. The former is mostly spread sexually,

through the exchange of bodily fluids; the latter through shared drug injection equipment. Both can be treated, and there's a vaccine for hep B (along with hepatitis A), so get checked—a simple blood test will do it.

Syphilis

➔ A bacterial infection of the vagina, anus, urethra, penis, mouth or throat. It starts with a painless sore, called a chancre, then can cause body rashes and ultimately lead to serious brain and other organ damage if not treated. It's spread through exposure to a syphilis sore during sex. Many people show no symptoms; a blood test looks for it; penicillin cures it.

Herpes

➔ Two closely related viruses—HSV-1 and HSV-2—are transmitted by direct contact with a lesion or body fluid of an infected individual. HSV-1 is generally associated with oral herpes (cold sores or fever blisters), whereas HSV-2 primarily causes genital and anal sores. Both can be painful and can reoccur, but treatment options abound. Labs can test samples from sores, or look for antibodies in the blood, to diagnose herpes.

Genital warts

➔ Human papillomavirus can cause warts to develop around and inside the vagina, on the cervix, around and inside the anus and on the penis. It can also cause lesions that can become cancerous. Regular physical examinations and swabs (Pap smears) of both the cervix and anus can help detect these problems and determine whether closer inspection and treatment are necessary.

All about getting tested

An HIV diagnosis may be scary, but isn't it more frightening to think of dying unnecessarily from a disease you can treat and survive?

If you've ever—even once—been sexually active without protection, reused someone's drug injection equipment or were given a blood transfusion or transplant before 1985, getting tested for HIV is a smart thing to do. Not only will knowing your status allow you to stay healthy—it will also help you take action to protect your sexual partners.

When you have HIV, your immune system creates proteins (called antibodies) to fight the infection. The most common way to test for HIV is a blood test that detects these antibodies. If your first test, called an EIA, is positive or indeterminate, your blood will be tested a second time using a more sensitive test known as the Western Blot. If that test is also positive, it means you have the virus. It can take up to one to two weeks to learn the results from these HIV tests.

There are also rapid HIV tests that give an answer in as little as 20 minutes, and most of these use either a swab gently scraped on the inside of your cheek or blood from a finger prick. A positive rapid test needs to be confirmed by a standard blood test.

Manufacturers are hoping to sell over-the-counter rapid HIV tests that people can perform themselves at home. The U.S. Food and Drug Administration is looking into the potential advantages and drawbacks of this testing approach.

In order to increase the number of people who know their HIV status, the Centers for Disease Control and Prevention recommends that physicians and emergency rooms perform routine



LUZ DE JESUS ROMAN
BRONX, NY
DIAGNOSED IN 2004

“Be smart and get educated. Don't be afraid. [Knowing your status means] you can prevent other people from getting infected.”

PHOTO: BILL WADMAN

HIV testing on most adults—particularly rapid testing because people sometimes don't return for their results with standard tests. The idea is to link people who are HIV positive to care and counseling, not only to protect their own health but also to reduce their risk of transmitting the virus.

HIV is invisible. People can be HIV positive and not look sick at all. There is a “window period” of time between initial infection and when antibodies to the virus become detectable in the blood. A person tested for HIV will not show a positive result if his or her body has not yet had a chance to develop antibodies detected in the HIV test. It could be weeks after possible exposure to the virus before a test result will detect HIV antibodies. If your test is negative and you have not had unprotected sex with a partner of unknown HIV status or shared drug injection equipment before, you are likely HIV negative.

Parents should also test their children for HIV. While many parents believe their children are not sexually active, reports show children are engaging in sexual activity as young as 11 years old. Given that an estimated 34 percent of all new HIV cases in America were in people ages 13 to 29, it is critical that children, teens and young adults get tested regularly for HIV.

In short, anyone can contract HIV, and testing is the only way to know your status for sure. If you're positive, you'll be able to access care that will help ensure a long, healthy life with the virus. If you're negative, the experience of testing and counseling will provide you with the knowledge to stay that way.

To find a testing facility near you, visit poz.com/directory and just type in your zip code. You can also search the directory by company name, organization type, service provided and groups served.

DISCLOSURE AND SUPPORT

How to tell someone you're HIV positive

Disclosing your status can help you emotionally and ensure you get the best care.

Telling your family, friends and coworkers about your status can be a scary prospect.

With the exception of sexual partners—whom you should tell as soon as possible—there's no deadline for disclosing to people. Some newly diagnosed people choose to tell others right away. Others need time to adjust to the news before they share it. The trick is to do what feels right for you, balancing your need for support with your need to feel that your news will stay safe, shared only by people you trust.

Be sure to consider the five Ws when thinking about disclosure: who, what, when, where and why. Whom do you need to tell? What



CEDRIC STURDEVANT
JACKSON, MS
DIAGNOSED IN 2006

"Disclosing my HIV status meant I was free, not hiding in the shadow of who I am. It freed me to talk about my life experiences since I was diagnosed and free to stand as a survivor with other people living with HIV/AIDS."

PHOTO: JAMES PATTERSON

do you want to tell them about HIV, and what are you expecting from them? When should you tell them? Where is the best place to have this conversation? Why are you telling them?

And it's important to remember:

■ You don't have anything to apologize for simply because you are HIV positive. There is no shame in having HIV. It is just a virus, just a disease like any other.

■ Keep it simple—you don't have to tell the story of your life. When telling people you have HIV you don't have to say how you got the disease or whom you contracted it from. You are asking for support for a medical condition. You don't have to share the situations and decisions surrounding that condition in order to get support.

■ The person you plan on telling will find it helpful if you have some information on hand, such as a phone number for an AIDS hotline or a website with more information (of course, we suggest POZ.com!). Encourage those you tell to get back to you with questions or concerns they may have. It's often a good idea to let people process the news, give them a chance to get educated and then discuss it further with them. You can also suggest that they talk to your doctor or an HIV specialist to hear the facts from a pro.

■ Even if you don't get the response you were hoping for, remember that it can take some time to process major information. Millions of others have dealt with difficult disclosure experiences and have found their way through it—you will too.

The importance of connecting to support and care

Newly diagnosed with HIV? Take these first steps to better health.

Your first reaction to your HIV diagnosis may be shock, tears, anger or panic. But take a deep breath and remember that thousands of people are surviving and thriving with the virus and you can too.

Yes, there are several tough choices to be made. But with the right people at your side—some human contact for support and some professional help for medical guidance—you'll be making the right decisions that are best for you and will keep you healthy for decades to come.

Reaching out

For some people, family can be a

great source of support from the start. For others, friends might provide that needed comfort. Of course, it's not easy to predict exactly how people will respond to your news. We suggest choosing one or two people you think might best handle the news.

Even if you have the support of friends and family, you might also consider joining a group specifically for people who were just diagnosed with HIV. This will help you find out how others have navigated the situation. Many AIDS service organizations (ASOs)—search for one at directory.poz.com—offer support groups, along with other professional services, such as drug recovery programs and treatment education workshops, along with case manage-

ment, to help with legal, financial or housing obstacles that might be in your way.

Find a doctor

As soon as possible after your HIV diagnosis, it's important to see a doctor who specializes in HIV care. This might be an HIV specialist you see in addition to your primary care doctor or a single doctor who can both expertly treat your HIV and keep an eye on your overall health.

So how do you find a doctor? Sometimes, the best referrals come from other people living with HIV. If you'd prefer to stick with your current health care provider and you both agree that it's best for you to also be seen by an HIV specialist, just ask for

a referral. ASOs can also suggest someone right for you.

Starting out right

Testing HIV positive motivates some people to take a good, hard look at their overall health. The fact is, we now know that living a long and healthy life with HIV requires a lot more than simply monitoring the amount of virus in your blood (viral load) or the health of your immune system (CD4 cell counts)—your whole health matters greatly.

This could be the time to tackle health problems you've had for a while. You can get high cholesterol and other blood fats under control, since some HIV meds could make them worse. Controlling other sexually transmitted infec-

tions can also make life with HIV easier. Dealing with depression can help you take meds as scheduled—and enjoy life. This might also be the moment to kick bad habits—time to stop smoking, cut down on booze and drugs and start choosing healthful foods.

There are other health issues to consider as well. If you have diabetes or kidney or heart disease in your family, discuss those issues with your doctor. The virus itself, as well as some HIV meds, can worsen some of these conditions (and some meds can interact with treatments for those conditions). So it's wise to take family history into account when you choose an HIV combo (or decide when or whether to start taking HIV meds).

CONNECTING TO CARE

Time for HIV treatment?

HIV meds—known as antiretroviral (ARV) therapy—slow the virus in the body and let positive people live longer, healthier lives. But when should you start treatment?

Truth is, there's really no right or wrong answer to when you should start treatment—it depends on the individual.

Working with your health care provider, you'll make the decision based on a number of factors, including your CD4 cell count, other health issues you're facing and your mental readiness to start treatment and stick with it.

If you and your care provider decide it's time to start, your next task is to choose which medications to take. Today, there are more choices than ever, in five drug classes (each class disrupts HIV at a different point in its life cycle). HIV meds are taken in combination because when one drug is used alone, HIV may quickly develop a way to outsmart it (a.k.a. develop resistance). It's easier to control HIV when you hit it at a few different points in its life cycle. Standard treatment combines at least



PAM GOODRICH
STATEN ISLAND, NY
DIAGNOSED IN 1989

"If you have an open relationship with your doctors and you build up rapport—you go in there and tell them everything that's going on with you and don't hold back—then they can better diagnose you to help you save your life."

PHOTO: STEVE MORRISON

three meds, and today's choices allow for therapy tailored to your unique needs.

Make no mistake: These are big steps. Fortunately, you and your health care provider need not traverse this particular path alone. *The Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, authored by a panel of U.S. AIDS experts and published by the U.S. Department of Health and Human Services (DHHS), is available to take the guesswork out of important treatment questions.

It's important to keep in mind

that the recommendations are just that—they do not define what patients must do, but rather offer suggestions regarding when to start treatment, what to start with, when to switch and what to switch to. Here's a look at the panel's basic suggestions included in the latest version of the guidelines, published December 2009:

When to start?

Treatment is generally recommended for all patients with CD4 cell counts below 500, which embodies a large number of people newly diagnosed with HIV.

(The normal CD4 count is anywhere between 500 and 1,500.) However, the guidelines panel stresses that the decision to start HIV treatment should not be based solely on a person's CD4 cell count. It is important for people living with HIV to first be able to commit to lifelong HIV treatment and be fully aware of both the importance of adherence—taking their meds exactly as prescribed—and the risks and benefits of treatment. Treatment can be delayed, for example, if an HIV-positive person is dealing with issues that might limit the success of ther-

apy, including acute medical problems, psychological issues such as depression, or social issues such as lack of housing.

What to start with?

For HIV-positive people starting HIV treatment for the first time, a typical regimen is made up of a combination of different classes of drugs. The DHHS panel has designated some HIV drugs "preferred" options, based on study results indicating powerful and long-lasting effectiveness, acceptable tolerability and ease of use. One of these options is a single tablet taken once daily that contains three highly effective drugs.

"Alternative" HIV drug options are also listed. These medications have been proved useful in clinical trials, but they may have disadvantages—such as less effectiveness or more side effects—compared with preferred options. The guidelines also lists "acceptable" treatment options, which can be used in certain circumstances but are not judged to be equal to preferred or alternative regimens.

To learn more about your options—and other DHHS guidelines recommendations—go to POZ.com.

What's up doc?

The quality of the relationship with your doctor—including the amount of information shared and how well you advocate for yourself—is critical to long and healthy living with HIV.

Like any other relationship, the relationship with your health care provider is very much a two-way street.

Just as your care provider will

have expectations of you, you should also be honest with your provider about any questions or concerns regarding your care. These tips will help you become your own advocate when visiting the doctor.

■ Be honest.

Don't withhold information regarding your personal and family medical histories, your sexual activity, any drugs you may use or other medications you are taking.

Keeping details from your health care provider makes it harder for you both to optimize your health.

■ Read.

Doing some homework about HIV and its treatment can make for good conversation with your doctor. The pages of *POZ*—along with POZ.com and AIDSmeds.com—are full of useful information.

■ Write.

Don't show up to your appoint-

ments empty-handed. Bring a notebook filled with any concerns, changes or questions that may have arisen since your last visit. And take notes during your appointment.

■ Get organized.

Keep a folder of any documents your health care provider gives you, including lab reports, drug information, pamphlets or other paperwork. And use a calendar to help remember health

care appointments and medications refills—two big no-nos are missing clinic visits and letting your prescriptions lapse.

■ Hire and fire.

Remember, your doc works for you. Make sure your provider treats you with respect and takes your questions and concerns seriously. If not, then consider looking for a new doc. Adequate health care is not a privilege; it is a right.

PROTECT YOURSELF

Why safer sex can be sexy sex

How conversations and condoms can heighten your pleasure.

Practicing safer sex does more than protect you from HIV, unintended pregnancies and other sexually transmitted infections (STIs).

If you already have HIV, safer sex protects you from other STIs and from additional strains of HIV—it also protects your partner. Plus, having conversations about safer sex will help you develop intimacy, respect and trust. And emotional intimacy can be very sexy indeed.

According to the CDC, of the estimated 56,300 Americans who contracted HIV in 2006, the group most at risk was “men who have sex with men,” also called MSM—



BOB BOWERS
MADISON, WI
DIAGNOSED IN 1984

“The more you empower yourself with knowledge the more fun you can have and the more you can do. I have a far better sex life knowing what I’m dealing with.”

PHOTO: LUKE SEVERSON

they comprised 53 percent of transmissions. Straight men and women also contracted HIV in significant numbers—heterosexual sex accounted for 31 percent of infections.

Short of total abstinence, safer sex is the best way to protect against transmitting—and contracting—HIV. Practicing safer sex is pretty simple: Essentially, condoms should be used for both anal and vaginal sex with all sexual partners except those with whom you have a long-term monogamous relationship and whose HIV status you know for certain.

Unprotected vaginal and anal sex are the highest risk behaviors for transmitting HIV, other than using contaminated needles. The key is protection from genital flu-

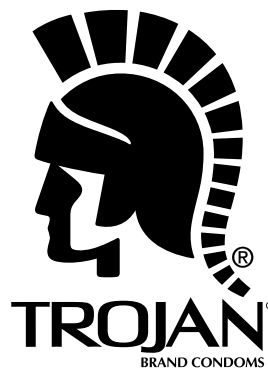
ids and blood. Other sexual activity, such as oral sex, can also expose a person to HIV, though the risk is far less than it is for vaginal and anal sex—especially for those on the receiving end of those two sex acts.

It might be tempting to assume that you or your prospective sex partner isn’t living with HIV/AIDS, but the only way to know for sure is to get tested. In some studies, a large proportion of people who tested positive for HIV did not suspect that they were positive or were at risk. If you are living with HIV, it is legally required—in some states—that you disclose your HIV status before potentially exposing someone to HIV. Many states have severe legal penalties for nondisclosure of HIV before engaging in sexual acts.

↓ IN CASE OF EMERGENCY

Did the condom break? Were you stuck with a needle? It is still possible to prevent HIV.

Post-exposure prophylaxis, or PEP, involves taking HIV meds usually for a month after a high-risk exposure to the virus, notably unprotected sex with someone who is either positive or whose HIV status you do not know. It is an approach used by health care workers around the world (often in cases of needlestick injuries). To be most effective, PEP should be started immediately after possible exposure, waiting no more than 72 hours. If you or your partner fear one or both of you may have been exposed to HIV, contact your health care provider or nearest emergency room as soon as possible.



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CONVERSATION STARTERS

Talking to your kids, friends and family about sexual health

Be brave, empowered and informed and you can help protect your loved ones.

Having the birds-and-the-bees chat with your kids, friends or widowed or divorced parents can be tough.

Despite the prevalence of sex in modern American society, many people, when it comes right down to speaking plainly about it, find themselves a little squeamish.

But avoiding the topic can have dangerous, even deadly, consequences. If thinking about broaching the subject makes you uncomfortable, consider that a short period of discomfort or awkwardness can help save the lives of people you care about.

The truth is, most people will have sex, or have had sex, at some point in their lives. While it may be more comforting to believe that your 80-year-old dad is not a Casanova in the nursing home, that your 30-year-old newly divorced friend is not a free wheeling cougar or that your 12-year-old is not having sex after school, they very well could be. And, if they're having sex wouldn't you prefer they practice safe sex? So how do you bring up this subject?

Step one is to educate yourself and practice what you will say and how you will present the info. Step two is to ask your child, friend or



FORTUNATA KASEGE
HOUSTON, TX
DIAGNOSED IN 1997

"I needed to tell my daughter that I was HIV positive, so it was important for her to know the ins and outs of the virus. I want her to be educated so that as she gets older she will be able to make good decisions in her own life."

PHOTO: MACKENZIE STROH

parent if he or she is aware of the need for safer sex and if so, if it is being practiced consistently. One way to break the ice is to say you read an article (like this one!) or a statistic in the newspaper that surprised you and that you wondered whether he or she found it surprising, too. With kids, use real-life events—a neighbor's pregnancy, a music video, a teen-magazine story—to initiate mini-conversations about everything from unplanned pregnancy to

condoms to HIV.

Obviously, your audience dictates your approach. Children, especially your own and younger ones, may be very uncomfortable discussing sex with a parent, especially if the parent hasn't made it clear that there will be no consequences if the child admits to being sexually active. It can be helpful to say something like, "I want to discuss something with you that may not even be relevant to you right now, but as someone who

loves and cares about you, I want you to know certain information so if a time comes when you need this information, you'll have it." This way, you're not implying that, or asking if, your child is having sex.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, children whose parents talk to them about contraception are more likely to use it when they become sexually active. Teens are three times more likely to use condoms if their parents talk to them about condoms before they start having sex, according to Advocates for Youth, a Washington, DC-based sexual health policy organization.

Even if we parents can't handle talking to our kids, the fact that our children are asking means they're ready. According to Adolph Brown III, PsyD, a child psychologist and founder of the Child and Family Wellness Centers in Virginia Beach, Virginia, it's OK to talk to kids about sex as early as potty-training age. Even if they're not asking, we should be talking, says Gail E. Wyatt, PhD, a UCLA professor and sex therapist. "This is an ongoing dialogue, not a one-time discussion. You don't wait until the child is a teenager or something traumatic has happened," she says. "They need to know about their bodies, so that when changes occur, they're not afraid and they understand. You cre-

ate an atmosphere in your home in which you can talk about anything."

When we avoid talking about sex, we teach our kids that we don't think it's important. And, Wyatt adds, there's a risk that kids will seek the information from peers—which comes with the possibility that they'll get inaccurate advice and risk pregnancy or exposure to a sexually transmitted infection.

The issue of talking with friends about sex may be different. People who are widowed or divorced may be reticent to admit that they've emerged from a period of mourning and are sexually active again. Having been married, they may not be used to dating or having multiple, more casual partners and may not want to say that's happening. So, again, raise the topic without implying that you know, or want to know, about the particulars of their sex life.

When you talk with your parents, their discomfort may cause them to assert their authority and try to stop the conversation. Positioning the discussion as an act of caring, love and concern—as opposed to an excuse to see whether or not they're getting busy—may help them have a more open mind.

In all cases, it's good to have some printed material available, as well as links to websites (like POZ.com) that can help them explore the issues on their own.

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there is no comfort in silence

excerpts from written poem by bassey ikpi

HIV will not hold you hostage
truth prevents the sigh
prevents the look that weighs tons

...

for those afraid
those who turn their bodies over
you must tell them that they are loved

...

Make the earth a promise
and exhale this vow into the wind
“I will love you always.”

...

offer them a morning without judgment
offer them a night without shame
offer them a peace that holds centuries

...

allow them the freedom of a hollow scream
allow them the pleasure of acceptance

...

this battle deserves an army
this war, a fair fight
this love serves as ammunition
a warning shot into the distance
say, “we love you always.”
then say it again.

...

and again

Visit GlobalGrind.com to view the full poem and pass it along

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