



# WORLD\*

\*WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

June 2006  
Number 150

by, for and about HIV+ women and their loved ones

## This Issue: Youth and HIV

### Reach Out and Teach Others

by Konya Baylis

Konya was diagnosed with HIV in December 2004, when she was 23 years old. She was two months pregnant with her second child. Konya is an outgoing, helpful and strong young woman living with HIV. She loves to talk (especially public speaking), used to run track, loves to shop, and enjoys taking her kids to the park. Her favorite movie is *Back in the Days* with JaRule and her favorite music artists are Whitney Houston, Michael Jackson, Stevie Wonder and Ashanti. Konya dreams of one day becoming a mortician and she hopes she will live long enough to see her kids grow up. This is her story.



*In my heart, I have found ways to move on.  
I just try and go forward.*

When I first found out, I felt bad. I didn't know where I got HIV from, whether it was from my boyfriend at the time or the guys who raped me. I felt sad and I wanted to kill myself.

I was at the doctor's office and I broke down and started to cry. I was taking a class for my CNA (Certified Nursing Assistant) on HIV, so I knew about the disease. My roommate went with me to the appointment, and she was supportive. The first person I told was my auntie. My family treated me differently when I told them. I broke down, to see someone that I love and trust treat me that way. In my heart, I

have found ways to move on. I just try and go forward.

My doctor recommended WORLD. Sylvia Young (Peer Advocate) came to my house and encouraged me to go to the support group. I was isolating myself and I was very depressed. She gave me some tea.

#### *What has been the hardest challenge living with HIV?*

The stigma. The community and the public calling me names. People think I am gay, and I get treated differently. People don't want to talk to me. I don't disclose my status to everyone. It's

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### Going to the International AIDS Conference in Toronto?

Please join the Women and Girls' Rally & March.

**When:** 7:30 am on August 14, 2006

**Where:** Parkette on Bremnar Boulevard (across from Metro Toronto Convention, Center South Building Entrance)

Let's make sure that the voices of women living with HIV and their allies are strong, clear, and present as the conference kicks off!

harder to be younger, because you are looked at differently. People think, how can she get AIDS or HIV? Some people think you are a whore or gay. If you are older, they think you are going to die right away.

#### *What positive changes have you seen in your life since you were diagnosed?*

I go out and talk in the community. I got closer to my dad. He is still incarcerated. He writes more and calls me more often to check on me. I go and visit him with my auntie. I talk in churches and in schools. I get a sad response from

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# All of Your Dreams Can Come True

by Michael D'Arata, NP

Michael D'Arata is a nurse practitioner at Summit Alta Bates' East Bay AIDS Center and the Downtown Youth Clinic in Oakland, CA.

One half of all new HIV infections in the U.S. are among people between the ages of 15-24. Of these, 40% are young women. These young men and women represent the new face of HIV. Since most, if not all, youth infections are through sexual contact, many might think that youth are promiscuous. (100% of all HIV+ youth who have been clients of the Downtown Youth Clinic have been infected through sexual contact). However, such a belief is incorrect. While their behavior may have been risky, many HIV+ youth receive an HIV diagnosis after just one or two sexual experiences, or after being in a long-term, perceived monogamous, relationship. The biggest risks have to do with being in relationships with unequal or shifting power dynamics (male/female, masculine/feminine, older/younger) with an unaware, fearful or uncaring partner; having a false sense of security about the level of commitment of their partners; and assuming that 'looking healthy', identifying as 'straight', and being married meant there was no risk.

While many adults may be able to relate to such risk behaviors (as we were once youth ourselves, or even as adults today), many youth find it very difficult to relate to an HIV diagnosis, its treatment and care, and the emotional challenges that arise. When young people receive an HIV diagnosis, they often have nowhere to turn. They likely do not communicate with their parents about sexuality. Disclosing an HIV diagnosis can feel overwhelming. They also cannot turn to peers and friends for fear of stigma and rejection. Most HIV+ youth receive a diagnosis of HIV just as they are discovering sexuality. They are exploring, developing and testing. They

are also to a certain extent unsure of themselves, and fearful of rejection.

Disclosure to sexual partners of HIV status is the number one most challenging aspect for most youth. Positive youth demonstrate an admirable level of courage in relation to disclosure and a sense of caring and responsibility for their sexual partners. There are numerous stories of taking necessary precautions to protect

within a youth mindset, drop-in clinic hours are utilized. Paperwork is kept at a minimum with youth advocates interviewing young people to capture necessary information. Youth can maintain anonymity if they choose with a false name. Also if a young person needs to be met at a high school clinic, an adolescent clinic, a hospital, at home, or at some other site, that is where he or she is met.

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*Positive youth demonstrate an admirable level of courage in relation to disclosure and a sense of caring and responsibility for their sexual partners.*

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partners only to have condoms break, precipitating disclosure and pursuit of post-exposure prophylaxis and testing for partners. Many positive youth bring their partners to the Downtown Youth Clinic (DYC) for HIV testing.

The most important thing in reaching and serving HIV+ youth is to meet them where they are both emotionally and physically. Services must be made accessible to youth. An adult model involving appointments, receptionists and phone trees does not work well. They often do not feel comfortable going to adult clinics and consequently do not access services. Most important in developing a youth model for an HIV clinic is to make it youth friendly. First, start with a generic name. Next, have a clinic that is oriented to general youth health addressing STDs and reproductive health. Services for youth should be free, with transportation and childcare services available to enable easy access. At the DYC, rather than a waiting room, youth have flop rooms with TV, VCR, DVD, and computer. Pizzas are often ordered in the afternoon, creating a nurturing environment. But DYC goes beyond creating a space that is friendly. Youth need to be seen when they need to be seen, and they are never turned away. If a young person wants to see a provider or needs talk to someone, he or she can call and immediately access a youth advocate. At DYC, there is always a youth advocate who is ready to talk and able to set up an appointment for that day if needed. Since appointments often do not work

Youth treatment advocates and youth providers should recognize and respect the particular needs and developmental status of HIV+ youth. It is important for youth to understand their own choices as well as be educated about their choices in relation to treatment, care, and disclosure. Providers should only interface with parents with the consent of the young person. Such an interaction begins with a basic HIV 101 for parents and follows with an explanation of where their son or daughter is within this picture, and what his or her treatment plan includes. Youth also need support through peer advocacy, treatment advocacy, case management, and social support. Peer advocacy provides practical support in order to address social, medical, educational, and housing goals. Treatment advocates not only educate youth about medicine, but also check in with them about adherence. Depending upon the specific and particular needs of an individual, some youth may require case management to address housing or substance use issues. Beyond these practical needs, youth also need social support. An HIV+ diagnosis can precipitate isolation and drug use. Like HIV+ adults, HIV+ youth benefit from peer based groups with other HIV+ youth. Workshops, focus groups, and social meetings enable peer exchange and support.

While this model is responsive to youth needs, there are still gaps to HIV+ youth services. Unless a youth has his or her own insurance, he or she cannot

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# No Matter the Obstacle

by Khaledah Wright

When I learned that my mother (Sylvia Britt-Raven, WORLD Peer Advocate) was diagnosed with HIV, I was devastated. My father had just died tragically a month before. I thought that I would have to live without both of my parents and I wasn't even 19. When my mother told me, I immediately thought of death. I didn't know much about HIV, just the basics. At the time I was in a very draining relationship and to top it all off, I was pregnant. I thought my daughter would never know her grandparents. The support and unchanging love that comes from your mother, I would no longer have.

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*I watch my mother inspire, motivate and build the spirits of other women living with HIV. If she can do it, so can I.*

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Before her diagnosis, my mother spent years trying to overcome her addiction to crack-cocaine. At the time, I pondered suicide because I was mad at her for choosing drugs over me and my sister. Finally, around my freshman year in high school, she reclaimed custody of us. Again, we were a family. It was almost as if she never left us. Our relationship continued to grow and I fell in love with her for being so strong and never giving up. She overcame an addiction and then she was blind-sided by the diagnosis. I had so many mixed feelings. I immediately blamed God, like many people do. I asked why God would build her up and deliver her from the disease of addiction and then afflict her with another disease.

While she was in a substance abuse rehabilitation facility, my mother told my sister and me that she had a disease. Back then, I thought she meant she had AIDS or HIV. She revealed to us that her disease was her addiction. From then on, I believe her statement helped me realize how powerful addiction can be. It wasn't that she didn't care about us and drugs were more important, it



WORLD's May 2006 Retreat

was a disease that she had to overcome. I've come to realize that my mother can rise above any obstacle including HIV. Her determination and power is beyond measure. She defines what a mother's role is. I don't feel like her disease is life-threatening anymore and I don't let the thought consume my mind. I watch my mother inspire, motivate and build the spirits of other women living with HIV. If she can do it, so can I. I make sure my friends get tested and I educate them on this epidemic so they can protect themselves and others. I feel that is the best way to prevent the spread of HIV. When I tell my friends that 6,000 people between the ages of 15-24 are diagnosed daily (Avert.org), the majority look like them, and some of the highest cases are in the same state that they live, California, they instantly change their perspective about this epidemic and tell others. Today, I feel wonderful, knowing that no matter what the obstacle is, we'll get through it. My mother and I have a special relationship. I'm glad that she gained control of her life and simultaneously saved me from my own self-destruction. We go to church together, and we're raising my daughter together, which I was afraid wouldn't happen. Most of all, we're a support system for each other. Being diagnosed is not a death sentence, that's when life truly begins... and more abundantly. ♦

Reach Out... continued from page 1

people. I go to the streets and talk to people. When I talk to younger people, they respond more to using safer sex. I am in school now going for my A.A. I also go to EBAC and talk with Lizette Green (Peer Advocate, Circle of Care).

*What message would you give to young people?*

That HIV is not a bad disease. To protect themselves and use safer sex. That it can happen to them.

*What makes it hard for young people to protect themselves?*

The men make it harder. Older men take over the younger girls. I see it with my friends.

*If you were given lots of money to help young women what would you do?*

Take in the battered and abused women living with HIV. I would provide them with a support group, have girls day out, field trips and just have fun.

*What message do you have for other young women who are positive?*

Stay strong, try to cope, reach out and teach others. You are not alone. There are support groups and people you can talk to. ♦

# Here's to a Decade of Life, Love, and Dreams!!!

by Lizette Green (26), Youth Peer Advocate, Circle of Care

At the age of 15, I met and married the man that I thought was the love of my life. Like a lot of Latino couples, we started a family right away. The day after finding out I was pregnant I had to go to the emergency room because I had a horrible fever and was really sick to my stomach. I found out I had PID (pelvic inflammatory disease), which had been caused by gonorrhea. I couldn't believe it, but I took the medication anyway. Since I was pregnant I had an HIV test, and it was negative. During the next five months something kept nagging at me that something was wrong. I asked the doctor for another HIV test, and he asked, "Why? Are you cheating on your husband?" I said "No!" "Do you think he is sleeping around?" Again, I

replied "No." With shock, he asked if I was using drugs, I was a bit offended and replied "No!" So then he asked if my husband was and once more it

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*During the next five months something kept nagging at me that something was wrong.*

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was, "No!" "Well then," he said, "you don't need another test. You are not at risk and your test was negative at the beginning of your pregnancy." I suggested to him that it should be no big deal just to repeat the test, and that everything should be fine. Finally the doctor gave in and repeated the test. Fifteen days later I got a call from my

doctor's office that my doctor wanted to see me right away. I knew what he was going to tell me. I was HIV+.

At the tender age of 16, I had HIV. That was in 1996. Protease Inhibitors had just come out, and it was unclear whether or not they were safe during pregnancy. I lived in a small community where it was unheard of that a pregnant, Hispanic, teenage female could have HIV. So, I had to travel one-hour south to Seattle to get my HIV medical care and continued to receive my primary care close to home. My family doctor worked with the HIV team in Seattle, and I was able to get my labs at home instead of traveling so far. When I went into labor we found out that the hospital didn't

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## The Word on Disclosure

by Bridget Hughes

Telling someone that you're HIV+ is rarely an easy task. If the person you're telling is a potential sex partner it can become even more challenging. When you disclose your HIV+ status to a potential sex partner you may run the risk of rejection. How might this person react to such news? A lot depends upon the person that you are disclosing to and the relationship that you have. Because the stigma of HIV continues to exist today, it can impact the way we live and cope with having the disease. People may reject you, gossip about you, discriminate against you or your family, or even threaten you. Revealing your status to someone else can be scary, isolating, and overwhelming. It can sometimes lead to greater stigma.

However, while some may feel betrayed, others may feel relieved to know. Some may react with anger. Others may be initially shocked, but ultimately be sympathetic and open. Regardless of whether these potential reactions are real or anticipated, it can often shape the way we disclose, or even if we choose to disclose.

For those who are still in denial about their own HIV+ status, it will be difficult to admit it to someone else or to disclose to, or protect a sexual partner. For others who are bound by fear, shame, and distrust, they may even lie about their status. Some HIV+ folks believe in the 'don't ask, don't tell' policy – if your partner doesn't ask, then you don't have to tell. Your only obligation is

to do everything in your power to keep him or her safe. Others pick and choose those whom they feel that they can trust with this information. Still others are open about their status and disclose to family, friends, and sexual partners with little hesitation.

In an ideal world, everyone would recognize that sexual safety and health is an obligation and responsibility of all parties involved. Asking about HIV and STD status and being prepared for safer sex would be expected of everyone. Unfortunately, because so many people are uneducated about HIV, STIs, and safer sex, HIVers carry the burden of assessing the level of risk we engage in, and trying to ensure the sexual safety of our partners. Joel Jimenez suggests the following "guiding principles for disclosure:"

- 1) try not 2 lie
- 2) you don't have 2 tell everybody, take your time 2 decide who 2 tell and how you will approach them
- 3) treat others the way you would like 2 be treated, and
- 4) critical thinking is central 2 good, informed health decision making.<sup>1</sup>

Despite fears of isolation, disclosure may actually be beneficial to you. Letting people know about your status can assist you in getting the support and care that you need. It can help you to get the proper medical treatment that you deserve, and it can open doors to meeting and getting the peer support of others who are also HIV+. ♦

<sup>1</sup> "Talking About Disclosure," Reality 15, Reality Archive, [www.hify.org/reality.htm](http://www.hify.org/reality.htm)

# Resources for Youth

## Organizations and Websites

### Advocates for Youth

A national organization that provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)  
 202-419-3420

### AIDS Alliance for Children, Family and Youth

A national non-profit organization that serves as a resource for policymakers, care providers, researchers and consumers working with children, youth, women and families.  
[www.aidsalliance.org](http://www.aidsalliance.org)  
 202-785-3564  
 1-888-917-AIDS (toll free)

### AVERT

An international AIDS charity organization that provides information about HIV/AIDS. There is a section on the website that has stories written about youth living with HIV from throughout the world.  
[www.avert.org/ypstory.org](http://www.avert.org/ypstory.org)

### Bay Area Young Positives

San Francisco based organization providing support, information and education to youth living with HIV.  
[www.baypositives.org](http://www.baypositives.org)  
 415-487-1616

### Health Initiatives for Youth

Mission is to improve the health and well-being of young people. Provide trainings, education and opportunities for youth in the California Bay Area.  
[www.hify.com](http://www.hify.com)  
 415-274-1970

### Hopes Voices

A national HIV/AIDS organization promoting the education and prevention of HIV and AIDS to young adults, using peer-to-peer education.  
[www.hopesvoice.com](http://www.hopesvoice.com)

### Live Positive

Canada-based website designed for HIV+ youth.  
[www.livepositive.ca](http://www.livepositive.ca)

### MetroTeen AIDS

A Washington, DC based organization supporting young people in the fight against HIV/AIDS.  
[www.metroteenaid.org](http://www.metroteenaid.org)  
 202-543-9355

### Student Global AIDS Campaign

A national movement with more than 85 chapters at U.S. high schools, colleges, and universities committed to bringing an end to HIV and AIDS in the U.S. and around the world through education, advocacy, media work, and direct action.  
[www.fightglobalaids.org](http://www.fightglobalaids.org)

### Teen Voices Magazine

A magazine for teen women. Check out volume 5 and 1 for articles specific to HIV and youth.  
[www.teenvoices.com](http://www.teenvoices.com)

### Teenwire

A sexual health website for teens.  
[www.teenwire.com](http://www.teenwire.com)

### What you do.org

An online resource for youth that provides straightforward and timely information about HIV/AIDS.  
[www.whatudo.org](http://www.whatudo.org)

### Scarleteen

Sex positive sex education site for young adults.  
[www.scarleteen.com](http://www.scarleteen.com)

## Hotlines

### National AIDS Hotline (CDC)

1-800-232-4636  
 1-800-344-7432 Español  
 1-888-232-6348 Deaf Access (TTY)

### National Domestic Violence Hotline

1-800-799-SAFE or  
 1-800-787-3224 (TTY)

### National Runaway Switchboard

1-800-621-4000

### National Suicide Hotline

1-800-SUICIDE (800-784-2433)

### Abortion Hotline

1-800-772-9100

### Emergency Contraception Hotline

1-888-NOT-2-LATE

## Camps for Kids Affected and Infected

### Camp Heartland

A non-profit organization based in Wisconsin that runs summer camps for kids affected and infected by HIV/AIDS.  
[www.campheartland.org](http://www.campheartland.org)  
 414-272-1118 or 1-800-724-4673

### Camp Kindle

A summer camp for children affected and infected by HIV/AIDS. Camps are held in Nebraska and California.  
[www.campkindle.org](http://www.campkindle.org)  
 1-877-800-CAMP (2267)

### Camp Sunburst

A residential summer camp for HIV positive children and their families.  
[www.sunburstprojects.org](http://www.sunburstprojects.org)  
 (707) 588-9477

### Camp Laurel

Rachel: (626) 683-0800

# Learning to Live into Adulthood: Challenges and Opportunities for Perinatally Infected Youth

by the Team at the Pediatric HIV/AIDS Program at Children's Hospital and Research Center, Oakland

People living with HIV are living much longer now than early in the epidemic, including children who were perinatally infected (in whom HIV was transmitted through the birth process from their mother). In the earlier years, many children who were infected through mother-to-child transmission in the U.S. died from AIDS-related illnesses. Today, however, children with HIV benefit from many of the same medications that are extending the lives of adults. This means that many perinatally infected children have now grown and are in their teens and early twenties. While this is a wonderful blessing for these children and their families, it has also brought challenges for the teens, their families, and for providers.

As we all know, the teen years can be both an exciting and challenging time for young people. It is a time of growth, exploration, and learning through trial and error. Youth are becoming more aware of themselves and their bodies. They are experiencing a growing sense of self and personal power. They are learning how to make decisions, setting and testing their own limits, exploring their sexuality, and coping with peer pressure and shifting identities. All of this can be made even more complicated if a young person is dealing with a chronic illness.

For teens born with HIV, fitting in and feeling "normal" is just as important as it is for most teens. With an HIV diagnosis, the feelings can become even more challenging. Teens with HIV have lived their lives with the stigma that HIV still carries. Issues of disclosure to their peers and potential sexual partners can be very frightening, overwhelming, and isolating. Most guard their HIV status as a secret. While they may desire to be like their peers, having romantic relationships and experimenting with sexual behavior, they carry the burden

of knowing that they risk infecting another. Disclosing their HIV status to a potential romantic or sexual partner may mean rejection. While parents and providers may hope that the decision to act responsibly (disclosing to a potential partner, using condoms, etc.) will take effect, is it fair to expect more from them than we do of other teens or adults?

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*For youth who are perinatally infected and coming of age, it's important to begin taking control of their lives.*

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Independence and future planning may also not come easily for teens who are growing up infected with HIV. Because the treatment and survival outlook for people in the earlier years of the epidemic was not very optimistic, many families may not have planned for their HIV+ child's future. Many children were treated as fragile in their early years, and may not have been expected to live. Their parents may have been understandably overprotective of them. They may not have attended school regularly, with the idea that their futures were uncertain or that their health was too fragile for them to be around other children. They may not have had consistent limit-setting or discipline because their parents felt guilty, sorry for them, or that they didn't need to be prepared to be adults. They may have gotten more toys and gifts, received more attention and not received the same discipline as their siblings who were not infected. Such special treatment did not prepare these children for becoming teens and young adults.

Teens with chronic illness are often challenged with adhering to their medication regimen. Taking medications on a regular schedule may

not fit well with active, teen lifestyles. The need to adhere to a strict medication regimen may feel like a disruption. Teens may be put to the test negotiating how to spend the night at a friend's house and still take their medications without being "found out." If not successful they may end up skipping doses. The inconsistent adherence can result in the development of drug resistance and an increase in viral load. When these issues are discussed with teens, they tell us they are trying to balance the importance of taking the medication and being with their peers. Moreover, understanding the importance of medication adherence may be difficult for youth who may question why they need medications now when they are healthy and may have never been seriously ill, and when medication side effects make them feel sick.

Regardless of what they hear from their families and healthcare providers about HIV being a chronic illness that can be controlled by medication, teens with HIV may still feel that their futures are uncertain. This uncertainty can cause ambivalence about planning for the future. They may not have focused on getting good grades and preparing for employment. As they enter adulthood, they are faced with learning how to live independently.

In the midst of all of these obstacles, perinatally infected youth are growing into young adults and learning each day to live more responsibly and cope with HIV as a chronic disease. Coping means dealing with all of the feelings that come with having a chronic illness including sadness, disappointment, worry, fear, vulnerability, confusion and anger. It also includes learning about the disease, its treatment, and prevention of transmission. And it includes acceptance, or coming to terms with living with HIV. Any of these stages of coping can come and go as youth pass through the different stages of life. For youth who are perinatally infected and coming of age, it's important to begin taking control of their lives. This means playing an active and informed role in their healthcare and treatment. Becoming educated about the disease and its particular impact upon themselves and their bodies can

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# National & International Calendar

**June 4–7, 2006:** HIV Prevention Leadership Summit, Dallas, TX.  
Email: [conferences@nmac.org](mailto:conferences@nmac.org) or go to: [www.nmac.org/conferences](http://www.nmac.org/conferences).

**June 4–10, 2006:** AIDS/Lifecycle 5: Ride to End AIDS, San Francisco to Los Angeles, CA. For more information call 415-581-7077, or go to [www.aidslifecycle.org](http://www.aidslifecycle.org).

**June 27, 2006:** National HIV Testing Day. Love and Honor Yourself: Get Tested. 4pm–8pm, 1515 Webster Street, Oakland, CA. For more information, call WORLD at 510-986-0340.

**July 16, 2006:** 20th Annual AIDS Walk San Francisco, CA. For more information call 415-615-9255, or go to [www.aidswalk.net](http://www.aidswalk.net).

**July 25–26, 2006:** National Conference on Latinos & AIDS, Chicago, IL. Call 866-901-6267, or email: [MHCC@npedu.com](mailto:MHCC@npedu.com).

**June 28–July 3, 2006:** Second Annual Youth Action Institute, Chicago, IL. Email: [info@campaigntoendaids.org](mailto:info@campaigntoendaids.org)

**August 13–19, 2006:** XVI International AIDS Conference, Toronto, Ontario, Canada. Contact: Bryan Hobson at [info@aids2006.org](mailto:info@aids2006.org). Or visit website: [www.aids2006.org](http://www.aids2006.org).

**September 21–25, 2006:** Tenth Annual United States Conference on AIDS, Hollywood, FL. Call 202-483-6622, visit [www.nmac.org](http://www.nmac.org) or email: [conferences@nmac.org](mailto:conferences@nmac.org).

**September 25–26, 2006:** Decade of HAART: Historical Perspectives and Future Directions, Vancouver, B.C. Canada. Call 312-795-4930 or email: [decade@iapac.org](mailto:decade@iapac.org).

**November 9–12, 2006:** National Harm Reduction Conference: Drug Users Health: The Politics and the Personal, Oakland, CA. For more information contact Paula Santiago 212-213-6376, ext 15, email: [santiago@harmreduction.org](mailto:santiago@harmreduction.org), or visit: [www.harmreduction.org/6national](http://www.harmreduction.org/6national).

## WORLD's Mission

WORLD is a diverse community of women living with HIV/AIDS and their supporters working together to:

Provide support and information to women with HIV/AIDS and their friends, family and loved ones;

Educate and inspire women with HIV/AIDS to advocate for themselves, one another and their communities;

Promote public awareness of women's HIV/AIDS issues and a compassionate response for all people with HIV/AIDS.

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**Medical information is provided solely for educational and informational purposes.** Consult your physician for medical advice.

Maura Riordan, Executive Director  
Janie Riley, Editor

Contributors: Konya Baylis, Michael D'Arata, Khaledah Wright, Lizette Green, Bridget Hughes, the Team at the Pediatric HIV/AIDS Program at Children's Hospital, Oakland.

**WORLD is a 501(c)(3) non-profit. (We are not a grant-giving organization.)  
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[www.womenhiv.org](http://www.womenhiv.org)

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June 2006

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