

"You're not alone! There are more people than you think out there with HIV!"

Joyce McDonald, diagnosed in 1995



"HIV made me question life. It made me take on a whole new outlook. HIV made me challenge my faith to a point where I had no option but to believe that anything was possible, if I wanted to live at all."

Keith Green, diagnosed in 1994



YOU'RE AN AFRICAN AMERICAN. YOU'VE JUST BEEN DIAGNOSED WITH HIV. WHAT DO YOU DO NEXT?

- Begin with your health care professional.
- Use this booklet.
- Then visit TheBody.com for more information

Founded in 1995, TheBody.com is the most comprehensive HIV/AIDS resource on the Internet, serving more than 1 million visitors per month.



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An African American's Guide to Living With HIV



A SPECIAL REPORT FROM THEBODY.COM

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Consult your doctor! The only purpose of this booklet is to educate and to inform. It is no substitute for professional care by a doctor or other medical professionals. TheBody.com neither endorses nor opposes any particular treatment option mentioned in this booklet. Instead, we encourage you to discuss your

options with a health care provider who specializes in treating HIV.

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DID YOU JUST TEST HIV POSITIVE?

YOU'RE NOT ALONE.

One out of every two people newly diagnosed with HIV is African American. More than 1 million Americans are now living with HIV.

We don't want to make light of what you're going through. Getting an HIV diagnosis may feel like the worst thing that has ever happened to you.

But pay attention to this: There is life after testing positive. Take a deep breath. No matter how alone and depressed you may feel right now, know that there is

a big community of HIV-positive folks out there ready to provide information, support, advice and many other resources. This booklet can help you find the resources you need.

First, let's get something straight. All the fear, ignorance and prejudice about HIV and HIV-positive people may cause you to feel guilty, depressed or angry in ways that can be hazardous to your health. But you are *not* your illness. That's why it's vital to know the facts. Here are some steps you can take to deal with living with HIV.

"Hold on! Don't give up! You can still live a good life! Having HIV is not the end—having no hope is."

— Joyce McDonald, diagnosed in 1995



STEP 1

GETTING SMART ABOUT HIV

Once you find out that you are HIV positive, one of the most important things you can do is get informed.

THE FACTS ABOUT HIV: There are thousands of different viruses in the world. Some are just annoying, like the viruses that cause colds. Others, like HIV or the hepatitis C virus, can cause serious, even life-threatening, illnesses. By taking care of your body—which includes taking HIV medications that can control HIV—you can prevent many HIV-related illnesses.

WHAT HIV DOES TO YOUR BODY: HIV invades your body because it needs a living organism to reproduce. The reason HIV is dangerous is that it sets up shop in your immune system, your body's natural defense against disease. It especially targets your "CD4 cells," also called "T cells." HIV takes command of these cells—like a pirate taking over a ship—and uses them to reproduce itself, creating millions of new viruses every day.

Unfortunately, these CD4 cells are the very cells that your body uses to fight infections, so when HIV takes them over, it weakens your immune system.

"I want to help relieve some of the stigma because I remember testing positive and wanting to tell people."



The stronger your immune system, the longer it can keep up the fight against HIV. If you treat your immune system well—especially by reducing stress, avoiding alcohol and not smoking cigarettes or using recreational drugs—your immune system may be able to keep HIV in check for years.

But even if you treat your body well, HIV can still eventually get the upper hand. Then it's time to call in the big guns: HIV medications.

We'll talk more about CD4 counts and HIV medications later in the booklet. First let's dispel some myths about HIV.

"I was afraid of what my family would say. Would I be blamed or would I have a support system? I needed support, because I didn't really understand what HIV was. I had to educate and inform myself."

— Tree Alexander,
diagnosed in 2006

MYTH | REALITY

Even though the facts about HIV are well known and agreed upon by every HIV specialist and every single HIV/AIDS organization in the United States, there remains a lot of misinformation about HIV.

MYTH: HIV CAN BE TRANSMITTED CASUALLY.

REALITY: There are *no* documented cases of HIV being transmitted casually through handshakes, hugging, sharing cups, dinner plates or using the same bathrooms.

MYTH: HIV DOESN'T CAUSE AIDS.

REALITY: After almost 30 years, there is a mountain of proof that HIV causes AIDS. Everyone who ever got sick or died from AIDS had one thing in common: They had HIV.

MYTH: HIV-POSITIVE WOMEN SHOULD NOT GET PREGNANT.

REALITY: More and more women with HIV are giving birth to HIV-negative babies. By taking the right HIV drugs while pregnant—especially during childbirth—an HIV-positive woman can reduce the risk of passing the virus to her baby to 1 or 2 percent. HIV treatment can help an HIV-positive mother and her child live long, healthy lives together.

MYTH: THERE'S A CURE FOR HIV, BUT ONLY THE RICH HAVE IT.

REALITY: If rich people had a cure for HIV or AIDS, Magic

Johnson, who is a multimillionaire, would be cured. Yes, Magic looks fantastic and—even with HIV—is healthier than many HIV-negative Americans. But that's *because* he takes care of himself and is on HIV treatment—the exact same treatment available to everyone with HIV in the United States. Magic's wife, Cookie, has admitted that she was wrong to say that he was “cured.” She meant that the medications he was taking had gotten rid of almost all the virus in his body, but he still remains HIV positive.

MYTH: TAKING HIV MEDICATIONS MEANS YOU DON'T HAVE TO PRACTICE SAFER SEX.

REALITY: The drugs can get rid of nearly all the virus in your blood.



“A lot of people spend way too much energy trying to figure out where this virus came from. I always go back to the analogy: If you own a house, and the house is on fire, you're not going to worry at that moment about how the fire started. You'll think about how you're going to get the heck out of there! I'll tell you right now, when I wasn't taking medications, or when the medications weren't working, I got sick ... Now I'm undetectable because of taking medication.”

— Greg Braxton, diagnosed in 1994

Although this will decrease the risk of infection to your sex partners, your blood, semen or vaginal fluids still contain HIV. This means that protected sex is the rule to keep your partner safe. Plus, you can get in legal trouble if you don't tell your partner about your HIV.

STEP 2

GETTING CONNECTED TO SUPPORT

No matter how strong you might be, an HIV diagnosis is something that nobody should face alone. Make sure you connect with a community of HIV-positive people. It's one of the best steps you can take to begin to solve both the emotional and practical problems of living with HIV.

Chicago native Greg Braxton is the perfect example of someone who successfully reached out and got the services he needed. An alcoholic and a crack cocaine addict for 27 years, when he left drug treatment for the last time almost 10 years ago, he knew he needed to stay away from his old neighborhood. He found a place that offered day programs for people with HIV and he applied for supportive housing. He said it was a critical stepping-stone. "I doubt if I would have made it, if I had gone straight to independent living, because I wouldn't have any support or any restraints. And I probably would have relapsed."

START BY CONTACTING YOUR LOCAL HIV/AIDS ORGANIZATION.

Knowing *when* you need help is vital. An HIV/AIDS organization can be a lifeline. Many organizations have case managers who can help you move forward on many of your health care issues. You'll find most or all of the following at HIV/AIDS organizations:

- HIV support groups

"Being diagnosed HIV positive is not the end of the world. It's the beginning of a brand-new world."



"There'll be good days and bad. But it's nothing you can't handle, because if you've gotten through your life so far, you've had those bad days already. All you have to do is dig back there, find the strength to meet the bad days and celebrate the good days."

— Marcya Owens,
diagnosed in 1994

- Mental health and substance abuse counseling
- Case managers who can connect you to government aid you may need, such as Medicaid, disability insurance or medication assistance
- Expert information on HIV and nutrition, fitness and other issues
- HIV treatment information and adherence workshops to help with taking HIV medications
- HIV prevention counseling, safe sex workshops and free condoms

Most big cities have several HIV/AIDS organizations geared to meet the needs of different populations.

For help in finding a local organization, go online to www.thebody.com/hotlines.html or call the CDC Health Line at 1-800-232-4636.

STEP 3

FINDING QUALITY HEALTH CARE

Even if you don't need treatment yet, you'll still need to find a medical professional experienced in treating people with HIV. Regular checkups with an HIV health care provider are extremely important, even when you don't feel sick.

You'll need to find a health care provider (this could be a physician, nurse practitioner or physician assistant) with special training in HIV who has treated 20 or more people with HIV in the past two years.

You'll want someone who stays on top of the newest information about HIV medications, tests and other issues.

However, it's just as important to choose someone you *like*, someone you feel you can trust and be open with. This means you'll need to find someone you can be honest with about sensitive issues—everything from sex, drugs and alcohol use to missing doses of HIV meds.

Your health care provider is your *partner* in fighting the virus. She or he will be your ally for a long time, helping you deal with the ups and downs of HIV disease, the drugs that control the virus, the side effects that may come with the drugs, and many other health issues. You need to be completely open with your health care provider in order for that person to do his or her job—which is to help you stay healthy.

Every person living with HIV deserves the best care possible, regardless of ability to pay. The good news is, not only do you *deserve* the best care, you *can* get it.

There's a nationwide network of services, programs and resources to help people with HIV remain healthy—even people who have no insurance or low incomes.

Many big cities have state-of-the-art HIV clinics for people who have no insurance. When you enroll in these clinics, you get medical care from a top team of HIV health care providers as well as counseling and support for mental health, substance abuse and other issues. You may be



“The more knowledge HIV-positive people have, the better they are able to consider the pros and cons of each decision. I encourage questions from my patients because I feel it is important to their care.”

— Bethsheba Johnson,
Nurse Practitioner at the
Peabody Health Center/AIDS
Arms, Inc., in Dallas, Texas



PROGRAMS TO HELP

assigned to a case manager, who will become the person you can turn to first for whatever help you need—such as figuring out which government programs can pay for your HIV medications and HIV care.

Live in a rural area? Getting the best HIV care possible may mean traveling to the nearest city several times a year—an extra effort, but one that will repay you with better health.

For a list of HIV clinics near you, call the CDC Health Line at 1-800-232-4636. An HIV clinic will give you better care than other types of health clinics or hospital emergency rooms, since it is staffed by HIV specialists and is equipped specifically to help people with HIV.



“What makes the doctor is not their color, but the choices they’re making and how committed they are to the patient.”

— Marcy Owens,
diagnosed in 1994

PROGRAMS TO HELP YOU PAY FOR DOCTOR VISITS, LAB TESTS, PRESCRIPTION DRUGS AND OTHER MEDICAL CARE:

- **Private Health Insurance.** If you have private health coverage through your workplace, learn all you can about your plan’s coverage, especially its participating health care providers (doctors, hospitals and health care facilities). If your coverage is through an HMO (health maintenance organization), check out the list of in-plan doctors who specialize in HIV. To find a good local HIV specialist, call your local HIV/AIDS organization and ask if they have a list of recommended local HIV doctors. Be sure also to get referrals from any HIV-positive people you know.
- **Medicaid.** If you don’t have private health insurance, you may be eligible for Medicaid—government health insurance for people with limited income or resources. Many HIV specialists accept Medicaid, so don’t hesitate to ask before making an appointment.
- **Medicare.** If you’re retired and over age 65, you’re eligible for this government health insurance program. Some people with HIV who are under 65 may also qualify. Many HIV specialists accept Medicare.
- **ADAP (AIDS Drug Assistance Programs).** This federally funded program is available in every U.S. state and provides free HIV medications to low-income people who don’t have health insurance. To find out if you qualify for ADAP and to learn how to enroll, call the CDC Health Line at 1-800-232-4636.

STEP 4

LEARNING ABOUT HIV TREATMENT

Now that you have figured out where you can get good care, one of the first questions you're likely to have is:

WHEN IS IT TIME TO START TAKING HIV MEDICATIONS?

Your HIV-positive test result *won't* tell you the answer. All it tells you is that you've been infected with HIV. Some people can live many years with HIV before they need to take medications to control it.

However, every person who tests HIV positive should immediately have two additional tests: a CD4 count and a viral load test. These tests are the critical measuring tools you and your doctor will use to see what the virus is doing in (and to) your body.

THE CD4 COUNT TEST. This test, also known as a "T-cell count test," gives an indication of the number of CD4 cells in your bloodstream. The more CD4 cells you have, the stronger your immune system is. After living with HIV for a while (if you don't take medications), the number of CD4 cells you have will usually fall. This is a sign that your immune system is being weakened. A normal CD4 count for someone without HIV is usually between 500 and 1,600. Experts generally agree that when your CD4 count goes below 350, you're at a high risk for developing potentially dangerous illnesses, so you should begin taking

"We know that some black people bring mistrust of the medical system into their clinic visits ..."



HIV medications before your CD4 count hits 350.

THE VIRAL LOAD TEST. Viral load tests provide an estimate of how much HIV is circulating in your blood. Generally speaking, your viral load is *not* considered as critical as your CD4 count in determining the health of your immune system. However, once you begin HIV treatment, it is a good measure of how well your HIV medications are working.

A viral load test measures the amount of HIV in a small amount (milliliter or mL) of your blood. Current viral load tests can detect as few as 50 copies of HIV per milliliter of blood. When your viral load test indicates that you have

"It's my job, as a provider, to give people information and to earn their trust, but it really helps people when they enhance their own learning and bring that into the clinic visits too."

—Dr. Adaora Adimora,
physician at
University of North
Carolina-Chapel Hill

fewer than 50 copies/mL of HIV, your health care provider will tell you that your viral load is “below the limit of detection,” or “undetectable.” This does *not* mean that you no longer have HIV in your body. Even someone who has an “undetectable” viral load can transmit HIV to someone else. However, an “undetectable” viral load means that your medications are doing an excellent job of keeping HIV in check.

DO HIV MEDS WORK DIFFERENTLY IN AFRICAN AMERICANS?

Generally, whether a person is black or white, HIV meds appear to work the same way. The real problem, experts say, may be that African Americans are already at a higher risk for some health problems that HIV meds can cause or worsen.

THESE HEALTH PROBLEMS INCLUDE:

- ✦ High blood pressure (also called hypertension)
- ✦ High cholesterol
- ✦ Anemia (a low blood count, which can make you feel tired)
- ✦ Diabetes
- ✦ Hepatitis C (which, over time, can cause liver damage)
- ✦ Kidney disease

DEALING WITH HIV AND OTHER ILLNESSES?

Be sure to stay on top of HIV as well as any other infections or illnesses. If you are infected, for example, with HIV and hepatitis B or C, your physician may refer you to a liver specialist who also specializes in HIV.

If you are seeing other health care providers, besides your HIV specialist, be sure that they are all in contact.

Current Guidelines Recommend:

It is recommended that HIV medications be started no matter what your CD4 count is if you have serious symptoms, if you are pregnant, if you have HIV-associated nephropathy (a kidney disorder) or if you need treatment for hepatitis B.

The urgency of starting HIV treatment depends on your medical history and CD4 count.

- If your CD4 count is above 500, you can hold off on HIV medications, but many experts feel that it’s good to start, just to be safe.
- If your CD4 count is between 350 and 500, you should begin treatment to protect your immune system from future damage.
- If your CD4 count is below 350 or you’ve had an AIDS-defining illness, you should start treatment immediately to avoid serious illnesses.

At least once every three to six months, you should visit your HIV care provider for a checkup. This will help you both stay on top of your health and make treatment adjustments as needed.

STEP 5

PREPARING TO START HIV TREATMENT

Once your health care provider recommends that you begin treatment, it's important to consider how treatment will change your life. Are you ready mentally, as well as physically, to take medications every day? Remember: Most HIV specialists say that you have to take your medications as prescribed, at least 95 percent of the time, to keep HIV under control and prevent it from becoming "resistant." HIV that is resistant can make your medications less effective.

This means you have to be certain that taking your medications will become a central part of your daily life. Be honest with your HIV specialist about anything that may make it more difficult for you to take all of your medications on time. If you have a case manager or a counselor, talk with them about this important issue as well.

Without a doubt, the commitment to taking HIV medications will be challenging. However, you have a good chance of keeping HIV under control with the very first combination of medications that works for you. If this combination successfully controls your HIV, and if you take each and every pill prescribed, you may not have to change medications for a long time.

What if you aren't always able to take all your medications on time?

"When I was first diagnosed, I thought I needed to live as if I were about to die."

This may cause your first combination of medications to fail. If this happens, it can get harder and harder to keep HIV under control with each new drug combination.

So it's crucial to identify a combination you can stick to, before you start treatment. Here are some things to consider:

HIV TREATMENT IS A COMMITMENT; BE READY FOR IT.

One thing is certain: Taking medications daily will change your life. Suddenly, you'll have new responsibilities. You'll always have to be aware of the time, your schedule and changes in your routine. In some cases, you may have to schedule taking



"I dropped out of school, focused more on working full-time and partying. I was just kind of existing. And then I got to a point where I realized there were medications available that could help me live longer, and I just started to change my whole outlook."

— Keith Green,
diagnosed in 1994

your HIV medicine around meals or take it with or without certain foods. You'll have to remember to take your pills with you when you go on vacation, go away for the weekend or go out at night. Even if you are depressed or busy, you will still have to take your medications as prescribed every single day. So, before you begin HIV treatment, you must ask yourself: "Am I really ready?"

PLAN HOW YOU WILL DEAL WITH SIDE EFFECTS IF THEY OCCUR.

All medications can have potential side effects—even aspirin. Not everyone experiences side effects from HIV medications, which can range from mild to severe. Because you really want to give this first combination your best shot, talk to your doctor and read about the possible side effects of the medications you are thinking of taking. This can help you not only plan how to manage side effects if they arise, but to choose medications whose possible side effects you can manage.

YOUR SURROUNDINGS AND YOUR MENTAL HEALTH ARE CRITICAL.

If you are feeling depressed, using recreational drugs or living on a friend's couch, it may be unrealistic to assume you'll be able to take all your medications all the time. It's also a good idea to get some support. This way it will be easier for you to follow a strict treatment plan. It helps a lot to have friends, family, a support group or a therapist you can rely on while you are on a treatment regimen—especially at the beginning when you are still adjusting.

BLACK VERSUS WHITE: ARE HIV MEDICATION SIDE EFFECTS DIFFERENT?

Researchers are still hard at work learning how the side effects of HIV medications can differ in African Americans. Here's what they have found out so far:

- ✦ African Americans seem to be a bit *more* likely than other people to experience side effects from the HIV medication Sustiva, which can cause sleeping problems and wild dreams. However, "studies suggest that this is so in only 20 percent of black people," says Dr. Pablo Tebas, an HIV researcher at the University of Pennsylvania.
- ✦ Sometimes, being African American can offer *protection* from some of the side effects HIV meds are known to cause. One study found that African Americans on HIV treatment were *less* likely to develop high cholesterol and high triglycerides (potential heart disease risks) than HIV-positive people of other races.

In addition, when African Americans take a medication called Ziagen, because of something in their genes, they seem less likely to experience an allergic reaction. (Ziagen is also found in two other HIV medications: Epzicom and Trizivir.)

STEP 6

CHOOSING THE RIGHT HIV TREATMENT

Doctors have not yet discovered a single combination of HIV medications that's best for everyone. Each combination has its advantages and disadvantages. The U.S. government issues regularly updated HIV treatment guidelines for health care professionals. As of December 2009, the guidelines suggested five "preferred" regimens for people who are starting HIV treatment:

- ✦ Atripla (a single pill containing three HIV meds)
- ✦ Reyataz plus Norvir plus Truvada
- ✦ Prezista plus Norvir plus Truvada
- ✦ Isentress plus Truvada
- ✦ Twice-daily Kaletra plus Combivir (for pregnant women)

Each of these treatment combinations includes at least one drug from two different types, or "classes," of HIV medications. Each class of medication stops HIV from making copies of itself at a different moment in its reproductive cycle. The following are the six classes of HIV medications:

- ✦ Entry inhibitors
- ✦ Fusion inhibitors

"I needed a good three years to actively process the diagnosis."



- ✦ Integrase inhibitors
- ✦ NRTIs (nucleoside reverse transcriptase inhibitors)
- ✦ NNRTIs (non-nucleoside reverse transcriptase inhibitors)
- ✦ PIs (protease inhibitors)

You and your provider will consider many issues before deciding on a treatment combination, including:

- Your lifestyle
- Which treatment regimen preserves your future treatment options
- How powerful a combination it is
- What side effects it can cause
- Other illnesses you may have (such as hepatitis C), as this can affect which HIV medications are best for you.

"Actively processing a diagnosis means finding a good therapist, joining a support group, or talking with family and friends. People should do whatever is comfortable for them, but not talking about it is not an option! If you don't talk to anyone about it, you'll suffer for it."

— David Lee,
diagnosed in 1995

STEP 7

DEALING WITH HIV TREATMENT

You've made the commitment to begin treatment and settled on your first HIV medication regimen. To ensure that your meds keep working, you'll need to take your doses on time, every time. But there may be challenges waiting to trip you up, including:

- ✦ Side effects
- ✦ Pregnancy
- ✦ Depression, drug addiction or other personal problems
- ✦ Forgetting to refill your prescription
- ✦ Illnesses or injuries
- ✦ Family emergencies or travel
- ✦ Getting tired of taking meds every day

Whatever the reason, and however hard it may be to talk about it, it's extremely important to bring up the problem with your HIV specialist or case manager *before* the problem interferes with your med schedule.

Take side effects, for instance. Keith Green's story is a perfect example of what *not* to do when side effects strike. Keith started taking HIV treatment at the age of 18, but the meds left him feeling drained and

exhausted, so he stopped taking them—*without* telling his doctor. That's when his CD4 count dropped to only 30.

"I believed that somehow God would spare me," Keith says, "but then I got sick. I started to realize that this was serious and I had to do something or I was going to die." He talked to his doctor, who suggested a new treatment regimen with fewer side effects.

Keith got better and has been on HIV treatment ever since. In 2009, he earned a master's degree in social work. He's currently a project director for two HIV prevention research studies in Chicago.



"HIV made me challenge my faith to a point where I had no option but to believe that anything was possible, if I wanted to live."

— Keith Green,
diagnosed in 1994

STEP 8

GATHERING STRENGTH FROM OTHERS

People say that HIV is color blind—and they're right. But let's not kid ourselves: HIV may be the same virus even if you're African American, but having it doesn't always mean the same thing. Read how HIV has transformed the lives of these brave people:



"For some people I've talked to, HIV changes their lifestyle—

now they feel healthier and are not abusing themselves anymore. That's what happened to me."

—Precious Jackson, diagnosed in 1998



"HIV has changed my life totally. Keep your head up! HIV is *not* a punishment...

Don't let it monopolize your life! It's very important that you learn to love yourself."

—Regina Brandon, diagnosed in 1990



"HIV gave me lemons, so I made lemonade. And it's damn good lemonade!"

—Michelle Lopez, diagnosed in 1991



"HIV reminds me to make every day count."

—Bishop Kwabena Rainey Cheeks, diagnosed in 1984



"The best response when I told someone I was HIV positive was

from my daughter, who looked up at me with those little brown eyes she has and said, 'Well Daddy, no matter what happens to you, I will always love you.' After that, it's like, you know, who cares? Everybody else can take a number, because I'm all right now."

—David Garner, diagnosed in 1993



"All the friends that I told, they all got emotional and started crying. But

all of them, they said, 'No matter what, Raven, we will still love you and you will always be our friend.'"

—Raven Lopez, diagnosed in 1991, at 18 months old

"HIV changed me. It taught me to genuinely care for other people."



"Once I became comfortable being HIV positive I was comfortable with myself, period. I found myself making more friends, talking to more people. I really began to have a social life. Through HIV, I found socialization, something that I always lacked."

—D'Jaun Black, diagnosed in 2004

STEP 9

PUTTING IT ALL TOGETHER

In this booklet, we've talked about some of the most critical steps to take if you've been recently diagnosed with HIV: educate yourself about HIV, find HIV support services and an HIV specialist, and prepare for and start HIV treatment if necessary. But perhaps the most important step you can take is the one that makes all the other steps possible: accepting your diagnosis and planning your future as a person living with HIV.

Regardless of the reason you were infected, something as life-changing as an HIV diagnosis usually gives people an unexpected chance to re-examine their lives. Many people with HIV say that their diagnosis turned out to be an opportunity to better their lives. That may sound crazy to you right now, but having to face a serious health problem can motivate you to dig deep and make changes in your life that you may have been putting off, or that you never even realized you needed to make.

Some of these changes, of course, may be staring you in the face.

If you drink too much or don't exercise, it's time to change. Anything that adds stress, frustration or conflict—be it a bad relationship, a soul-crushing job or trouble paying the bills—can be a drag on your immune system, or can make it harder for you to commit to taking your

HIV medications on time every day if that's what you need to do. Talk to your HIV specialist, a counselor or a support group about these issues, and ask yourself what you can do to improve the situation.

Never underestimate the impact that emotional health can have on your physical health.

As we've explained in this booklet, there's little *physical* difference between being an HIV-positive African American and being an HIV-positive person of another ethnicity. But there may be an emotional difference.

Almost 20 years after Magic Johnson made his famous announcement that he was HIV positive, stigma and denial are still strong. HIV stigma is as



“When my parents learned about my diagnosis, they did not say, ‘I don’t know you.’ They said, ‘What do you want us to do, besides keep loving you?’”

— Robert Mintz,
diagnosed in 1983

“This illness is in my body, but it does not control my life. ... I have my days as I’m sure everyone does. After I cry or feel bad for myself, I get it all out of my system and get back to reality. I have friends, and now my own family, who would be lost without me!”



—Tenecka Drake, diagnosed in 2001

THINGS TO REMEMBER:

- **HIV IS NOT A DEATH SENTENCE.**

A positive test result—even if your CD4 count is low—gives you the warning you need to take control of your health and *stop* the disease from getting worse. The majority of people who take HIV medications can plan on long and healthy lives.

- **HIV IS NOT A PUNISHMENT FOR SIN OR IMMORALITY.**

HIV is a *virus* that causes a disease. It does not discriminate. *Anyone* can get it.

- **HIV IS NOT A REASON TO BEAT YOURSELF UP.**

Taking responsibility for your health is important. But focus on the present, not the past. Learn new ways to *heal* yourself, not blame yourself.

much your enemy as HIV is. Like HIV, it can get under your skin and start to produce fear, shame and self-hatred.

You may have to do a lot of work and seek out emotional and maybe spiritual support, before you can educate friends and family about the realities of HIV, and help them separate the facts from the myths.

But know that isolation and silence are hazardous to your health. If you don’t feel comfortable going to an HIV/AIDS organization for support, the Internet may be a lifesaver. There are many Web sites where you can learn more about HIV and its treatment, stay on top of the latest HIV news and even meet people. But it’s up to you to get out there. Once you connect with others, you’ll be surprised at how invaluable you’ll find the emotional support.

There are more than 1 million HIV-positive people in the United States—many in the same position as you. Reach out for that support; it will strengthen you and challenge you to keep going, keep growing and keep living life to the fullest.