ONE ISSUE, FOUR COVERS

THIS ISSUE OF POSITIVELY AWARE FEATURES FOUR DIFFERENT COVERS, each one a snapshot taken on A Day with HIV, the magazine's anti-stigma campaign that captures a single 24-hour period in the lives of people around the world affected by HIV.

6:00 AM: PASADENA, CALIFORNIA
Charles McPeak: The discipline and goal-setting of triathlon training and masters swimming has helped me follow my pill regimen. I'm a man with HIV, and I'm proud of who I am.

12:45 PM: DENVER, COLORADO
Davina Conner: Living with HIV 18 years, and thankful for everyone who's in my life. Let's stop the stigma, and love one another.

12:45 PM: JERSEY CITY, NEW JERSEY
Timothy Daniels: My partner and I decided to take this picture after he got in from work. I am HIV-positive; my partner has shown so much support. He's not afraid to say or show that he is in love with me.

4:30 PM: WASHINGTON, DC
Aaron Burgess: Wrapping up another day as a Child Protective Services Investigations Social Worker in our nation's capital. Three and a half years ago, I thought my life and career were over. Today, I have a master's degree and help keep safe the most vulnerable.

POSITIVELY AWARE
THE HIV TREATMENT JOURNAL OF TEST POSITIVE AWARE NETWORK
NOVEMBER+DECEMBER 2015

THE LOW-DOWN ON
INFLAMMATION

TALES FROM THE INSIDE
A DOCTOR'S PERSPECTIVE

ICAAC UPDATE
SWITCHING TO NEW HIV DRUGS

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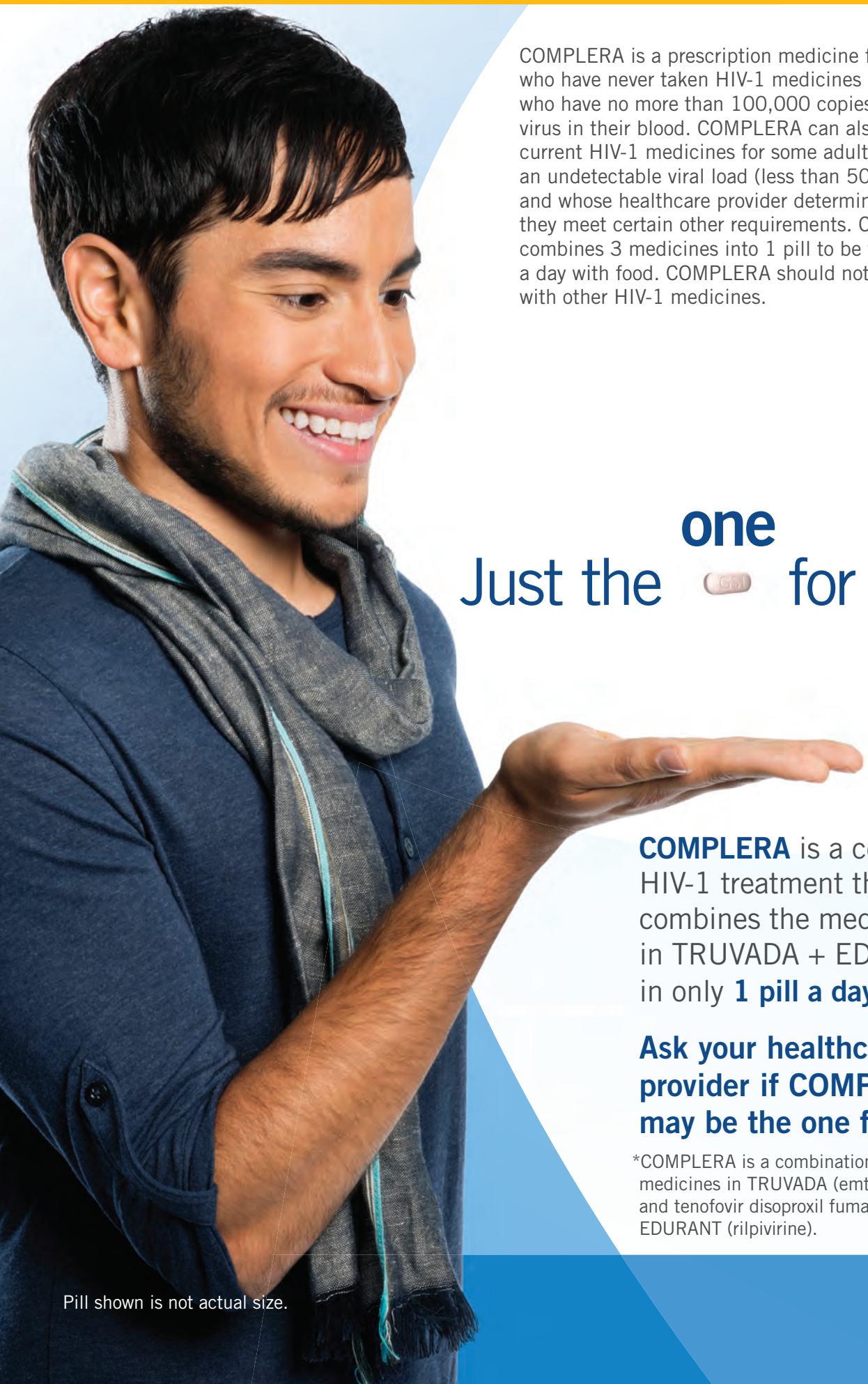

COMPLERA is a prescription medicine for adults who have never taken HIV-1 medicines before and who have no more than 100,000 copies/mL of virus in their blood. COMPLERA can also replace current HIV-1 medicines for some adults who have an undetectable viral load (less than 50 copies/mL) and whose healthcare provider determines that they meet certain other requirements. COMPLERA combines 3 medicines into 1 pill to be taken once a day with food. COMPLERA should not be used with other HIV-1 medicines.

Just the **one** for me

COMPLERA is a complete HIV-1 treatment that combines the medicines in TRUVADA + EDURANT in only **1 pill a day**.*

Ask your healthcare provider if COMPLERA may be the one for you.

*COMPLERA is a combination of the medicines in TRUVADA (emtricitabine and tenofovir disoproxil fumarate) and EDURANT (rilpivirine).

Pill shown is not actual size.

COMPLERA does not cure HIV-1 infection or AIDS.

To control HIV-1 infection and decrease HIV-related illnesses you must keep taking COMPLERA. Ask your healthcare provider if you have questions about how to reduce the risk of passing HIV-1 to others. Always practice safer sex and use condoms to lower the chance of sexual contact with body fluids. Never reuse or share needles or other items that have body fluids on them.

It is not known if COMPLERA is safe and effective in children under 18 years old.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about COMPLERA?

COMPLERA can cause serious side effects:

- **Build-up of an acid in your blood (lactic acidosis),** which is a serious medical emergency. Symptoms of lactic acidosis include feeling very weak or tired, unusual (not normal) muscle pain, trouble breathing, stomach pain with nausea or vomiting, feeling cold especially in your arms and legs, feeling dizzy or lightheaded, and/or a fast or irregular heartbeat.
- **Serious liver problems.** The liver may become large (hepatomegaly) and fatty (steatosis). Symptoms of liver problems include your skin or the white part of your eyes turns yellow (jaundice), dark "tea-colored" urine, light-colored bowel movements (stools), loss of appetite for several days or longer, nausea, and/or stomach pain.
- **You may be more likely to get lactic acidosis or serious liver problems** if you are female, very overweight (obese), or have been taking COMPLERA for a long time. In some cases, these serious conditions have led to death. Call your healthcare provider right away if you have any symptoms of these conditions.
- **Worsening of hepatitis B (HBV) infection.** If you also have HBV and stop taking COMPLERA, your hepatitis may suddenly get worse. Do not stop taking COMPLERA without first talking to your healthcare provider, as they will need to monitor your health. COMPLERA is not approved for the treatment of HBV.

Who should not take COMPLERA?

Do not take COMPLERA if you:

- **Take a medicine that contains:** adefovir (Hepsera), lamivudine (Epivir-HBV), carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol-XR, Teril, Epitol), oxcarbazepine (Trileptal), phenobarbital (Luminal), phenytoin (Dilantin, Dilantin-125, Phenytek), rifampin (Rifater, Rifamate, Rimactane, Rifadin), rifapentine (Priftin), dexlansoprazole (Dexilant), esomeprazole (Nexium, Vimovo), lansoprazole (Prevacid), omeprazole (Prilosec, Zegerid), pantoprazole sodium (Protonix), rabeprazole (Aciphex), more than 1 dose of the steroid medicine dexamethasone or dexamethasone sodium phosphate, or the herbal supplement St. John's wort.
- **Take any other medicines to treat HIV-1 infection,** unless recommended by your healthcare provider.

What are the other possible side effects of COMPLERA?

Serious side effects of COMPLERA may also include:

- **Severe skin rash and allergic reactions.** Call your doctor right away if you get a rash. Some rashes and allergic reactions may need to be treated in a hospital. Stop taking COMPLERA and get medical help right away if you get a rash with any of the following symptoms: severe allergic reactions causing a swollen face, lips, mouth, tongue or throat which may lead to difficulty swallowing or breathing; mouth sores or blisters on your body; inflamed eye (conjunctivitis); fever, dark urine or pain on the right side of the stomach-area (abdominal pain).
- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do blood tests to check your kidneys before starting treatment with COMPLERA. If you have had kidney problems, or take other medicines that may cause kidney problems, your healthcare provider may also check your kidneys during treatment with COMPLERA.
- **Depression or mood changes.** Tell your healthcare provider right away if you have any of the following symptoms: feeling sad or hopeless, feeling anxious or restless, have thoughts of hurting yourself (suicide) or have tried to hurt yourself.
- **Changes in liver enzymes:** People who have had hepatitis B or C, or who have had changes in their liver function tests in the past may have an increased risk for liver problems while taking COMPLERA. Some people without prior liver disease may also be at risk. Your healthcare provider may do tests to check your liver enzymes before and during treatment with COMPLERA.
- **Bone problems,** including bone pain or bones getting soft or thin, which may lead to fractures. Your healthcare provider may do tests to check your bones.
- **Changes in body fat** can happen in people taking HIV-1 medicines.
- **Changes in your immune system.** Your immune system may get stronger and begin to fight infections. Tell your healthcare provider if you have any new symptoms after you start taking COMPLERA.

The most common side effects of COMPLERA include trouble sleeping (insomnia), abnormal dreams, headache, dizziness, diarrhea, nausea, rash, tiredness, and depression. Other common side effects include vomiting, stomach pain or discomfort, skin discoloration (small spots or freckles), and pain. Tell your healthcare provider if you have any side effects that bother you or do not go away.

What should I tell my healthcare provider before taking COMPLERA?

- **All your health problems.** Be sure to tell your healthcare provider if you have or had any kidney, mental health, bone, or liver problems, including hepatitis virus infection.
- **All the medicines you take,** including prescription and nonprescription medicines, vitamins, and herbal supplements. COMPLERA may affect the way other medicines work, and other medicines may affect how COMPLERA works. Keep a list of all your medicines and show it to your healthcare provider and pharmacist. Do not start any new medicines while taking COMPLERA without first talking with your healthcare provider.
- **If you take rifabutin (Mycobutin).** Talk to your healthcare provider about the right amount of rilpivirine (Edurant) you should take.
- **If you take antacids.** Take antacids at least 2 hours before or at least 4 hours after you take COMPLERA.
- **If you take stomach acid blockers.** Take acid blockers at least 12 hours before or at least 4 hours after you take COMPLERA. Ask your healthcare provider if your acid blocker is okay to take, as some acid blockers should never be taken with COMPLERA.
- **If you are pregnant** or plan to become pregnant. It is not known if COMPLERA can harm your unborn baby. Tell your healthcare provider if you become pregnant while taking COMPLERA.
- **If you are breastfeeding** (nursing) or plan to breastfeed. Do not breastfeed. HIV-1 can be passed to the baby in breast milk. Also, some medicines in COMPLERA can pass into breast milk, and it is not known if this can harm the baby.

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.

Please see Brief Summary of full Prescribing Information with **important warnings** on the following pages.

COMPLERA®

emtricitabine 200mg/rilpivirine 25mg/
tenofovir disoproxil fumarate 300mg tablets

GILEAD

Brief Summary of full Prescribing Information

COMPLERA® (kom-PLEH-rah)

(emtricitabine 200 mg, rilpivirine 25 mg, tenofovir disoproxil fumarate 300 mg) tablets

Brief summary of full Prescribing Information. For more information, please see the full Prescribing Information, including Patient Information.

What is COMPLERA?

- **COMPLERA is a prescription medicine** used as a complete HIV-1 treatment in one pill a day. COMPLERA is for adults who have never taken HIV-1 medicines before and who have no more than 100,000 copies/mL of virus in their blood (this is called 'viral load'). Complera can also replace current HIV-1 medicines for some adults who have an undetectable viral load (less than 50 copies/mL) and whose healthcare provider determines that they meet certain other requirements.
- **COMPLERA is a complete HIV-1 medicine** and should not be used with any other HIV-1 medicines.
- **COMPLERA should always be taken with food.** A protein drink does not replace food.
- **COMPLERA does not cure HIV-1 or AIDS.** You must stay on continuous HIV-1 therapy to control HIV-1 infection and decrease HIV-related illnesses.
- **Ask your healthcare provider about how to prevent passing HIV-1 to others.** Do not share or reuse needles, injection equipment, or personal items that can have blood or body fluids on them. Do not have sex without protection. Always practice safer sex by using a latex or polyurethane condom to lower the chance of sexual contact with semen, vaginal secretions, or blood.

What is the most important information I should know about COMPLERA?

COMPLERA can cause serious side effects, including:

- **Build-up of an acid in your blood (lactic acidosis).** Lactic acidosis can happen in some people who take COMPLERA or similar (nucleoside analogs) medicines. Lactic acidosis is a serious medical emergency that can lead to death. Lactic acidosis can be hard to identify early, because the symptoms could seem like symptoms of other health problems. **Call your healthcare provider right away if you get any of the following symptoms which could be signs of lactic acidosis:**
  - feel very weak or tired
  - have unusual (not normal) muscle pain
  - have trouble breathing
  - having stomach pain with nausea or vomiting
  - feel cold, especially in your arms and legs
  - feel dizzy or lightheaded
  - have a fast or irregular heartbeat
- **Severe liver problems.** Severe liver problems can happen in people who take COMPLERA. In some cases, these liver problems can lead to death. Your liver may become large (hepatomegaly) and you may develop fat in your liver (steatosis). **Call your healthcare provider right away if you get any of the following symptoms of liver problems:**
  - your skin or the white part of your eyes turns yellow (jaundice)
  - dark "tea-colored" urine
  - light-colored bowel movements (stools)
  - loss of appetite for several days or longer
  - nausea
  - stomach pain
- **You may be more likely to get lactic acidosis or severe liver problems if you are female, very overweight (obese), or have been taking COMPLERA for a long time.**
- **Worsening of Hepatitis B infection.** If you have hepatitis B virus (HBV) infection and take COMPLERA, your HBV may get worse (flare-up) if you stop taking COMPLERA. A "flare-up" is when your HBV infection suddenly returns in a worse way than before. COMPLERA is not approved for the treatment of HBV, so you must discuss your HBV with your healthcare provider.
  - Do not run out of COMPLERA. Refill your prescription or talk to your healthcare provider before your COMPLERA is all gone.
  - Do not stop taking COMPLERA without first talking to your healthcare provider.
  - If you stop taking COMPLERA, your healthcare provider will need to check your health often and do blood tests regularly to check your HBV infection. Tell your healthcare provider about any new or unusual symptoms you may have after you stop taking COMPLERA.

Who should not take COMPLERA?

Do not take COMPLERA if you also take any of the following medicines:

- **Medicines used for seizures:** carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol-XR, Teril, Epitol); oxcarbazepine (Trileptal); phenobarbital (Luminal); phenytoin (Dilantin, Dilantin-125, Phenytek)
- **Medicines used for tuberculosis:** rifampin (Rifater, Rifamate, Rimactane, Rifadin); rifapentine (Priftin)
- **Certain medicines used to block stomach acid called proton pump inhibitors (PPIs):** dexlansoprazole (Dexilant); esomeprazole (Nexium, Vimovo); lansoprazole (Prevacid); omeprazole (Prilosec, Zegerid); pantoprazole sodium (Protonix); rabeprazole (Aciphex)
- **Certain steroid medicines:** More than 1 dose of dexamethasone or dexamethasone sodium phosphate
- **Certain herbal supplements:** St. John's wort
- **Certain hepatitis medicines:** adefovir (Hepsera), lamivudine (Epivir-HBV)

Do not take COMPLERA if you also take any other HIV-1 medicines, including:

- Other medicines that contain emtricitabine or tenofovir (ATRIPLA, EMTRIVA, STRIBILD, TRUVADA, VIREAD)
- Other medicines that contain lamivudine (Combivir, Epivir, Epzicom, Triumeq, Trizivir)
- rilpivirine (Edurant), unless you are also taking rifabutin (Mycobutin)

COMPLERA is not for use in people who are less than 18 years old.

What are the possible side effects of COMPLERA?

COMPLERA may cause the following serious side effects:

- **See "What is the most important information I should know about COMPLERA?"**
- **Severe skin rash and allergic reactions.** Skin rash is a common side effect of COMPLERA but it can also be serious. Call your doctor right away if you get a rash. In some cases, rash and allergic reaction may need to be treated in a hospital. Stop taking COMPLERA and call your doctor or get medical help right away if you get a rash with any of the following symptoms:
  - severe allergic reactions causing a swollen face, lips, mouth, tongue or throat, which may cause difficulty swallowing or breathing
  - mouth sores or blisters on your body
  - inflamed eye (conjunctivitis)
  - fever, dark urine or pain on the right side of the stomach-area (abdominal pain)
- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do blood and urine tests to check your kidneys before you start and while you are taking COMPLERA. If you have had kidney problems in the past or need to take another medicine that can cause kidney problems, your healthcare provider may need to do blood tests to check your kidneys during your treatment with COMPLERA.

- **Depression or mood changes. Tell your healthcare provider right away if you have any of the following symptoms:**
  - feeling sad or hopeless
  - feeling anxious or restless
  - have thoughts of hurting yourself (suicide) or have tried to hurt yourself
- **Change in liver enzymes.** People with a history of hepatitis B or C virus infection or who have certain liver enzyme changes may have an increased risk of developing new or worsening liver problems during treatment with COMPLERA. Liver problems can also happen during treatment with COMPLERA in people without a history of liver disease. Your healthcare provider may need to do tests to check your liver enzymes before and during treatment with COMPLERA.
- **Bone problems** can happen in some people who take COMPLERA. Bone problems include bone pain, softening or thinning (which may lead to fractures). Your healthcare provider may need to do tests to check your bones.
- **Changes in body fat** can happen in people taking HIV-1 medicine. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the main part of your body (trunk). Loss of fat from the legs, arms and face may also happen. The cause and long term health effect of these conditions are not known.
- **Changes in your immune system (Immune Reconstitution Syndrome)** can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your healthcare provider if you start having any new symptoms after starting your HIV-1 medicine.

The most common side effects of COMPLERA include:

- Trouble sleeping (insomnia), abnormal dreams, headache, dizziness, diarrhea, nausea, rash, tiredness, depression

Additional common side effects include:

- Vomiting, stomach pain or discomfort, skin discoloration (small spots or freckles), pain

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

- These are not all the possible side effects of COMPLERA. For more information, ask your healthcare provider.
- Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I tell my healthcare provider before taking COMPLERA?

Tell your healthcare provider about all your medical conditions, including:

- If you have or had any kidney, mental health, bone, or liver problems, including hepatitis B or C infection.
- If you are pregnant or plan to become pregnant. It is not known if COMPLERA can harm your unborn child.
  - There is a pregnancy registry for women who take antiviral medicines during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry.
- If you are breastfeeding (nursing) or plan to breastfeed. Do not breastfeed if you take COMPLERA.
  - You should not breastfeed if you have HIV-1 because of the risk of passing HIV-1 to your baby.
  - Two of the medicines in COMPLERA can pass to your baby in your breast milk. It is not known if this could harm your baby.
  - Talk to your healthcare provider about the best way to feed your baby.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements:

- COMPLERA may affect the way other medicines work, and other medicines may affect how COMPLERA works.
- If you take certain medicines with COMPLERA, the amount of COMPLERA in your body may be too low and it may not work to help control your HIV-1 infection. The HIV-1 virus in your body may become resistant to COMPLERA or other HIV-1 medicines that are like it.
- Be sure to tell your healthcare provider if you take any of the following medicines:
  - Rifabutin (Mycobutin), a medicine to treat some bacterial infections. Talk to your healthcare provider about the right amount of rilpivirine (Edurant) you should take.
  - Antacid medicines that contain aluminum, magnesium hydroxide, or calcium carbonate. Take antacids **at least 2 hours before or at least 4 hours after** you take COMPLERA.
  - Certain medicines to block the acid in your stomach, including cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), or ranitidine hydrochloride (Zantac). Take the acid blocker **at least 12 hours before or at least 4 hours after** you take COMPLERA. Some acid blocking medicines should never be taken with COMPLERA (see "Who should not take COMPLERA?" for a list of these medicines).
  - Medicines that can affect how your kidneys work, including acyclovir (Zovirax), cidofovir (Vistide), ganciclovir (Cytovene IV, Vitrasert), valacyclovir (Valtrex), and valganciclovir (Valcyte).
  - clarithromycin (Biaxin)
  - erythromycin (E-Mycin, Eryc, Ery-Tab, PCE, Pediazole, Ilosone)
  - fluconazole (Diflucan)
  - itraconazole (Sporanox)
  - ketoconazole (Nizoral)
  - methadone (Dolophine)
  - posaconazole (Noxafil)
  - telithromycin (Ketek)
  - voriconazole (Vfend)

Know the medicines you take. Keep a list of all your medicines and show it to your healthcare provider and pharmacist when you get a new medicine. Do not start any new medicines while you are taking COMPLERA without first talking with your healthcare provider.

Keep COMPLERA and all medicines out of reach of children.

This Brief Summary summarizes the most important information about COMPLERA. If you would like more information, talk with your healthcare provider. You can also ask your healthcare provider or pharmacist for information about COMPLERA that is written for health professionals, or call 1-800-445-3235 or go to www.COMPLERA.com.

Revised: May 2015

GILEAD

POSITIVELY AWARE
JOURNALISM. INTEGRITY. HOPE.

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A DAY WITH HIV

ONE ISSUE, FOUR COVERS

THIS ISSUE OF POSITIVELY AWARE FEATURES FOUR DIFFERENT COVERS, each one a snapshot taken on A Day with HIV, the magazine's anti-stigma campaign that captures a single 24-hour period in the lives of people around the world affected by HIV.

Four judges had a hand in selecting the covers. **DUANE CRAMER** was diagnosed 18 years ago with HIV, and is an activist and professional photographer who has used his creative skills to raise awareness. Illinois state representative **GREG HARRIS** is one of a handful elected public officials in the U.S. who is open about his HIV status. **GINA BROWN** has been HIV-positive for more than 20 years, and is a medical case manager at NO/AIDS Task Force. HIV-positive since 1984, **HUNTER REYNOLDS** was an early member of ACT UP in New York, where he co-founded ART+ Positive to push back against gay and HIV stigma in the arts.

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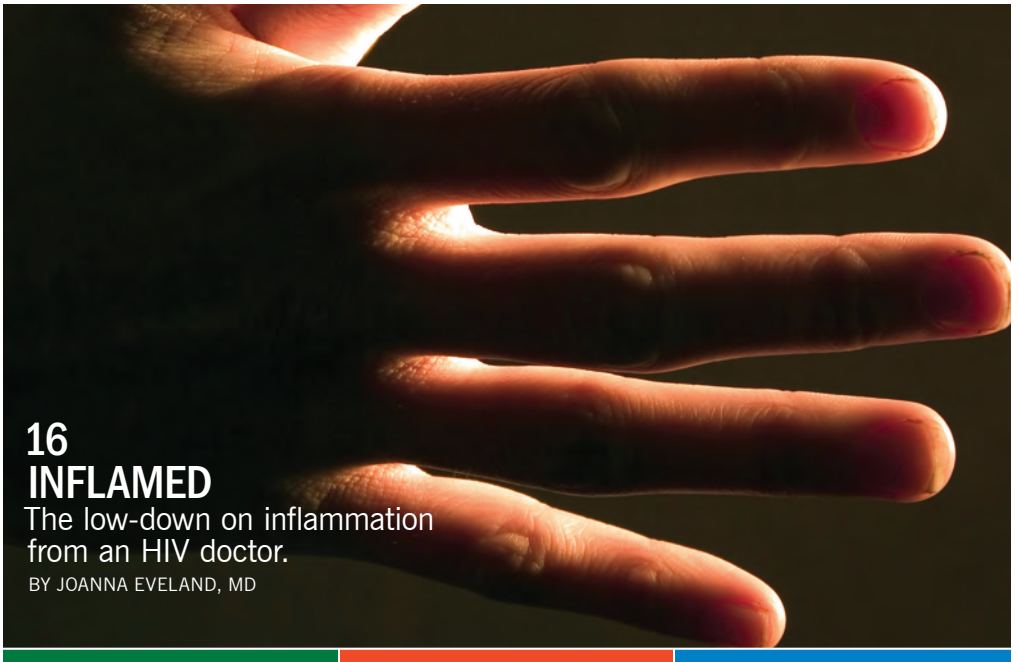
NOV+DEC 2015

VOLUME 27 NUMBER 7

FEATURES



INFLAMED: ISTOCK A CALL TO ACTION: JEFF BERRY

IN EVERY ISSUE

SPECIAL SECTION

ALSO INSIDE

ONLY ON POSITIVELYAWARE.COM

HIV NEWS FROM THE ID WEEK CONFERENCE
BY ENID VÁZQUEZ

LET'S CONNECT
All communications (letters, email, online posts, etc.) are treated as letters to the editor unless otherwise instructed. We reserve the right to edit for length, style, or clarity. Let us know if you prefer we not use your name and city.

WRITE TO:
POSITIVELY AWARE,
5050 N. Broadway St., Suite 300, Chicago, IL 60640-3016

EMAIL:
inbox@tpan.com

TWEET:
@PosAware

COLLECTOR'S ITEM

I have been collecting your annual HIV Drug Guide since your first issue. I used to go to a doctor who had the magazine in the lobby. Unfortunately, I've had to move to a less than tolerant part of the U.S., and my new doctor's office does not carry POSITIVELY AWARE.

I was wondering if you might know of a way to find two copies of the POSITIVELY AWARE 2015 Drug Guide? It's nice to look back at the old issues and see how many more meds are available and how many better tolerated meds have come along. Makes one think there may be even more in the future. I had no idea I'd live long enough to see a 19th drug guide.

Thank you so much for the work you do. It is *greatly* appreciated. You have no idea. I've slept with your magazines by my bed. They provide such hope. Cheers.

—G.B.D.
VIA EMAIL

IN PRINT

I would like to thank all of you at PA for still providing prisoners with free, *printed* treatment information on HIV, AIDS, and hep C. Prisoners in most states do not have Internet access. I'm sure I speak for thousands of HIV-positive inmates when I say *thank you* for providing this most helpful service to positive prisoners. We seem to be the forgotten minority with most all other AIDS service organizations. Please keep up this great service. Thank you!

—JOHNNY C. SMITH
COFFIELD UNIT, TENNESSEE COLONY, TEXAS

RAISING T-CELLS

I've been diagnosed with AIDS since March 2003. I'm wondering how long one can survive taking medication? My CD4 count was 6 in 2003 and to date the highest it has been is 259. As of April, it was 238. I am undetectable and have been for more than 10 years now. My viral load was 367,000 in 2003 and when I found out my condition, I had acute TB and MAC. No opportunistic infections since then. Praise the Lord! I am taking Sustiva and Epzicom. How can I get my CD4 to rise?

—ROBERT A. TRUBY
FLORIDA STATE PRISON, RAIFORD, FL

EDITOR'S NOTE: You should be happy to hear that HIV specialists believe the viral load is more important than the T-cell count. Many people are in the same boat you're in, so we understand your concern and frustration. It's great that you have undetectable viral load and your lack of OIs proves it. As for survival, it's estimated that people on successful antiviral treatment will have a normal lifespan.

TREATMENT UPS AND DOWNS

I am on Prezista, Norvir, Viread, and lamivudine. My CD4 count is 882 and my viral load is less than 20—undetectable—since 2010. I was diagnosed in November 2009. I am 63 years old and thanks to PA magazine and staff I am doing well. My biggest problem is abdominal pain, excessive gas, and bloating. The info I get from PA has been very helpful to me. It helps me understand a lot about my treatment and how to best cope with it. I want to be an advocate and volunteer for clinical trials and research in the near future.

—JOHN R. HERNANDEZ
TERRELL UNIT, ROSHARON, TX

BOY MEETS GIRL

First, thank you for the subscription. It's a very informative guide and magazine. I pass it along for others to read and even get certain articles copied and posted wherever the prison allows me to post it.

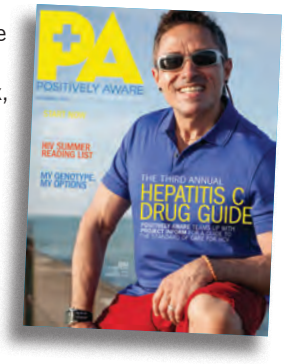
I believe the most arguable topic is how the virus enters the body for the male who engages the female. Most people cannot conceive that notion. Please have someone elaborate on that.

Thank you again for keeping us informed. You are actually saving lives.

—DAVID GANT
FRACKVILLE, PENNSYLVANIA

EDITOR'S NOTE: Thank you for the opportunity to say that absolutely, men can get HIV from women! It's known to be a very limited route of transmission for several reasons, but we know straight men who have been infected via heterosexual activity and their reality should not be discounted.

FEW RESOURCES FOR HEP C



I am a peer educator at the Arizona State Prison Complex, Meadows Unit. Our main focus is hepatitis A, B, and C; HIV, STDs, and hygiene. Last week I received a copy of the July+August issue—what a great source and wealth of information. I have been able to share it in our HCV and HIV classes on this yard. Thirty percent of our peers have HCV and about 5% have co-infection with HIV. There is little or no treatment for infected peers. We have a private, for-profit health care provider! HIV-positive peers never get to see a virologist. They get a viral load and CD4 cell count maybe once a year. There are no wellness protocols in place. There are over 1,200 inmates on this yard and just one doctor. This yard is a medical and mental health yard. They use the cheapest and oldest medication to treat HCV, peginterferon and ribavirin, which also have the most side effects, so severe most peers stop treatment. The hep C drug issue issue gave us so much information on all the new medications with far fewer side effects and those that treat co-infection of HIV. We are told that co-infected patients must have their HIV under control first. They forget that most HIV peers have been on meds for years and have their HIV as well as can be under control. Secondly, they just want to save money. What they fail to realize is that at some point most of these peers will be released and will have relationships and need to be as healthy as they can be. I survived HCV. I have an SVR [sustained virologic response] and am cured. I share my treatment openly with my peers, to let them know there is hope.

—WAYMAN WALKER
FLORENCE, ARIZONA

EDITOR'S NOTE JEFF BERRY

WHAT CAN I SAY?

In 2004 when I stepped up as interim editor of POSITIVELY AWARE, I was blessed with a tremendous opportunity that few others get, a platform to be a voice for others living with HIV. It is a role that I have never taken lightly, and I've always understood that with it comes a certain sense of responsibility. Responsibility to the readers of the magazine, as well as to the larger HIV community, including providers and those affected by HIV, whether positive or not. A responsibility to offer hope, and provide information in a way that's easy to understand.

I look back at some of my earlier editor notes and I'm struck by how much I had to say. One particular column titled "Who will be there for us?" dealt with the loss of my mother, who died in June of 1998. The column really had very little to do with HIV, but it was very personal for me (I still cry when I read it). I recall how shortly after it was published, while at one of the annual gatherings in Chicago for people living with HIV organized by Northstar Medical Center, many people came up to me and thanked me for what I had written and to tell me how touched they were by my story. I'm always so incredibly humbled when that occurs, which anyone who writes knows doesn't happen often. The power of words can move others and resonate with them in a multitude of ways, sometimes profoundly, which most of the time we as writers will never hear about, and can only hope for when we "put" something out there.

That's why it's difficult for me to admit that, of late, I've been experiencing a "writer's block" of sorts. Often I have a sense of what I want to say when I sit down to write, other times I don't, but once it begins to click for me the words start to flow out onto the paper. I'll then rewrite it several times, wordsmith, solicit feedback from my co-workers, and always try to sleep on it to look at it with a fresh set of eyes another day. I don't always get it right, but it's always from the heart.

These past few months I stare at a blank computer screen and the only words that come to me are, *I have nothing left to say*. As someone whose livelihood depends on writing, I can tell you that that's a very scary thought. I know it's not necessarily accurate, but it's what's been floating around in my head. So now I'm telling you, somewhat selfishly, in the hopes that maybe if I put it out there, the curse will be lifted, and the floodgates of inspiration will burst open.

I think part of it for me is the fact that I'm aging with HIV—hear me out. For many years after being diagnosed in 1989, I wasn't even sure that getting older was in the realm of possibilities for me. My concern back then was just figuring out how to somehow stay alive, hoping against hope that it would maybe turn out differently for me than it had for so many of my friends. Now, as I approach my 60s, there are additional things to consider that anyone who's aging needs to think about (for example diet and exercise, and heart, bone, and mental health). I'm also starting to seriously think about my retirement years, and what that might look like.

My point is I've been immersed in HIV for so long, that it's probably come at a cost. It's like I've been wearing blinders or had some kind of narrowing of vision, and those blinders are now starting to fall off, my vision beginning to widen, the HIV haze begining to dissipate. I'm discovering that there's a whole new world out there, of which HIV is only a small part, a tiny grain of sand in a grand, majestic sand-castle design.

So there, I've said it. I've officially come out of the writer's block closet. I'm sure it's only temporary, but I feel like it needed saying. I felt I owed it to you, in case you felt something too. In case maybe my writing wasn't resonating with you as it used to. Of course this could all just be in my head, in which case I've made an egregious and unretractable error (that's the simultaneous beauty and horror of print, you've got one chance to get it right—or wrong, as the case may be).

But that's the chance we all take, right? Putting our truth out there, in the hopes that maybe it will help one other person who is struggling right now. Laying ourselves bare, warts and all, in an effort to offer even a slim glimmer of hope, to someone who may need it.

Take care of yourself, and each other.

I've been immersed in HIV for so long, that it's probably come at a cost. It's like I've been wearing blinders or had some kind of narrowing of vision, and those blinders are now starting to fall off, my vision beginning to widen, the HIV haze begining to dissipate. I'm discovering that there's a whole new world out there.

FOLLOW JEFF
@PAEDITOR

PHOTO: CHRIS KNIGHT

Briefly

ENID VÁZQUEZ

HIV TREATMENT AND STIs

The value of HIV treatment in helping to curb new infections, "on average," doesn't seem to be affected by STIs, according to a review of 14 studies with nearly 3,000 individuals. Historically, STIs are recognized as causing greater infectivity. Read the report published June 30 in *BMC Infectious Diseases* at biomedcentral.com/1471-2334/15/249.

NEEDLE EXCHANGE CURBS HIV WHILE SAVING MILLIONS

That's the conclusion of a George Washington University study looking at syringe exchange in Washington, DC, published online September 3 in *AIDS and Behavior*. The study estimated that the program, started in 2007, cut new HIV cases by 70% in two years and saved $44 million to boot. Read the *HealthDay News* story about the study at nlm.nih.gov/medlineplus/news/fullstory_154470.html.

TIGERS AND HEMOPHILIA

Listen to the interview "Growing Up with Hemophilia, HIV and Tigers" on public radio, in which Craig McLaughlin talks about his new memoir, *Passing on Curves While Death Rides Shotgun*. Go to wcqs.org/post/growing-hemophilia-hiv-and-tigers#stream/0.

PrEP FOR CANADA

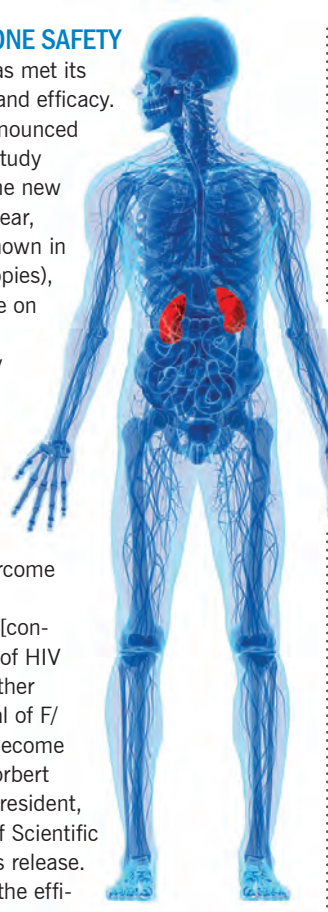
In August, Gilead Sciences applied to Canadian authorities for approval of Truvada for PrEP. To date, the United States is the only country that makes the medication available for HIV prevention in addition to HIV treatment.

TAF BEATS TDF IN KIDNEY AND BONE SAFETY

A new version of an older HIV drug has met its primary research objective for safety and efficacy.

In September, Gilead Sciences announced the results of an advanced Phase 3 study comparing tenofovir DF (TDF) with the new tenofovir alafenamide (TAF). At one year, there were similar rates of efficacy shown in undetectable viral loads (under 50 copies), 94% for TAF takers vs. 93% for those on a TDF regimen.

There was, however, a statistically significant difference in bone mineral density (BMD) at the hip and spine and change in a measure of kidney function (estimated glomerular filtration rate, or eGFR). TDF has the potential for toxicity to bone and kidneys, and TAF was created to overcome these problems.



"For more than a decade, Truvada [containing TDF] has been a cornerstone of HIV therapy, and the results of this and other recent trials demonstrate the potential of F/TAF [the new version of Truvada] to become a next-generation backbone," said Norbert Bischofberger, PhD, Executive Vice President, Research and Development and Chief Scientific Officer for Gilead Sciences, in a press release. "The results from this study reinforce the efficacy, as well as the renal and bone safety advantages of TAF for patients who face a lifetime of treatment."

There were 663 patients in the ongoing study, some of whom were switched from a TDF-containing regimen to one using TAF instead. See more on switching to TAF on page 37.

A newer version of Stribild containing TAF instead of TDF (E/C/F/TAF) is awaiting approval and is expected to arrive in early November.

WHO RECOMMENDS UNIVERSAL HIV TREATMENT

In September, the World Health Organization updated its HIV treatment guidelines to recommend antiviral therapy for all as soon after diagnosis as possible. In a press statement, the organization reported that, "With its 'treat-all' recommendation, WHO removes all limitations on eligibility for antiretroviral therapy (ART) among people living with HIV; all populations and age groups are now eligible for treatment. The expanded use of antiretroviral treatment is supported by recent findings from clinical trials confirming that early use of ART keeps people living with HIV alive, healthier, and reduces the risk of transmitting the virus to partners." The organization also now recommends providing prevention with PrEP to people at "substantial" risk of HIV. Go to who.int/mediacentre/news/releases/2015/hiv-treat-all-recommendation/en.

PrEP SHOULD BE OFFERED

The Lancet of September 9 published final results of an important study with PrEP (pre-exposure prophylaxis, or prevention). The pilot phase of the PROUD trial looked at real-world effects of using once-daily Truvada for PrEP (see May+June 2015). "In this high incidence population, daily [Truvada] conferred even higher protection against HIV than in placebo-controlled trials, refuting concerns that effectiveness would be less in a real-world setting," the research team concluded.

"The time for cautionary speculation is over: HIV prevention services should be expanded worldwide by offering PrEP routinely to those who could benefit," concluded two U.S. doctors in a separate commentary providing an overview of PrEP history (Kenneth H. Mayer, MD, of Fenway Health and Harvard Medical School in Boston and Christopher Beyer, MD, of Johns Hopkins University and president of the International AIDS Society, or IAS).

Go to thelancet.com/journals/lancet/article/PIIS0140-6736(15)00056-2/abstract.

PrEP AND APPS

Half of gay men in the United States using dating apps have interacted with a man using daily Truvada for HIV prevention—read the aidsmap report by Roger Pebody at aidsmap.com/page/2996161/?utm_source=NAM-Email-Promotion&utm_medium=aidsmap-news&utm_campaign=aidsmap-news.

ENID VÁZQUEZ: CHRIS KNIGHT OTHER IMAGES: ISTOCKPHOTO

PASS IT ON

People with HIV can share words, pictures, or videos on the website *Your Story, Your HIV Wisdom*. Launched in September by Janssen Therapeutics, the site donates money to AIDS United and the Black AIDS Institute for contributions that are made. Guy Anthony, Maria Mejia, and Josh Robbins serve as advisors to, and moderators of, the site. Go to ShareHIVWisdom.com.

NO NEW HIV

Health care provider Kaiser Permanente reported seeing no new HIV infections in real-world medical practice after more than two years of providing PrEP, in one of the first and largest published evaluations of the prevention strategy outside of a clinical trial. This was despite the fact that PrEP users experienced other STIs. "Our study is the first to extend the understanding of the use of PrEP in a real-world setting and suggests that the treatment may prevent new HIV infections even in a high-risk setting," said lead author Jonathan Volk, MD, MPH, a physician and epidemiologist at Kaiser Permanente San Francisco Medical Center, in a press release. "Until now, evidence supporting the efficacy of PrEP to prevent HIV infection had come from clinical trials and a demonstration project." The study was published September 2nd in *Clinical Infectious Diseases*. Read the full text at cid.oxfordjournals.org/content/early/2015/09/01/cid.civ778.abstract.

EDURANT PEDIATRIC DOSE AND NEW SIDE EFFECT INFO

In August, the FDA added a pediatric dose for Edurant (rilpivirine). It can now be used by pediatric patients ages 12 to 18 who have never taken HIV therapy before. As with adults, their viral load cannot be above 100,000.

"Depressive disorders" (depressed mood, depression, dysphoria, major depression, mood alterations, negative thoughts, suicidal ideation, and suicide attempt) are a known side effect of Edurant. The FDA reported that, "Patients with severe depressive symptoms should seek immediate medical evaluation to assess the possibility that the symptoms are related to Edurant, and if so, to determine whether the risks of continued therapy outweigh the benefits." Advanced Phase 3 studies found a 9% rate of depressive disorders (vs. 8% for Sustiva, found in Atripla), but the study of pediatric patients found a rate of 19.4% (seven out of 36 participants). As with adults, most cases were considered mild or moderate.

There was also information added to the drug label about adrenal changes of unknown clinical significance.

WHAT IS HIGH RISK?

Groups with behaviors that are high risk for HIV transmission do not necessarily have a higher rate of infection. In San Francisco, researchers looked at MSM (men who have sex with men), people who inject drugs (PWID), and "high-risk" heterosexuals (HRH): women of color and people living in poverty. The heterosexuals had a greater number of high-risk behavior compared to the two other groups, but the lowest HIV prevalence. "Focusing on risk behavior alone to label populations without considering the background HIV prevalence in communities, the types of risks engaged in and actual HIV infections may obscure which populations truly merit the label 'high-risk' for HIV infection," wrote the research team in *AIDS and Behavior*. Go to link.springer.com/article/10.1007%2Fs10461-015-1181-0.

Author's note: HIV prevention activist Jim Pickett says that words like "at risk" and "high risk" are stigmatizing in and of themselves, and thus separate people from prevention efforts. He suggests using the word "vulnerable." The HIV service organization Test Positive Aware Network (TPAN), the publisher of POSITIVELY AWARE, long ago gave up using the terms (when promoting PrEP, for example) because people could not identify with them, and were lulled into a false sense of security. Moreover, the idea that it's your community—not necessarily your behavior—that can put you at risk, a concept that is bolstered by research, appears to be widely unrecognized by people who are particularly vulnerable to HIV.

MAN INFECTED WITH TAINTED BLOOD

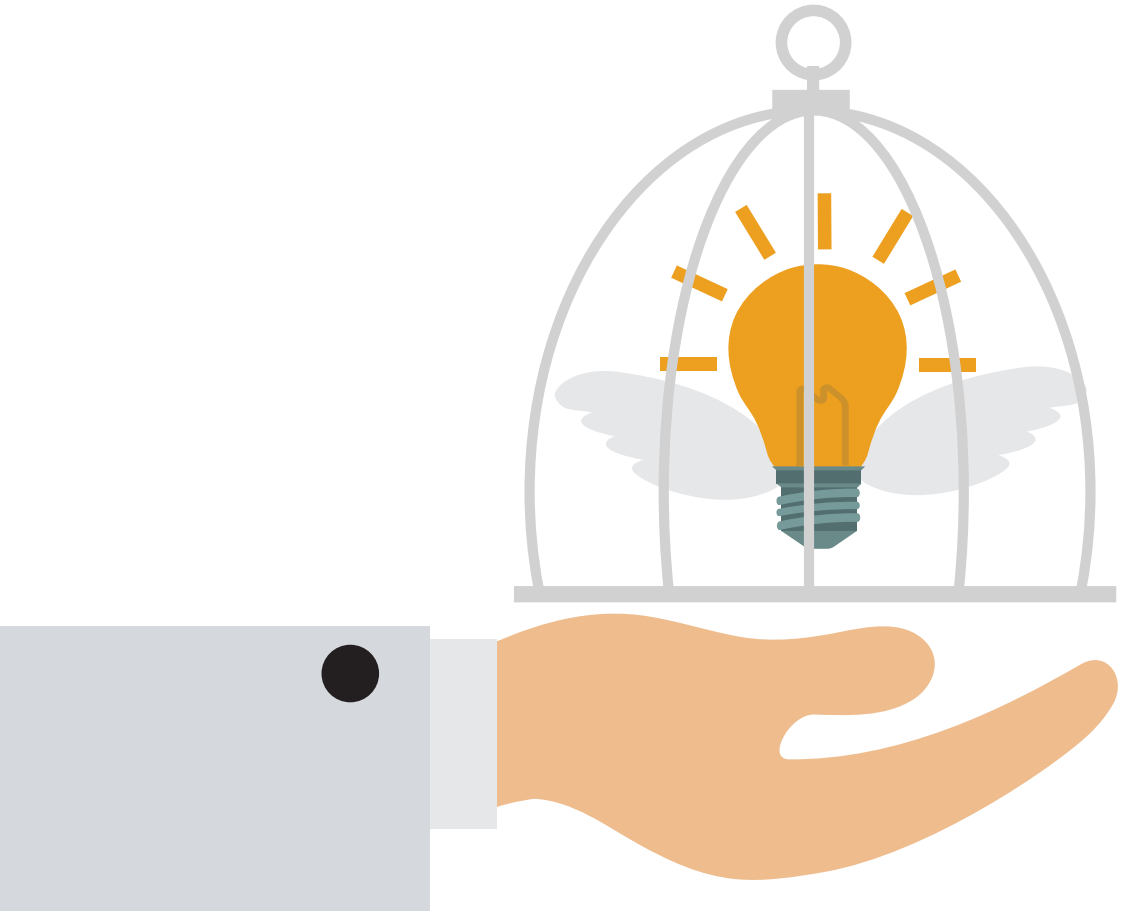
A jury awarded an 85-year-old man and his wife $4 million after he was infected with blood containing HIV during open-heart surgery. Read more at montgomeryadvertiser.com/story/news/2015/09/09/couple-awarded-million-husband-given-hiv-tainted-blood/71963566/.

TDF AND LOW BONE MASS IN NEWBORNS

Infants exposed in the womb to the HIV medication tenofovir DF (TDF, brand name Viread, also found in Truvada, Atripla, Complera, and Stribild) may have lower bone mineral content than infants exposed to other antivirals, the National Institutes of Health (NIH) reported in September. "At this point, we can say that those who care for pregnant women with HIV and their children should be aware that prescribing tenofovir to pregnant women could be a concern for their infants' bones," said George K. Siberry, MD, the lead author of a study finding that a 12% lower bone mineral content in babies whose mothers received TDF in their third trimester. The study was published in *Clinical Infectious Diseases*. Read more at nih.gov/news/health/sep2015/nichd-30.htm.

OLYSIO APPROVED IN HIV, GENOTYPE 4

In October, the FDA approved the hepatitis C medication Olysio for use by patients with HIV as well as those who have genotype 4 hep C virus. Prior to the approval, these patients could use Olysio off label (without official approval). The dose for these patients, however, is with interferon and ribavirin, a combination that is not recommended by hepatitis C treatment guidelines. Most people take Olysio with another hep C medication, Sovaldi. For more information, go to olysio.com.



TALES FROM THE INSIDE

AN HIV DOCTOR FINDS HIS CALLING HELPING PEOPLE WHO ARE INCARCERATED

BY **CHAD ZAWITZ, MD**

Ever since I started working as an HIV specialist at the Cook County Jail in Chicago, I've heard questions like "Why do you work there?", "Aren't you scared?", and "What are some of the crazy things you must see there?" These questions have both easy and difficult answers.

I work at the jail because there is a clear and recognized need for the underserved corrections population to receive community standards of healthcare, including for HIV. But to say I specifically chose to work there because I thought a jail was my calling is not totally honest. I was hired right out of my Infectious Diseases fellowship to fill a vacancy there. I imagined it was a stepping-stone to working elsewhere for the citizens of Cook County. But like my boss at the time said, "You don't find a calling at the jail. The jail finds you." After only a few months on the job, I knew I had arrived at the right place.

As for being scared? My patients are generally the most gracious, thankful, and interesting people I have served in my career. But scary? No. There are numerous security measures in place on the compound and clinical areas. More importantly, my patients are often at the lowest points in their lives. Threatening or intimidating behavior generally does not result in a meaningful or productive encounter.

And the stories? Endless. Some are tragic. Some are funny. Some leave me scratching my head. But all of them keep me engaged and provide a rich tapestry of the human existence that keeps me humble.

MY VERY FIRST WEEK at the jail, I met "Svetlana" (names changed for privacy). Svetlana was a commercial sex worker struggling with depression and addiction. She was also HIV- and hepatitis C-positive. While taking her medical history, she told me she was arrested for public indecency. When I pressed, she stated her "john" raped her, strangled her to the point of unconsciousness, then threw her limp body into a dumpster. She then pulled back her hair, revealing bruises around her neck that were obvious finger marks. After that encounter, I was simply in shock. Were stories like hers going to be the norm for the rest of my career? I literally cried.

"Larry" was another HIV patient who was a repeat offender. I had seen him at least a half-dozen times over a two-year

ILLUSTRATIONS: ISTOCK

period. During one encounter, I asked Larry if he could pinpoint the moment in his life when "it went bad" for him. Larry described a childhood of repeated sexual abuse by his father and uncles, followed by living homeless on the streets by age 11. He described getting hooked on heroin by age 13, selling his body to support his habit and for food. But then he said none of that was what turned his life wrong. I was dumbfounded. He then described in vivid detail witnessing the murder of another commercial sex worker right in front of his eyes, her head literally cut off. To this day, I still get goose bumps.

I was consulted to see another patient in the jail infirmary for a fever. After the encounter, the patient stated, "Doc, I want to thank you. You are the only person since I've been here who's been nice to me." Another head-scratcher. He seemed like an ordinary guy. He was polite, cooperative, and otherwise did not seem to have any 'red flags'. I asked him why the others were not treating him well, and he replied, "Because I'm a tree-jumper." I had not heard the term before, so I had to ask. "A tree-jumper is a child molester." While I appreciated his honesty, I quickly realized why he perceived the others around him to treat him with less regard.

ON A POSITIVE NOTE, not every encounter made me question why I continue to work at the jail. Many of my patients actually come from supportive families, have a good education or a good job. And once in a blue moon, someone like Patricia comes along, who reminds me of what working at the Cook County Jail is all about.

Patricia is also an HIV patient like Svetlana, who struggled with addiction and depression. She had multiple incarcerations and her health had deteriorated to the point I felt she would probably die sooner rather than later. One day, Patricia wrote me a letter. It was a heartfelt and eloquent thank you letter, telling me how grateful she was that I had not given up on her. While I have received many letters and cards over the years, there was something special about this one, and I decided to tell Patricia a personal story in hopes she would be inspired.

WHEN I WAS in high school, I would have been best categorized as the "King of the Nerd-Herd." I longed for social acceptance, to be able to hang with the cool kids. At the end of my senior year, as yearbooks were being passed around for farewell wishes from classmates, I approached someone I had idolized from afar. I figured he didn't even know who I was. He took my book, wrote something, and handed it back. The inscription stated simply, "You don't even know your own greatness." Here I was, thinking that my classmate probably didn't even know me, and if he did, felt I was beneath him. But here was one of the most inspiring things I had ever read. He actually had observed my achievements as a scholar, student athlete, and student leader, and noticed that I did not even appreciate the gifts I already had.

I repeated this story to Patricia. I saw greatness in her that she either never knew or had long forgotten. Sometime thereafter, she was released. Fast forward to today: Patricia has found her greatness, and soared. We still keep in touch, and she wished to share her perspective with the readers of POSITIVELY AWARE. PA

CHAD ZAWITZ, MD, is a Board Certified Infectious Diseases specialist at Cook County Jail in Chicago. He received his Infectious Diseases training at Rush University Medical Center in Chicago and Internal Medicine training at the University of Pittsburgh. He is the Director of the Continuity of Care Clinic for HIV-positive detainees at both the jail and the nearby county-run CORE Center. He is also a Certified Correctional Healthcare Provider (CCHP). Dr. Zawitz has worked exclusively with the incarcerated population in Chicago for more than 10 years. His academic interests include virology (HIV/HCV), correctional healthcare, public health, and LGTBQ health.

A RAY OF HOPE AND LIGHT

BY **PATRICIA DOUGLAS**

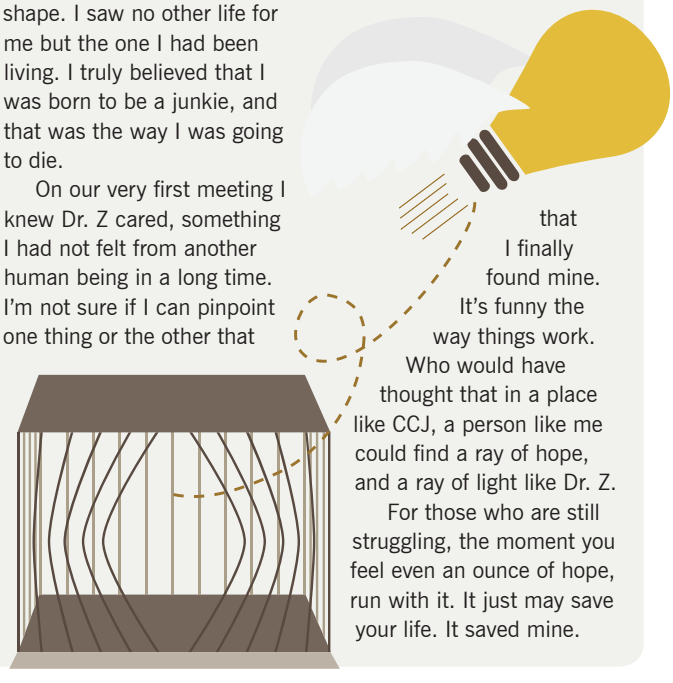
I was a frequent flyer at the Cook County Jail in Chicago (CCJ), in and out on a regular basis. I was a hard-core heroin addict for most of my life. I started injecting different drugs at about 12 years of age, everything from pills to cocaine, and then I found heroin. As a result of the addictive qualities of heroin, I started stealing and prostituting to support my habit. Hence, my frequent visits to CCJ.

On one of these stopovers, I ended up in Cermak Health (the jail's clinic) where I met a very kind man named Dr. Z. Meeting him saved my life in many ways. I had been so sick from abusing my body with drugs, my CD4s were 50 and my body was overridden with abscesses. I was in a very bad state. Mentally, I believe (if this was possible) that I was in even worse shape. I saw no other life for me but the one I had been living. I truly believed that I was born to be a junkie, and that was the way I was going to die.

On our very first meeting I knew Dr. Z cared, something I had not felt from another human being in a long time. I'm not sure if I can pinpoint one thing or the other that helped me to connect with him. Maybe it was his genuineness and warmth, maybe it was because I did not feel judged.

On one of our meetings, the words he said to me still ring in my ears and bring tears to my eyes. "You don't even know your own greatness." I can hear it like it was yesterday. "Oh my goodness," I thought, "someone actually believes in me." Simply put, that was all I needed to hear. A seed of hope had been planted and I began my journey to find my "greatness"!

That was four years ago. Today I am a thriving woman who is getting ready to graduate college with an A.A. in Psychology and my CADC (certified drug and alcohol counselor). I have worked my way up from the very depths of hell! There are ways out and I thank goodness that I finally found mine. It's funny the way things work. Who would have thought that in a place like CCJ, a person like me could find a ray of hope, and a ray of light like Dr. Z.



For those who are still struggling, the moment you feel even an ounce of hope, run with it. It just may save your life. It saved mine.

INFLAMED

THE LOW-DOWN ON INFLAMMATION FROM AN HIV DOCTOR

BY **JOANNA EVELAND, MD**

WHEN DOCTORS DISCUSS INFLAMMATION, we usually end up wildly waving our hands around as we talk. I like to call this the international sign language for inflammation—it's the same no matter who you talk to and it really captures just how little we really understand about why inflammation happens and what its long-lasting effects can be.

Inflammation is the generic term for the body's response to injury. During injury, the immune system—our body's defense system—activates a complicated network of cells and chemical signals. Acute inflammation, immune activation that's rapid and self-limited, is essential for healing. But chronic inflammation, immune activation that continues even after the initial injury is gone, is problematic. Chronic inflammation is like a volume control knob on a stereo being stuck—with the volume turned all the way up.

Knowing how acute inflammation works helps to understand chronic inflammation.

Here's what happens when you get a paper cut, for instance. Injured skin cells sliced open by the offending paper edge send out chemical SOS signals. These chemical messengers act locally, causing blood vessels near the wound to dilate and more blood to flow to the area. Chemical messengers also circulate in the blood to attract white blood cells—the warrior cells of the immune system—to the injured area. When the white blood cells arrive, they send out their own chemical signals, to create a cascading immune response to the injury. The end result of this process is healing. A blood clot is formed, scar tissue is laid down and infection is prevented. At the end of this process, other chemical messengers turn off the immune response leaving the immune system free to respond to the next injury.

PHOTO: ISTOCK

Chronic inflammation happens when the immune system doesn't turn off after an injury or triggering event is over. We don't have a cohesive, comprehensive way to measure inflammation as a whole yet, but we can measure separate "inflammatory markers," or chemicals released by cells during the process of inflammation. Some of the main ones being studied right now include C-reactive protein (CRP), D-dimer, fibrinogen, Interleukin-6 (IL-6) and Interleukin-8 (IL-8), but there are many, many more.

Inflammation is linked to just about every bad thing that can happen to our body—cancer, heart disease, liver and kidney failure, dementia and autoimmune disease (just to name a few). A few years ago, HIV specialists and researchers started talking about inflammation more and more. We noticed that people living with HIV—even those successfully treated with combination antiretroviral therapy (ART)—had higher levels of inflammation than HIV-negative people. And, even though our patients weren't getting opportunistic infections anymore, they still had higher rates of heart disease and non-HIV-related cancers higher than the general population.

This isn't to say that ART has no effect on inflammation for people with HIV. We know from the SMART study that people with HIV are able to reduce the levels of some inflammatory markers, like CRP, with continuous ART. ART can decrease inflammation—it just doesn't make it completely go away. We also know from the SMART study and the recent START study that continuous ART treatment decreases risk of both HIV-related events and non-HIV-related events such as cancer and heart attacks.

While we're still not completely sure why people with HIV have chronic inflammation even when their viral load is under control, Steven Deeks, MD, an HIV researcher at the University of California, San Francisco, suggested these reasons during a presentation made at an International AIDS Society Conference:

- **THERE'S ONGOING VIRAL REPLICATION.** Even people with undetectable viral loads still have virus in the body at very low levels. This small amount of virus may stimulate the immune system and cause inflammation.

- **IMMUNE REGULATORY CELLS ARE DYSFUNCTIONAL.** When HIV infects white blood cells, it disrupts all parts of the immune response including the cells that direct and turn off inflammation. This might lead to the failure of the "volume control" of the immune system.

- **MICROBES TRANSLOCATE ACROSS THE GUT.** This is also known as the "leaky gut syndrome," an interesting theory that HIV found in parts of the immune system tissue surrounding the intestines causes the intestines to leak bacteria across the wall of the gut. These bacteria are then responsible for activating the immune system and causing ongoing inflammation.

- **THERE'S ANOTHER VIRAL INFECTION.** We know that people with HIV have higher rates of hepatitis B, hepatitis C and cytomegalovirus (a herpes virus). It's possible that these other viruses are responsible for activating the immune system and contributing to inflammation.

- **THE THYMUS IS DYSFUNCTIONAL.** The thymus is a small organ under the breast bone. It's where certain types of white blood cells go to develop and learn to tell which cells are part of the body and which cells are foreign invaders. In some people with HIV, the thymus turns into scar tissue—it becomes "fibrosed"—and doesn't work as well.

So if you're worried about inflammation, what can you do?

QUIT SMOKING. Just about every study shows that inflammatory markers go up in people who smoke.

PAY ATTENTION TO YOUR DIET. Try and get at least 5 servings per day of fruits and vegetables. Reduce the amount of refined sugar that you eat. You can get some recommendations on how to eat an anti-inflammatory diet at drweil.com/drw/u/ART02012/anti-inflammatory-diet.

GET PLENTY OF EXERCISE. If we had a drug that had all the benefits of exercise, it would be a best seller.

MAINTAIN A HEALTHY WEIGHT. Obesity promotes inflammation independently from HIV.

CUT OUT RECREATIONAL PSYCHOSTIMULANTS. Cocaine, methamphetamine and ecstasy all appear to promote inflammation, especially within the brain.

KEEP YOUR HIV WELL-CONTROLLED. HIV treatment also plays a role in reducing inflammation. While many people worry about the toxicity of HIV medications, it's important to keep in mind that the virus itself is toxic to every organ in the body. Early treatment also helps, too. We know that the lower a person's CD4 count is before they begin treatment, the more slowly and less well it bounces back when ART is started. Low CD4 counts are correlated with an increased risk of sickness and death from non-HIV related causes.

The theory that low-level HIV replication, even when a person is undetectable, is responsible for inflammation has led some people to wonder about the benefit of taking an additional HIV medication. In other words, if taking three HIV medications works well, will taking four HIV medications work even better to prevent HIV replication and stop inflammation? Unfortunately, most of the studies looking at adding additional drugs to an already suppressive regimen have not shown to improve CD4 count or reduce inflammation.

Some studies have shown that you can increase CD4 counts with immune-boosting therapies—also called "therapeutic vaccines"—or the HIV drug maraviroc. Other studies have tried to "turn down" immune system activation using chemicals like interleukin-2. Unfortunately, none of these studies have produced significant health benefits for people.

To sum up, inflammation is beneficial when it's part of the body's early response to injury and problematic if it never goes away. For many reasons, people with HIV have higher levels of inflammation than people who are HIV-negative, and this is linked to health issues like cancer and heart disease. We still have a lot to learn about what causes inflammation and how best to treat it but, in the meantime, people with HIV can lower their risk by eating healthily, staying active and taking good care of themselves.

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JOANNA EVELAND, MD, is an HIV treatment specialist in San Francisco. She oversees HIV and homeless services as the Clinical Chief for Special Populations at the Mission Neighborhood Health Center, is a faculty member at the University of California, San Francisco Clinician Consultation Center, and leads a bi-monthly health education group for HIV-positive men through the San Francisco AIDS Foundation. Dr. Eveland received her M.S. and M.D. at the University of California, Berkeley-UCSF Joint Medical Program and completed her residency at the Contra Costa Family Medicine Residency Program.

A CALL TO ACTION BY THE TRANSGENDER COMMUNITY

USING USCA AS A PLATFORM, ACTIVISTS DISCUSS INVISIBILITY AND VIOLENCE

BY **DAVID DURÁN**

THIS PAST SEPTEMBER the annual United States Conference on AIDS (USCA) took place in Washington, D.C., and the attendance outnumbered previous years with representation from all fifty states.

At this year's USCA, leaders of the transgender community used the prominent, community-based conference as a platform to raise awareness around society's treatment of trans people.

Specific programming at the conference dealing with transgender issues included a workshop on aging in the trans community, a roundtable discussion on holistic engagement solutions for trans women living with HIV, a seminar on a trans women of color initiative aimed at enhancing engagement and retention in HIV care, as well as a workshop which highlighted how the city of San Francisco is utilizing the spectrum of prevention to advance trans health within a high-impact prevention framework. A plenary session on women and HIV included a trans woman of color, Valerie Spencer, as a speaker. Additional time was allotted for transgender-focused sessions; in addition, many of the sessions throughout the four-day conference could have technically applied to someone from the transgender community.

But transgender activists and attendees feel that more attention needs to be given toward the needs of the transgender community and chose to disrupt a plenary luncheon to stage a protest. At the invitation of Paul Kawata, Executive Director of the conference organizer, NMAC (formerly the National Minority AIDS Council), and led by activist Bamby Salcedo, the transgender activists and their allies took the stage to protest and voice their concerns.

"The primary reason why we decided to interrupt the session was because, as we know, the USCA is a national conference where many individuals attend, including people from the government, people from different federal agencies that provide services to people with HIV, in addition to people who provide funding as well as pharmaceutical companies," said Salcedo. "The [updated] National HIV/AIDS Strategy just came out and we thought it was an opportunity to call out the office for a lack of trans inclusion."

According to Salcedo, in the initial strategy the transgender community was mentioned and there were some things that were supposed to be implemented, and in the new one recently released, it appears that transgender issues were no longer a priority. "For a lack of a better word, we felt erased. The name of the session that we interrupted was called Mind the Gap, and we thought it was perfect that if people really wanted to 'mind the gap', that they should realize that there was a huge gap between trans people and society."

PHOTO: JEFF BERRY

"WE NEED MORE TRANSGENDER INCLUSION, ESPECIALLY IN THE HIV FIELD; WE DON'T ASK FOR ANYTHING MORE THAN WHAT OTHER GROUPS HAVE, WE JUST WANT THE SAME AS OTHERS."

As for USCA, Salcedo felt that although transgender issues were discussed during the conference, they were mostly focused at an organizational level and not as much on a personal level. "It was educational for other people but it would have been good if it was a collaboration between other organizations instead of just the one local organization they partnered with," she said.

Kawata continued to support the activists as the protesters exited the stage, telling the audience, "We're a vast community of diverse people who don't always understand, but love anyway. It's that courage to stand up to put your ass on the line [that matters]. If you're not willing to put your ass on the line, this is not the movement for you."

When asked what USCA could do to improve the experience for transgender attendees, Salcedo said, "Providing more scholarships for trans people would definitely be a great start." She also stressed that the planning of the conferences could be more of a collaborative effort. "I think next year since it's going to be in [Hollywood, Florida], and we will have a representative from the TransLatina Coalition, it would be a good opportunity for us to collaborate with NMAC, so we can include more people."

Arianna Lint is a transgender woman who attended the conference, and was concerned about the lack of roles and positions available for transgender individuals in the agencies that send people to attend the conference.

"The transgender programs in the United States work only if you have transgender individuals as staff or in management positions," she said. "We need more transgender inclusion, especially in the HIV field; we don't ask for anything more than what other groups have, we just want the same as others."

Lint also stated that many agencies group transgender women within the men who have sex with men (MSM) group when applying for grants, but then don't deliver the appropriate services which are desperately needed by her community.

Maritxa Vidal, Executive Board Member of the TransLatina Coalition and employee of the Puerto Rican Cultural Center in Chicago and its HIV group, Vida/SIDA, noted that USCA this year offered a hospitality lounge for transgender individuals and gender non-conforming individuals, as well as sessions and workshops geared towards her community.

Vidal was part of the group of transgender women who disrupted the Creating Change 2015 conference, as well as this year's USCA. "The demonstration was and is necessary to bring attention to the crimes being committed against me and my sisters. Not only hate crimes, murder, mutilation, and beatings that we face every day, but structural damage that makes our lives a living hell," she said. Vidal expressed that many of the agencies receiving "millions of dollars" to work with and for the transgender community had no transgender employees.

On a more serious note, Vidal compared the fear that transgender women go through on a daily basis to those fears felt by people in the United States after the September 11th attacks. "When we would walk past tall buildings wondering if someone was going to target them, is the same exact fear my sisters and I go through every single day of our lives…not knowing if we will return home at night without getting beat up or killed." She continued, "We will keep on protesting, in acts of public disobedience, and I have a vision that soon this won't be necessary, but until then, we'll make our voices heard."

It's unsure exactly how many attendees identified as transgender, and there was no specific programing geared towards transgender men. Brandyn Gallagher of Gender Justice League did not attend the conference but heard from friends who did and commented on the exclusion of the transgender community from society in general.

"I think the exclusion and erasure of transmasculine people from society is a much larger systemic issue," he said. "The physical invisibility that protects trans guys from street harassment …is the same invisibility that leads researchers to exclude us from HIV research and forget that we're part of the MSM risk pool, and it leads cisgender gay men to presume we don't exist in their community at all."

According to Gallagher, what gay transmasculine people lack in HIV prevalence is made up for in suicide attempts, because their erasure from the gay community reduces their risk of HIV by isolating them from their community, and that isolation is often fatal. "As integration into gay men's cultural spaces improves and we become more visibly accepted and welcomed by other gay men, I expect we'll see HIV incidence among gay trans men increase accordingly. I don't see anyone proactively discussing that much. To be clear, trans women are currently facing a legitimate crisis with regard to HIV right now, so I want to emphasize that they need all the support they can get, and I think it's obscene to divide HIV resources for 'trans people' between trans men and trans women equally."

Next year's USCA will be held in South Florida near Fort Lauderdale, a city making massive efforts to include transgender visitors. Various news outlets have recently recognized the Greater Fort Lauderdale Convention and Visitors Bureau for launching its Transgender Travel Initiative, the first of its kind. Furthering its efforts to best cater to all segments of the LGBT market, the CVB will focus on delivering an authentic welcoming experience for transgender visitors.

Awareness about transgender individuals has grown significantly in the past few years, and perceptions have already begun to change. With allies like NMAC and USCA by their side, activists will continue to forge even stronger and more effective partnerships to create change and inform individuals, and society as a whole, about the unique issues and challenges facing the transgender community.

"USCA remains committed to all communities highly impacted by AIDS," Paul Kawata told POSITIVELY AWARE. "NMAC stands in solidarity with the trans community in the fight to end the HIV epidemic." PA

ISENTRESS®
raltegravir film-coated tablets 400 mg

HIV Positive Model

Hey Birthday! It's always great to see you.

I wanted to know more about my HIV treatment options. So I spoke with my doctor and we chose ISENTRESS as part of my HIV regimen. My doctor told me it could fight my HIV and may fit my needs and lifestyle.

I have so many plans for what's next.

ISENTRESS® (raltegravir) has been available to help people manage their HIV since 2007 and has been tested in long-term clinical trials.

- ISENTRESS has been available for previously treated patients since 2007 and for first-time patients since 2009
- A long-term clinical study lasting more than 4 years (240 weeks) of patients being treated with HIV medicine for the first time showed that ISENTRESS plus *Truvada* may help:
  - Lower viral load to undetectable
  - Raise CD4 cell counts

  ISENTRESS may not have these effects in all patients.

INDICATION

ISENTRESS is a prescription HIV-1 medicine used with other antiretroviral medicines to treat human immunodeficiency virus (HIV-1) infection in people 4 weeks of age and older. HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

It is not known if ISENTRESS is safe and effective in babies under 4 weeks of age.

The use of other medicines active against HIV-1 in combination with ISENTRESS may increase your ability to fight HIV.

ISENTRESS does not cure HIV-1 infection or AIDS.

You must stay on continuous HIV therapy to control HIV-1 infection and decrease HIV-related illnesses.

IMPORTANT RISK INFORMATION

Some people who take ISENTRESS develop serious skin reactions and allergic reactions that can be severe, and may be life-threatening or lead to death. If you develop a rash with any of the following symptoms, stop using ISENTRESS and call your doctor right away: fever, generally ill feeling, extreme tiredness, muscle or joint aches, blisters or sores in mouth, blisters or peeling of skin, redness or swelling of the eyes, swelling of the mouth or face, problems breathing.

Sometimes allergic reactions can affect body organs, such as your liver. Call your doctor right away if you have any of the following signs or symptoms of liver problems: yellowing of your skin or whites of your eyes, dark or tea-colored urine, pale-colored stools (bowel movements), nausea or vomiting, loss of appetite, pain, aching or tenderness on the right side of your stomach area.

Changes in your immune system (Immune Reconstitution Syndrome) can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your doctor right away if you start having new symptoms after starting your HIV-1 medicine.

People taking ISENTRESS may still develop infections or other conditions associated with HIV infections.

The most common side effects of ISENTRESS include: trouble sleeping, headache, dizziness, nausea, and tiredness. Less common side effects include: depression, hepatitis, genital herpes, herpes zoster including shingles, kidney failure, kidney stones, indigestion or stomach area pain, vomiting, suicidal thoughts and actions, and weakness.

Tell your doctor before you take ISENTRESS if you have a history of a muscle disorder called rhabdomyolysis or myopathy or increased levels of creatine kinase in your blood.

Tell your doctor right away if you get unexplained muscle pain, tenderness, or weakness while taking ISENTRESS. These may be signs of a rare serious muscle problem that can lead to kidney problems.

These are not all the possible side effects of ISENTRESS. For more information, ask your doctor or pharmacists. Tell your doctor if you have any side effect that bothers you or that does not go away.

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

Tell your doctor about all the medicines you take, including, prescription and over-the-counter medicines, vitamins, and herbal supplements. Some medicines interact with ISENTRESS. Do not start taking a new medicine without telling your healthcare provider. Your healthcare provider can tell you if it is safe to take ISENTRESS with those other medicines.

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

Please read the adjacent Patient Information for ISENTRESS and discuss it with your doctor.

Talk to your healthcare professional about ISENTRESS and visit isentress.com.

MERCK

Patient Information
ISENTRESS® (eye **sen** tris) (raltegravir) film-coated tablets

ISENTRESS raltegravir film-coated tablets 400 mg

Read this Patient Information before you start taking ISENTRESS and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment.

What is ISENTRESS?
ISENTRESS is a prescription HIV medicine used with other antiretroviral medicines to treat Human Immunodeficiency Virus (HIV-1) infection in people 4 weeks of age and older. HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

It is not known if ISENTRESS is safe and effective in babies under 4 weeks of age.

When used with other HIV medicines to treat HIV-1 infection, ISENTRESS may help:
- reduce the amount of HIV in your blood. This is called " viral load".
- increase the number of white blood cells called CD4+ (T) cells in your blood, which help fight off other infections.
- reduce the amount of HIV-1 and increase the CD4+ (T) cells in your blood, which may help improve your immune system. This may reduce your risk of death or getting infections that can happen when your immune system is weak (opportunistic infections).

ISENTRESS does not cure HIV-1 infection or AIDS.

You must stay on continuous HIV therapy to control HIV-1 infection and decrease HIV-related illnesses.

Avoid doing things that can spread HIV-1 infection to others:
- Do not share needles or re-use needles or other injection equipment.
- Do not share personal items that can have blood or body fluids on them, like toothbrushes and razor blades.
- Do not have any kind of sex without protection. Always practice safe sex by using a latex or polyurethane condom to lower the chance of sexual contact with any body fluids such as semen, vaginal secretions, or blood.

Ask your doctor if you have any questions on how to prevent passing HIV to other people.

What should I tell my doctor before taking ISENTRESS?
Before taking ISENTRESS, tell your doctor if you:
- have liver problems
- have a history of a muscle disorder called rhabdomyolysis or myopathy
- have increased levels of creatine kinase in your blood
- have phenylketonuria (PKU). ISENTRESS chewable tablets contain phenylalanine as part of the artificial sweetener, aspartame. The artificial sweetener may be harmful to people with PKU.
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if ISENTRESS can harm your unborn baby.
  Pregnancy Registry: There is a pregnancy registry for women who take antiviral medicines during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your doctor about how you can take part in this registry.
- are breastfeeding or plan to breastfeed. **Do not breastfeed if you take ISENTRESS.**
  - You should not breastfeed if you have HIV-1 because of the risk of passing HIV-1 to your baby.
  - Talk with your doctor about the best way to feed your baby.

Tell your doctor about all the medicines you take, including, prescription and over-the-counter medicines, vitamins, and herbal supplements. Some medicines interact with ISENTRESS. Keep a list of your medicines to show your doctor and pharmacist.

- You can ask your doctor or pharmacist for a list of medicines that interact with ISENTRESS.
- Do not start taking a new medicine without telling your healthcare provider. Your healthcare provider can tell you if it is safe to take ISENTRESS with other medicines.

How should I take ISENTRESS?
- Take ISENTRESS exactly as prescribed by your doctor.
- **Do not** change your dose of ISENTRESS or stop your treatment without talking with your doctor first.
- Stay under the care of your doctor while taking ISENTRESS.
- ISENTRESS film-coated tablets must be swallowed whole.
- ISENTRESS chewable tablets may be chewed or swallowed whole.
- ISENTRESS for oral suspension should be given to your child within 30 minutes of mixing. **See the detailed Instructions for Use that comes with ISENTRESS for oral suspension**, for information about the correct way to mix and give a dose of ISENTRESS for oral suspension. If you have questions about how to mix or give ISENTRESS for oral suspension, talk to your doctor or pharmacist.
- **Do not switch between the film-coated tablet, the chewable tablet, or the oral suspension without talking with your doctor first.**
- **Do not** run out of ISENTRESS. Get a refill of your ISENTRESS from your doctor or pharmacy before you run out.
- 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 double your next dose or take more ISENTRESS than prescribed.
- If you take too much ISENTRESS, call your doctor or go to the nearest hospital emergency room right away.

What are the possible side effects of ISENTRESS?

ISENTRESS can cause serious side effects including:
- **Serious skin reactions and allergic reactions.** Some people who take ISENTRESS develop serious skin reactions and allergic reactions that can be severe, and may be life-threatening or lead to death. If you develop a rash with any of the following symptoms, stop using ISENTRESS and contact your doctor right away:
  - fever
  - generally ill feeling
  - extreme tiredness
  - muscle or joint aches
  - blisters or sores in mouth
  - blisters or peeling of the skin
  - redness or swelling of the eyes
  - swelling of the mouth or face
  - problems breathing

Sometimes allergic reactions can affect body organs, such as your liver. Call your doctor right away if you have any of the following signs or symptoms of liver problems:
- yellowing of the skin or whites of your eyes
- dark or tea colored urine
- pale colored stools (bowel movements)
- nausea or vomiting
- loss of appetite
- pain, aching, or tenderness on the right side of your stomach area

- **Changes in your immune system (Immune Reconstitution Syndrome)** can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your doctor right away if you start having new symptoms after starting your HIV-1 medicine.

The most common side effects of ISENTRESS include:
- trouble sleeping
- headache
- dizziness
- nausea
- tiredness

Less common side effects include:
- depression
- hepatitis
- genital herpes
- herpes zoster including shingles
- kidney failure
- kidney stones
- indigestion or stomach area pain
- vomiting
- suicidal thoughts and actions
- weakness

Tell your doctor right away if you get unexplained muscle pain, tenderness, or weakness while taking ISENTRESS. These may be signs of a rare serious muscle problem that can lead to kidney problems.

Tell your doctor if you have any side effect that bothers you or that does not go away.

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

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store ISENTRESS?

Film-Coated Tablets:
- Store ISENTRESS Film-Coated Tablets at room temperature between 68°F to 77°F (20°C to 25°C).

Keep ISENTRESS and all medicines out of the reach of children.

General information about ISENTRESS

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. 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.

You can ask your doctor or pharmacist for 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?

ISENTRESS film-coated tablets:

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

This Patient Information has been approved by the U.S. Food and Drug Administration.

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Issued: 02/2015

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MERCK

10:00 AM:
LOS ANGELES, CALIFORNIA
David Durán: I crave new experiences and thrive on setting foot on new lands. Three letters are a small part of who I am, but those letters don't define the man I truly am. I'm an explorer, a wanderer, a writer....and I'm also HIV+.

12:54 PM:
AMERSFOORT, UTRECHT; THE NETHERLANDS
Eliane Becks Nininahazwe: I feel great today, and the world should know that HIV is no longer a death sentence! This is how I can break stigma, by letting everyone see the face of a woman who has been HIV-positive 12 years, and is still looking good!

6:00 PM:
LAS VEGAS, NAVADA
Deral Takushi: If you lived every day as beautiful as you are on the inside, you will always exude glamour.

24 HOURS IN THE LIVES OF PEOPLE AFFECTED BY HIV

BY **RICK GUASCO**

POSITIVELY AWARE's anti-stigma campaign captures a single 24-hour period in the lives of people affected by HIV. Since 2010, A Day with HIV has used pictures to convey its message that everyone, regardless of their status, is affected by HIV. On September 22, nearly 200 photos were submitted to the campaign's website and dozens more were posted on social media, accompanied by the hashtag #adaywithhiv.

In addition to people living with HIV, the anti-stigma campaign attracts participants who have friends or loved ones who are HIV-positive; activists, health care providers, and staff from AIDS service organizations also take part in A Day with HIV.

For the third consecutive year, the Centers for Disease Control and Prevention's Let's Stop HIV Together campaign partnered with POSITIVELY AWARE to promote A Day with HIV. Let's Stop HIV Together also sponsors a traveling exhibit that features poster-size prints of photos taken in previous years. Also helping out this year, the AIDS Clinical Trials Group mentioned A Day with HIV in its internal newsletter, prompting a number of selfies and group photos from ACTG offices.

While the images are often eye-catching, the stories behind them are what often give the photos their power. "I took this picture in honor of my uncle," said Tyrell Manning of Saint Louis, Missouri, his uncle's portrait appearing in the background of his photo. "He lost his life to AIDS-related complications, and every day I draw my strength and passion from him."

"My best friend, my brother, died of HIV—mere months before the first drugs which have helped saved the lives of so many others," said Stanley Rutledge, of Chicago. "All I have left of Paul is this lamp of his."

The photo submitted by the Heartland Men's Chorus (HMC) in Kansas City recalled the early days of the epidemic, before new medications marked a turning point. "Now in its 30th season, many of HMC's early performances were at funerals for friends and members who died of AIDS-related diseases. Today, over 30 of the 169 chorus members are HIV-positive."

Sharing her story of life with HIV, Jennifer Jako of Portland, Oregon, wrote, "Being a mother to a healthy daughter is a gift I did not expect when I became infected at age 18, 25 years ago. In fact, I was told I shouldn't expect to reach my 25th birthday. My daughter was born free of HIV, thanks to HIV medications I took during pregnancy. She and I have so much fun together!"

It was Zakk Marquez, of Los Angeles, who summed up A Day with HIV: "Whether positive or negative, straight, gay, bi, or otherwise identified, every day is always a day with HIV, a day of shared humanity."

The following eight pages contain a selection of photos taken on A Day with HIV. Note that some pictures were cropped for layout purposes.

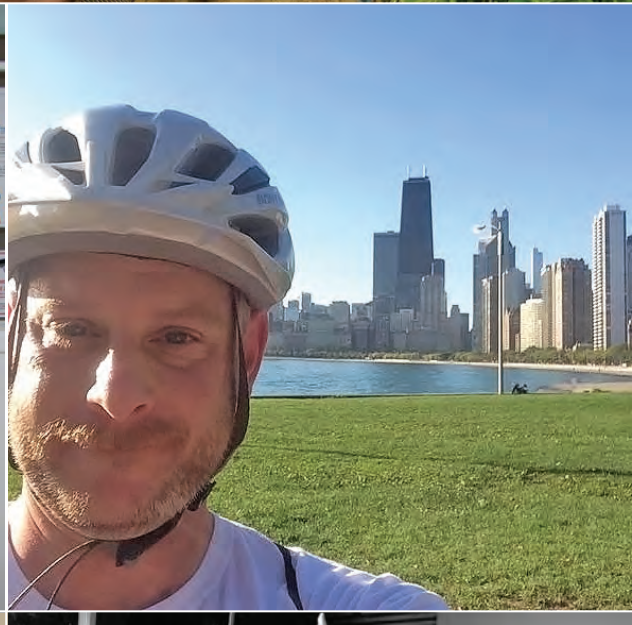
TO VIEW PHOTOS UPLOADED TO THE CAMPAIGN'S ONLINE GALLERY, GO TO ADAYWITHHIV.COM. PICTURES WILL BE POSTED THROUGHOUT THE YEAR ON INSTAGRAM AND TWITTER WITH THE HASHTAG #ADAYWITHHIV. FOR INFORMATION ABOUT THE TRAVELING EXHIBIT, OR TO HOST THE EXHIBIT, EMAIL PHOTO@ADAYWITHHIV.COM.

7:00 AM > TALLAHASSEE, FLORIDA
Paula Kiger: I am not HIV-positive myself, but I was a volunteer and supervisor on the original Florida AIDS Hotline, so it's been a part of my life for a long time.

7:05 AM >> WOKING, LONDON; ENGLAND
Paul Atkinson: I'm not afraid to talk openly about my HIV status. If that helps to break the stigma, then it's worth it. Making the most of a gap in the weather earlier this morning for A Day with HIV.

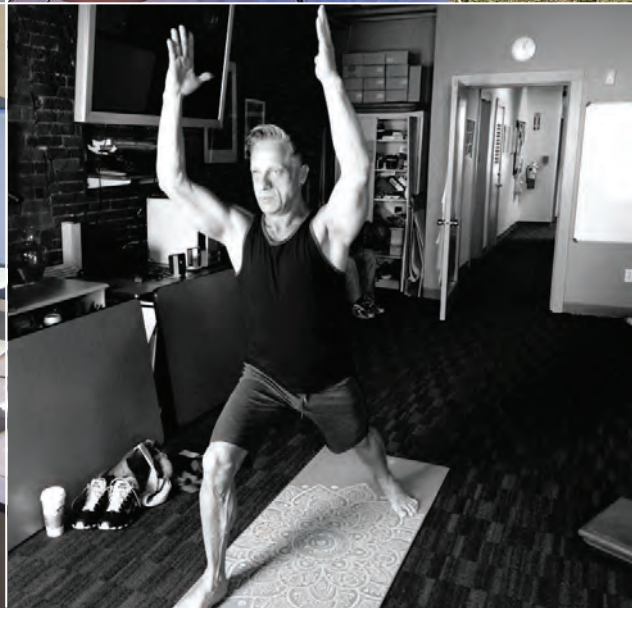
8:04 AM > PRAGUE, CZECH REPUBLIC
Michael: HIV and LGBT Slovenian activist Tanja with Michael, a Czech HIV-positive social and prevention worker. We are strong!

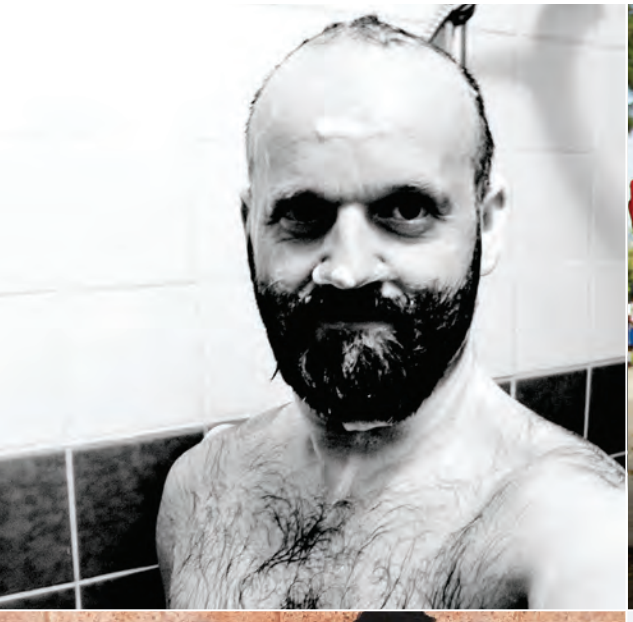
8:24 AM >> CHICAGO, ILLINOIS
John Peller: Starting off A Day with HIV biking to work at AIDS Foundation of Chicago.



9:08 AM > ROCKS BEACH, FLORIDA
Mario Ferri: Twenty-one years HIV-positive—and thriving. I am a veteran employed by the Veterans Administration, serving other veterans who are overcome by the stigma and the self-stigma of severe mental illness.

9:30 AM >> BOSTON, MASSACHUSETTS
Rob Quinn: Yoga teaches us practical skills to eliminate stress and support immune function for enhanced health and greater quality of life. *Namaste!*





<< 10:00 AM
COLOGNE, GERMANY
Markus Stein: We are not dirty. We are all clean! So, please change your mind, and don't forget that stigma has a cure—EDUCATION!

< 10:00 AM
LOS ANGELES, CALIFORNIA
Zakk Marquez: I work full-time at the Elizabeth Taylor AIDS Foundation. I couldn't be more proud to be immersed in HIV/AIDS advocacy and activism. Whether positive or negative, straight, gay, bi, or otherwise identified, every day is always a day with HIV, a day of shared humanity.

<< 10:02 AM
CHICAGO, ILLINOIS
Elijah M.: I am the future of an AIDS-free generation.

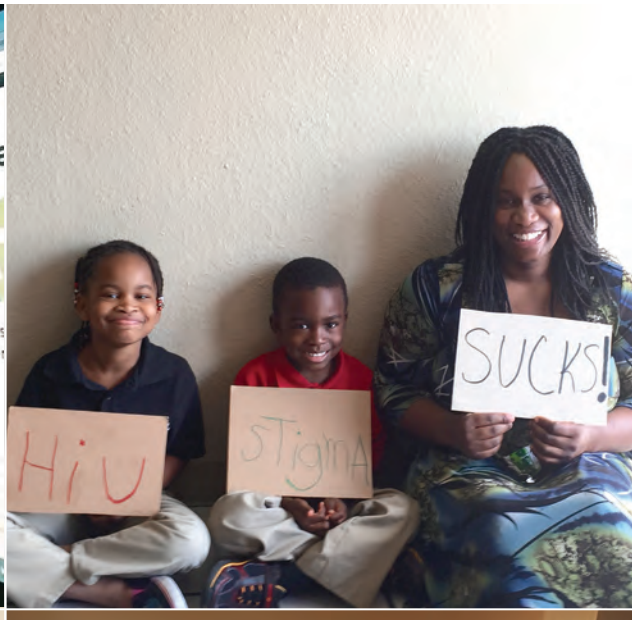
< 10:21 AM
ST. LOUIS, MISSOURI
Tyrell Manning: I took this picture in honor of my uncle (see the picture on the wall). He lost his life to AIDS-related complications, and every day I draw my strength and passion from him.

<< 11:15 AM
PISA, ITALY
Kevin Kelland: Standing in front of the Leaning Tower while on holiday from the UK with my partner Steve. We are celebrating the fourth anniversary of our civil partnership and being together for 10 years. I have been living with HIV for 29 years come December 5th. It took me a long time to get my confidence and grow into the person I am today.

< 11:16 AM
HOUSTON, TEXAS
Venita Ray: Volunteering for National Voter Registration Day at Legacy Community Health.

11:30 AM > BROOKLYN, NEW YORK
Krista Martel: On a conference call with some fierce women advocates preparing for our upcoming HIV treatment advocacy webinar series, "A Place at the Table."

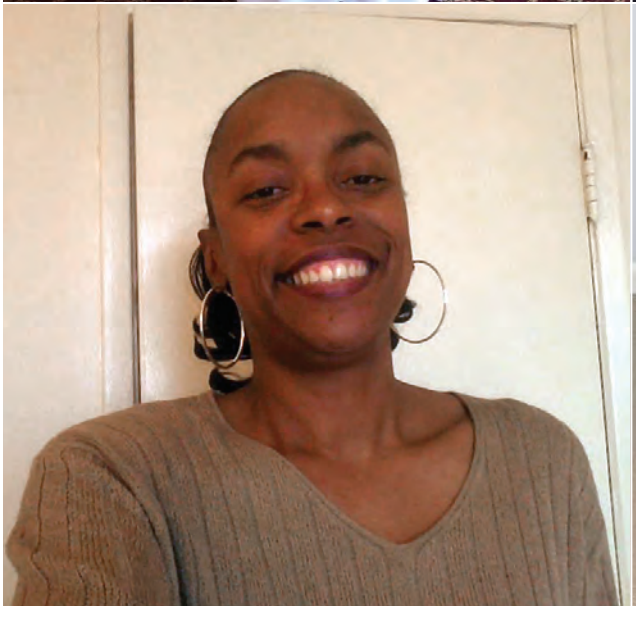
11:41 AM >> TEXAS
Morénike Giwa Onaiwu: HIV stigma sucks!



12:00 PM > TUSKEGEE, ALABAMA
Bernice L. Frazier: Helping to share HIV awareness at a youth empowerment conference at Tuskegee University.

12:00 PM >> ATLANTIC CITY, NJ
Leanza Cornett: I'm holding a picture of my first press conference as Miss America 1993. I was able to use my title to champion the platform of AIDS, and I am still a passionate advocate.

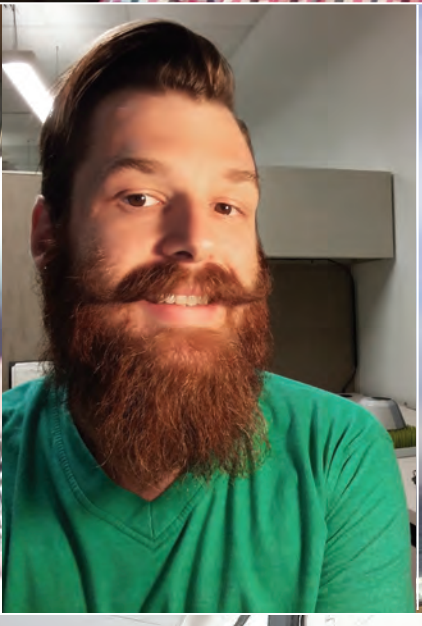
12:30 PM > LOS ANGELES, CALIFORNIA
Tambusi: I've been living with HIV for 20 years, and have been on my meds successfully for 10 years. This photo was taken to show my continual belief in Him, the ultimate healer.



12:31 PM >> ATLANTA, GEORGIA
Ninda Martinez: Day 11,739—32 years, one month and 20 days—of living with HIV. In another 33 days, I'll be running the Marine Corps Marathon!

<< 12:37 PM
WASHINGTON, DC
Mark Byrd: In between classes at Gallaudet University, the world's only university for the deaf. Twenty-three-year long-term survivor. College dream coming true!

< 12:40 PM
BALTIMORE, MARYLAND
Cedric Derrel Gum: Fierce and positive! I woke up with a purpose.



<< 12:50 PM
CLEVELAND, OHIO
Kinsey Roberts: Working with HIV is a part of living with HIV. I was at work when I saw a friend's #adaywithhiv photo, so I decided to take and post my own from my cubicle.

< 12:53 PM
PACIFIC CITY, OREGON
Abram Heald: This is what it's like to fly. We all must fly.

<< 1:02 PM
NORTH LAS VEGAS, NEVADA
John: My classroom. I'm a school teacher, on my 30-minute lunch break. Fifteen months ago, I had a heart attack; triple bypass surgery. My partner of 19 years was diagnosed with AIDS on March 5, 1989; he died seven days later, on March 12th. During those seven days, I received my own HIV diagnosis.

< 1:13 PM
HOUSTON, TEXAS
Luvvie Ajayi: We have no time for stigma in this epidemic. Along with The Red Pump Project, I'm committed to seeing an AIDS-free generation.

1:56 PM > LINCOLN, NEBRASKA
Andy Dillehay: I tested HIV-positive on November 17, 2011. A close friend introduced me to Nebraska AIDS Project. NAP has been an invaluable resource. I am now a certified HIV testing counselor.

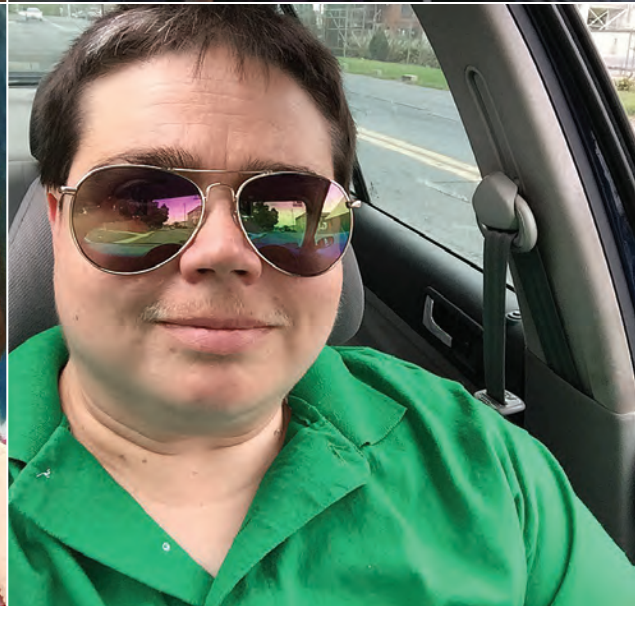
2:00 PM >> SAN FRANCISCO, CALIFORNIA
Liz Highleyman: Covering HIV, hep C, and hep B news. In the background, my two rescue beagles, Beaker and Penny, and a poster from the 1996 International AIDS Conference, which marked the advent of effective HIV treatment.

2:00 PM > GREENFIELD, MASSACHUSETTS
Teo Drake: Twenty years into living with HIV. Treasure ordinary days and working on plumbing. Watson the corgi offered his help.

2:03 PM >> CLEVELAND, OHIO
Staff of the ACTG and Special Immunology Unit show their support for fighting HIV stigma.

2:25 PM > PLAINVIEW, NEW YORK
Lisa Savyon: My daughter and I at a farm fest. I am living proof that HIV is survivable. I've had HIV my whole life; 33 years and counting. My daughter, age 3, is HIV-negative and the love of our lives. Live strong. Live long.

2:50 PM >> LEILA, PENNSYLVANIA
Jen Glass: As a case manager, today I was out transporting a client to an appointment and visiting clients.



<< 3:06 PM SEATTLE, WASHINGTON
The clinicians and staff members of the University of Washington AIDS Clinical Trials Unit in Seattle ended our staff meeting early today to take a moment to take this picture. The future we may want depends on what we do today.

< 4:06 PM PHILADELPHIA, PENNSYLAVNIA
Mark A. Davis: Robert Indiana's *AMOR* sculpture was put on display atop the Philadelphia Art Museum's "Rocky" steps as a backdrop for the Papal mass.

<< 4:35PM ATLANTA, GEORGIA
Carlos del Rio (right of banner): We are excited about the Emory HIV/AIDS Clinical Trials Unit as a Clinical Research Site with the AIDS Clinical Trials Group in finding a cure for HIV.

< 4:35 PM PALM SPRINGS, CALIFORNIA
Nicholas Snow takes a selfie as he broadcasts his second podcast of the day, live from his home at the Vista Sunrise Apartments, part of and adjacent to Desert AIDS Project: "I'm living powerfully with HIV."

<< 4:41 PM WILMINGTON, DELAWARE
Mark A. Warriner: Just enjoying the end of the summer!

< 5:09 PM FAYETTEVILLE, NORTH CAROLINA
Art Jackson: A day in my life with HIV is a day of hope! A day to begin anew and to stand up to dispel stigma, bias, and shame.

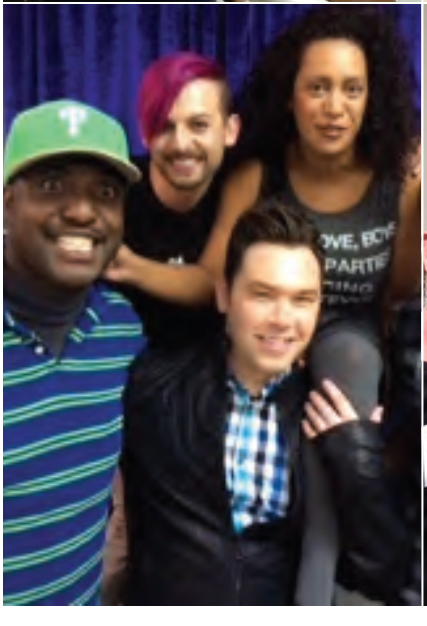
6:00 PM > EUGENE, OREGON
Kelsang Phunrab: As an American Buddhist monk, I want to show that you can still care for and inspire others, even if you have HIV. Let's add more love into the world.

6:39 PM >> PORTLAND, OREGON
Jennifer Jako: I became HIV-positive at age 18; I wasn't expected to live past 25. That was 25 years ago. My daughter was born free of HIV, thanks to HIV medications I took during pregnancy. We have so much fun together! My 9-year-old daughter knows mom has HIV/AIDS and that it's OK to talk about it.

7:00 PM > OKLAHOMA CITY, OKLAHOMA
Luke Thomas: Retiring from the Air Force this year, I found myself smitten by a guy I met online. This man was HIV-negative, but refused to let my status get in the way of our undeniable chemistry. This picture was taken as I surprised him for his scheduled surgery this month.

7:12 PM >> WINCHESTER, WEST VIRGINIA
The AIDS Response Effort Team, who serve people living with HIV, fight stigma, and provide crucial services in our community!

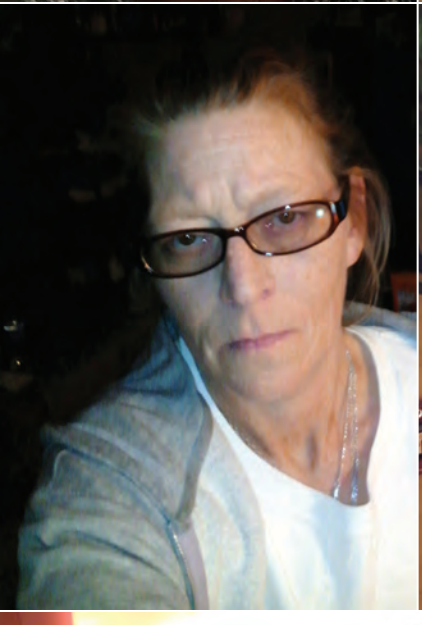
7:31 PM > HADDON TOWNSHIP, NEW JERSEY
The Ritz Theatre Company's cast of *Rent*—Michael Hogan, Jonathan Davenport, Joshua Bessinger, Krysten Genesius Cummings, and Eric Lawry (not pictured)—take five from rehearsal.



8:15 PM >> KANSAS CITY, MISSOURI
A few of the HIV-positive members of the Heartland Men's Chorus at rehearsal. Now in its 30th season, many of our performances were at funerals for friends and members who died of AIDS-related diseases. Over 30 of the 169 chorus members are HIV-positive.

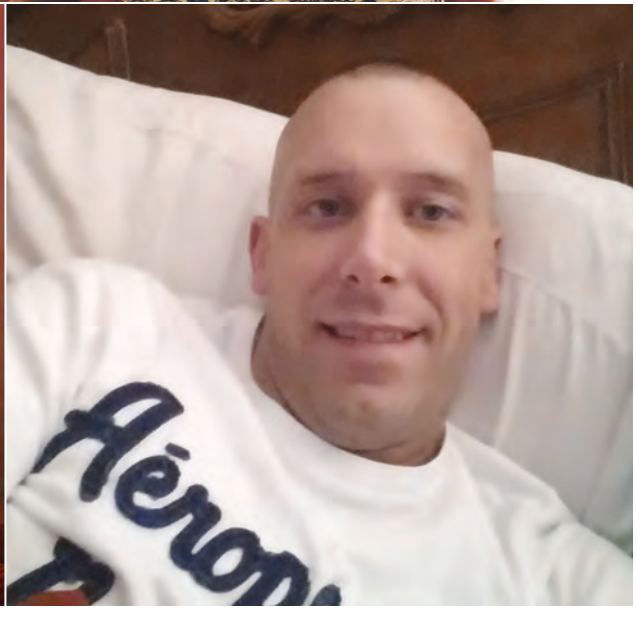
<< 8:48 PM
SITGES, SPAIN
Simon: In Sitges at the Santa Tecla fiesta fireworks in the street. I contracted HIV more than 30 years ago when living in Sitges, and am now back living here.

< 9:18 PM
BOSTON, MASSACHUSETTS
Steven Grinspoon: Thanks to the HIV community, researchers have developed effective treatment for HIV; the REPRIEVE trial is exploring prevention for long-term complications of HIV such as cardiovascular disease.



<< 9:20 PM
FEDERAL WAY, WASHINGTON
Kate Eling: I've been HIV-positive for 26 years. I'm healthy, and have a healthy 23-year-old son. I've been an advocate, served on planning councils, and I volunteer. I am the face of HIV, though it doesn't define me!

< 9:30 PM
SARASOTA, FLORIDA
Debbie Sergi-Laws September 22, 2015—just one of the 9,714 days since being diagnosed with HIV.



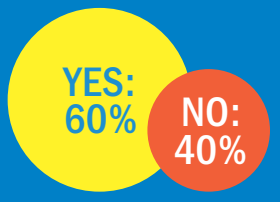
<< 10:56 PM
CHICAGO, ILLINOIS
Stanley Rutledge: My best friend, my brother, died of HIV—mere months before the first drugs which have helped saved so many lives. All I have left of Paul is this lamp of his. I plan to run in a marathon to raise money for AIDS Foundation of Chicago and for people living with HIV. And for Paul.

< 11:38 PM
RUSSELLVILLE, KENTUCKY
Josh: I was diagnosed with HIV on Dec. 25, 2012. It's been a long, hard struggle to stay healthy, but I'm gonna keep on living and never give up hope in finding a cure.

READERS POLL

IN THE SEPTEMBER+OCTOBER ISSUE WE ASKED

DO YOU BELIEVE YOU WILL SEE AN HIV CURE IN YOUR LIFETIME?



YES. I think the cure is already around, but curing people doesn't make money. Selling medicine does.

YES, I am confident of seeing an HIV cure in my lifetime.

NO. It's quite possible that we could come close to eradicating HIV if everyone who was infected got on the appropriate antiretroviral drugs. But at the age of 56, I think a genuine cure in not going to happen in my lifetime.

YES, if there is financial incentive.

YES. I've been poz since '85 and am doing much better on newer meds. Great things happening every day!

NO, not a sterilizing cure, but a functional cure looks like a possibility.

YES. I was infected in September of 2014, and I have a lot of hope. Technology changes quickly. It is in human nature to solve some complex problems—the HIV/AIDS epidemic will end.

NO. I wish for a cure every day.

THIS ISSUE'S QUESTION

DID YOU KNOW THAT HALF OF THE PEOPLE LIVING WITH HIV AROUND THE WORLD ARE WOMEN?

VOTE AT POSITIVELYAWARE.COM

SWITCHING TO NEW HIV DRUGS

A LOOK AT TRIUMEQ AND THE 'SON OF STRIBILD'

BY **ENID VÁZQUEZ**

There was good news about switching to newer HIV drugs from the 55th ICAAC (Interscience Conference on Antimicrobial Agents and Chemotherapy), held September 17 to 21 in San Diego. (SEE Briefly for the results of another switch study.)

SWITCHING TO TRIUMEQ

Triumeq is the newest HIV superstar on the market, approved by the FDA last year. The single tablet regimen has a great track record in clinical trials, beating the best drug regimens out there.

The STRIIVING study reported that **people switching from their HIV therapy to Triumeq did well**.

Individuals were randomized to stay on their treatment or switch to Triumeq. These were early (24 week) results.

Of those who switched, 85% maintained their undetectable viral load (less than 50 copies) vs. 88% of the individuals staying on their therapy, and no one experienced treatment failure.

At least 5% of the people on Triumeq experienced the following side effects: cough and headache (5% each); diarrhea, fatigue, and upper respiratory tract infection (7% each); and nausea (10%). The only side effect experienced by more than 5% of the people staying on their original therapy was upper respiratory tract infection, perhaps because they had already dealt with any side effects previously or the side effects had been transient.

Of the 10 who discontinued Triumeq, however, only one experienced a Grade 3 or 4 (serious) adverse event, and one discontinuation occurred as the result of being the victim of a homicide. The rest of the discontinuation events (which included insomnia, diarrhea, abdominal pain, headache, and flu-like symptoms) were considered mild or moderate.

The study is ongoing, with all people on their original therapy being switched to Triumeq after week 24, another reason for some to not discontinue their medication.

SWITCHING TO 'SON OF STRIBILD' FOR PEOPLE WITH KIDNEY IMPAIRMENT

There's a new and improved version of Stribild expected on the market before the end of the year. Stribild contains tenofovir DF (TDF), which has the potential for kidney and bone toxicity. The remake of Stribild, however, replaces TDF with tenofovir alafenamide (TAF), which has been shown to be **kinder to the kidneys and the bones than TDF**.

A study found that patients who had kidney dysfunction, as shown by having less than 50 glomerular filtration rate (GFR), did not experience a worsening of this condition when taking the TAF version of Stribild. They were able to either maintain their GFR or to increase it.

Moreover, improvements were seen in other signs of kidney function: proteinuria, albuminuria, and RBP:Cr.

The research team for study GS-US-292-0112 reported that the one year results support a switch to the new tablet for people with a GRF between 30 and 50.

The new medication more commonly goes by the initials of the drugs it contains, E/C/F/TAF (for elvitegravir, cobicistat, emtricitabine, and TAF).

SWITCHING FROM ATRIPLA TO THE NEW STRIBILD

Study participants who were switched from Atripla to E/C/F/TAF **stayed undetectable longer** than those who were kept on Atripla. They also saw improvements in their lab values for kidney function and bone mass.

Results are from the largest randomized switch study in HIV, GS-US-292-0109. Of 1,436 people enrolled, 959 were switched off Atripla. At one year after the switch, 96% remained undetectable compared to 90% of those randomized to stay on Atripla.

DEAR DOCTOR...

WHAT ABOUT CANCER? AND OTHER QUESTIONS ANSWERED

BY **JOEL GALLANT, MD, MPH**

Cancer, the cure, side effects, a qualitative jump for treatment. Dr. Gallant provides understandable answers to questions from his readers at hivforum.tumblr.com.

QUESTION: I've read that Stribild may cause fat redistribution, but I've been reassured by your blog that fat redistribution no longer occurs with modern medicines. Why do manufacturers and other websites still list fat redistribution as a possible side effect?

ANSWER: It's an FDA requirement. In a clinical trial, just about anything that happens to anyone on an experimental drug in a clinical trial gets listed as an "adverse event," even if it's unlikely to have been caused by the drug. For example, you may see "common cold" or "arm fracture" listed, though no one really believes there's a connection.

In the case of lipodystrophy, there are two possibilities. First, someone taking the drug may have complained of weight gain and a bigger belly—a common occurrence as people get healthier—and the doctor may have recorded it as lipodystrophy. Second, this is listed as a side effect of many antiretroviral agents just because they're in a *class* of drugs that cause it, even if there's no clear evidence linking that *particular* agent to the complication.

In general, the package insert or prescribing information for a drug is the *least* helpful source of information about side effects. Better sources include Epocrates, the Johns Hopkins HIV Guide, Medscape, or the DHHS Guidelines, which tell you what the *likely* side effects are.

I'm HIV-positive and I have my first cold. Prior to my diagnosis, I would take vitamin C and zinc supplements when I first got cold symptoms. Whether or not these supplements actually work at speeding up cold recovery time, are there any complications I should worry about? I've heard magnesium is bad (I'm on Truvada and Isentress, for reference).

Vitamin C is not a problem, but avoid taking zinc and Isentress at the same time. Take zinc at least 4 hours before Isentress, since it can interfere with absorption.

I have a question about the effects of long-term treatment. I am 28 years old, been taking Stribild for 6 months and have a CD4 of 677 and undetectable viral load. I know if I am adherent I should have a normal life expectancy, but how do doctors know that taking HAART [highly active antiretroviral therapy]/Stribild for 50 years (if I am to reach 78!) doesn't have terrible effects on the body over such a long period of time? Fifty years is a long time to take medication every day!

Your question is a good one, but let's try to put your mind at ease:

1. Even in the days when HIV therapy was difficult and toxic, it was still a lot better than the disease itself. That's even more true today, now that therapy is easy and safe.

2. We know a lot about the short- and medium-term effects of Stribild and of the other drugs we use to treat HIV infection. In the case of Stribild, we watch for tenofovir-related kidney and bone toxicity. These are effects that can be monitored, allowing us to switch drugs if problems develop. Could we discover unexpected long-term side effects? That's always a possibility over time, but it doesn't happen very often. We learn about most drug toxicities during the development phase before approval.

3. You won't be on Stribild for 50 years (unless you have one of those "If it ain't broke, don't fix it" kind of doctors who never changes any regimen that keeps the viral load undetectable). Treatment evolves and improves over time. Stribild is a perfect example: By November we should have a new version that contains TAF instead of TDF. TAF is probably less toxic to bones and kidneys than TDF.

Finally, you need to aim higher. You can do better than 78!

My doctor tells me, and I read all the time, that I should have a lifespan the same as someone without HIV, but then I read things like this on reputable websites and really start to worry: "the older HIV-positive individuals get, the more disproportionately cancer tends to strike them than those without HIV. People with HIV who are in their 30s are at twice the risk of developing NADC [non-AIDS defining cancers]." This seems incongruous to my doctor's advice.

What you read is a bit alarmist. People with HIV are definitely at higher risk for AIDS-related cancers (lymphoma and Kaposi sarcoma) than people in the general population. While the risk remains higher even among those on effective antiretroviral therapy, it is dramatically reduced compared to those not on treatment, so the overall risk is quite low.

As for non-AIDS-defining cancers (the kind everyone else gets), it's true that people with HIV are more likely to develop a number of cancers. But that's due mainly to a greater background risk: People with HIV are more likely to smoke, drink and to have HPV, HBV, and HCV infection than HIV-negative people. If you're a non-smoker who doesn't drink heavily and who doesn't have one of those co-infections, then those statistics don't apply to you.

Whether HIV increases the risk of non-AIDS-defining cancers *independent* of the established risk factors remains controversial. Prolonged periods of time with untreated HIV infection—including immunosuppression and unsuppressed viral replication—could certainly increase the risk. But what about people who get diagnosed and treated right away and do well on treatment, with consistently high CD4 counts and undetectable viral loads? Theoretically, they could still be at greater risk for cancer because of slightly higher levels of chronic immune activation and inflammation compared to HIV-negative people. [See page 16 for more on inflammation.] However, their levels are far lower than they would be without treatment, and we don't have good evidence yet that the difference matters in optimally treated people.

Finally, be careful when you read about a "doubling of risk." Even if what you read about the risk of cancer in your 30s were true–and I don't think it is–what ultimately matters is your *absolute* risk, not your *relative* risk. If you double a very low risk, what do you get? A very low risk of cancer.

So what should you do to prevent cancer?

1. **KEEP YOUR HIV SUPPRESSED** with antiretroviral therapy.
2. **DON'T SMOKE**.
3. If you drink alcohol, **DRINK IN MODERATION**.
4. **GET YOUR HEPATITIS C CURED** if you have it.
5. **GET VACCINATED AGAINST HEPATITIS B** and make sure you're immune. If you already have chronic hepatitis B, make sure it's suppressed.
6. If you're young enough, **GET THE HPV VACCINE**. Get checked and treated for cervical and anal dysplasia.
7. **GET THE STANDARD SCREENINGS** for breast, colon, and prostate cancers.

After having read all your blog, then out of curiosity browsing in older issues of POSITIVELY AWARE from the years 1999-2004, I have just realized how fortunate today's patients are in comparison with just 15 years ago. Like TDF, approved in 2001, now will be replaced by TAF, or Atripla this year even lost its "recommended" status and maturation inhibitors are underway, do you think the same qualitative jump is foreseeable in the next 15 years, or will it slow down?

The qualitative leaps we saw in 1996 and again in 2007 would be hard to achieve again…short of a cure. In 1996 HIV infection was transformed from an inevitably fatal disease to a chronic, manageable one with the development of protease inhibitors and NNRTIs. Over the next decade we saw steady improvements in the toxicity and tolerability of drugs. In 2007, new drugs were approved that made effective treatment possible for people with extensive drug resistance.

There is less room for improvement today. Most people can be treated with highly effective, simple, well-tolerated regimens. Ongoing drug development provides us with incremental improvements rather than paradigm shifts. We welcome the incremental improvements, but until there's a cure, I don't expect anything earth-shattering.

What is your opinion about a possible cure? Is there any hope that we will see a cure in a decade?

I believe there will be a cure. Whether it will occur in the next decade is harder to predict, since we don't know yet what a cure will entail.

To search my blog for prior answers on cure, go to: hivforum.tumblr.com cure or go to bit.ly/1iZvl41.

JOEL GALLANT, MD, MPH, is Medical Director of Specialty Services at Southwest CARE Center in Santa Fe, New Mexico, adjunct professor of medicine at the Johns Hopkins School of Medicine, and clinical professor of medicine at the University of New Mexico. He treats patients and conducts clinical trials on the treatment of HIV. He authored *100 Questions and Answers about HIV and AIDS*.

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POSITIVELY AWARE

MY DAY WITH HIV

We've come a long way, baby. We have over 35 HIV medications. We've learned more about the immune system, thanks to HIV and AIDS, than we may have ever known had it not come along. We've created or found medications that treat opportunistic infections and we have implemented a plethora of prevention and treatment programs from harm reduction and needle exchanges to myriad styles, colors, and tastes of condoms and other barriers for safer sexual practices.

The huge purple gorilla in the room that no one can yet deal with is the fear and stigma associated with HIV and AIDS. This is why A Day with HIV is so important. Ghirardelli was the original manufacturer of chocolate in America but Hershey's was the first to mass produce it, and their name is and always will be the most commonly associated with chocolate. In this same manner, once HIV (or GRID back then) arrived in this country cloaked in fear, stigma, and shame, associated with "those people" who were "carriers," the wheels of unscientific ideas about HIV and people living with it were set in motion and destined for a collision course with everything science tried to explain. As human beings we learn things best through trauma and fear, and once ideas are set in place, our entire society needs to be re-educated.

The more we show people how normal it is today to live with HIV and even AIDS, the more we help tear down the fear and stigma machine. Even the CDC has tried to undo the sense of fear and panic fueled by our own government via the Reagan administration's reluctance to even mention "GRID" or "HIV" during the epidemic's first five or six years, and therefore today they still struggle to quash the early fears that touching and kissing or sharing eating utensils might cause HIV to spread.

I speak with people every day in my work as an HIV medical case manager to retrain them on what transmits the virus and what doesn't. To assure people that they can have sex with other people regardless of HIV status by reducing their viral load to undetectable, by taking either PEP or PREP and by using safer sex techniques. And at least once a week I hear things like "but I can go to jail if…" And at the end of the day all this fear and anxiety keeps people from getting tested. Until we're able to convince people that if you get tested for HIV you will not go to jail or wind up in any legal trouble, we will have to continue mass educational efforts. A Day with HIV puts everyday people in every shape, color, gender, and age range in your face telling you how normalized and perhaps wonderful their lives are today living with HIV and AIDS.

When I received my diagnosis I was also in so much fear and felt the societal stigma so fiercely that I, along with many friends, went underground and had sex in clandestine places in the dark and under the roofs of bathhouses, bookstores, and sex shops where we could go and not even have to share names or phone numbers with anyone. A few years later the Internet made this even easier by creating an entire specialized virtual space where we could meet with each other one-on-one or in groups and with every type of fetish under the sun. This only created mini-communities where syphilis, gonorrhea, chlamydia, HIV, hepatitis and now, more recently, meningitis can flourish. If we could have been more comfortable with ourselves and with being HIV-positive, we may have been able to keep our health in a better place and space, but we have needs like anyone else and we had to do what we had to do to feel the touch of another person close to us.

A Day with HIV shows the world that we are carpenters and teachers; case managers, doctors, and nurses. We are firemen, athletes, and policemen and we are everyday people. And we don't care what opponents care about HIV, AIDS, or anything else that's linked to sexual activity because life happens and sex is part of life. If diabetes or Alzheimer's was spread through sexual activity or needle sharing, we would be scared of diabetics and people experiencing Alzheimer's. It's all about how the virus is spread and, as a country, we still have issues.

This is my example of what fear and stigma can do. It can create a barrier higher and stronger than the wall of China, and only as a community can we raze this wall down to the ground and not care how we got HIV. We only need to show our smiling faces today and let the world know we have other fish to fry.

A Day with HIV puts everyday people in every shape, color, gender, and age range in your face telling you how normalized and perhaps wonderful their lives are today living with HIV and AIDS.

PHOTO: CHRIS KNIGHT

Let's stop HIV together.™

Mark has lived with HIV since 1985.

Hydeia (left) has lived with HIV since 1984.

Oriol (left) has lived with HIV since 1992.

Nina (right) has lived with HIV since 1983.

More than one million people are living with HIV in the U.S.

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