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REJECTED because of your HIV status?
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Recently, my partner of four years ended our relationship citing my HIV-positive status as the main reason for the break up. He said he had been suppressing his discomfort with my HIV status and finally realized it was a problem. For a short while, I let this knock down my sense of self-worth; I felt like I had a curse that I could do nothing about.

Over the years, I have heard many stories of rejection from people with HIV infection. Whether it be at the first hello, after the first date, or well into the relationship, rejection never feels good. Personally, I’m the kind of person who finds comfort in understanding why things happen and how people think. My first HIV test in 1985 was positive, so I don’t know what it is like for an HIV-negative person to date an HIV-positive one. But I do my best to understand.

In both my personal and professional life, I talk about this topic with many HIV-positive people. I have never witnessed the level of compassion and commitment that I have seen here. Our staff now cares for over 280 patients from 19 counties. In my years of working in the nonprofit world, I have never witnessed the level of compassion and commitment that I have seen here.

The Ryan White Program’s staff will help with all of this and more. In the short time that I’ve been here, I’ve become acquainted with a team of first-rate medical professionals who are dedicated to providing southern West Virginians with the best possible health care. The newest addition to our staff is a peer educator/advocate, who has been HIV-positive for 15 years. He will listen to your concerns and share his knowledge and experience with you.

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Visit our web site at http://www.camcwp.org for more information. And please e-mail me at pamela.lerose@camc.org with your comments and suggestions for our next newsletter. Or call for help. Our team is standing by.

C’est la HIVie, Baby

M.E.

When I was first asked to write this article I wasn’t so sure how to go about it. Sure, I know I am not alone and any number of my friends, family or co-workers could be in my shoes. I’m not embarrassed or ashamed either. I am just a private person. Period. So it has taken a lot of self-encouragement to say what I am about to say. (Deep breath.) O.K. Here I go. (OMG I’m giddy just thinking about saying it. Deep breath again.) O.K. (I am actually starting to feel nauseated just thinking of the possible backlash.) O.K. Here it is. No going back now. I…love the Maury Show!

Where! I feel like such a weight has been lifted from my shoulders. Sometimes, late at night, after I have taken my HIV meds and am about to doze off, I think about tomorrow’s Maury. I’ve already seen the previews and just KNOW FOR A FACT that man is the baby’s daddy. Any fool can see by the pictures that he is. I just want to hear those words, “So and so, you ARE the father!!!!”

But there are times when Maury says, “So and so, you ARE NOT the father!!!!” The baby’s NOT daddy is jumping up and down while the baby’s mother is rolling around on the floor and the audience is screaming in disbelief (and I am, too.) “JUST LOOK AT THAT PICTURE!!!” I’ll shout at the TV. Then the mother runs into the back room where Maury runs after her (the baby’s NOT daddy has already left the building) and tells her he will help her find the father if she wants, and, of course she wants. So…

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But, when it’s all said and done, one thing stands out in my mind. A lot of people are having unprotected sex. It’s a fact of life; it happens to the best of us; and it doesn’t only result in paternity questions to be solved by Maury Povich. So remember, June 27 is National HIV Testing Day. Be smart. Get tested. Take control. And then watch Maury.

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Photo courtesy of Lauren LeRose Davidson

National HIV Testing Day JUNE 27
More than one million people are living with AIDS and one-fourth of them don’t know it.

Take the test
Where are we in the Quest for an HIV Vaccine?  
Dara Seybold, MAA

In 1997, President Bill Clinton set a 10-year goal to find an HIV vaccine. It didn’t happen. After 27 years since the discovery of HIV/AIDS, are we any closer to the goal?

In 2007, HIV vaccine research hit a brick wall. A safety test found that one of the most promising vaccines, called the STEP study, wasn’t protecting the trial volunteers from HIV. Another sister study using the same vaccine also had to be stopped.

Great hope was placed on the STEP vaccine because it was different from others. Doctors would inject a weakened form of a cold virus with three man-made HIV genes into the body. Then the body would react as if HIV was present and its immune system would prepare to fight the virus. Researchers hoped that if the person were exposed to HIV (usually due to risky behavior), his or her immune system would be able to fight off the virus.

Earlier vaccines tried to make the body’s immune system produce antibodies that would find the HIV virus and stop it from infecting other cells. Antibodies travel through the blood and lymph systems to fight foreign objects such as bacteria or viruses.

The STEP study vaccine would not have prevented HIV infection, but would have stopped it from spreading. The infected person could have anticipated a healthy HIV-positive life with only a slight possibility or no possibility of transmitting HIV to another person.

The vaccine was to work on another arm of the immune system, the T cells. These are the cells that HIV likes to infect; especially a type called CD4+ T cells. If your immune system is an army, the CD4+ T cells would be the generals. They command other cells to produce antibodies and attack HIV. The STEP vaccine tried to activate these killer T cells. Killer T cells don’t prevent infection, but they get rid of the CD4+ T cells that are infected with HIV and stop the infection from spreading.

The main purpose of the STEP study vaccine was to prevent the elimination of the T cells which can be CD4+ because they have a “memory” of the infection and can live long after an infection can occur. It was hoped that the killer T cells would keep the virus in check with a low viral load and delay the start of the use of drug therapy.

The STEP study vaccine’s failure was disappointing to say the least. But there is also good news in our fight for a cure.

Since 1984, more than 30,000 HIV-negative people have volunteered in over 100 HIV vaccine studies, demonstrating strong community commitment to the fight against HIV. Finding a vaccine requires collaboration between science and the community. Without study volunteers we would have no vaccines. Through these clinical trials and basic science research, we know more about HIV/AIDS and what it may take to develop a vaccine than we have in any other time in the history of this epidemic. In fact, even from this STEP study we continue to learn. Currently about 30 different HIV vaccines are being tested.

This recent setback may invigorate more creativity and above all more persistence in the quest for an HIV vaccine.

In 2007, the quest for an HIV vaccine was a critical issue in the fight against HIV/AIDS. The STEP study vaccine, which was different from others, didn’t protect the trial volunteers from HIV. Another sister study using the same vaccine also had to be stopped.

Great hope was placed on the STEP vaccine because it was a safe and effective way to prevent HIV infection. Doctors would inject a weakened form of a cold virus with three man-made HIV genes into the body. Then the body would react as if HIV was present and its immune system would prepare to fight the virus. Researchers hoped that if the person were exposed to HIV (usually due to risky behavior), his or her immune system would be able to fight off the virus.

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The decision to be tested for HIV is the first step in taking responsibility for yourself and the health of others with whom you may be intimately involved.

HIV testing locations

Many testing sites offer free testing, but some charge a fee. Some locations require an appointment; others accept walk-ins. Call ahead to be sure!

On the Internet you can find a list of test sites in your area by entering your zip code. Go to www.hivtext.org

By phone, you may call:

• WV AIDS/STD Hotline: 1-800-642-8244
• CAMC Ryan White Program care coordinator in Charleston: (304) 388-9337 or toll-free: 1-877-563-4423
• National HIV/AIDS Hotline: 1-800-342-2437
• Your local county health department

To find out more about the CAMC Ryan White Program in southern West Virginia or to schedule an appointment, call toll-free 1-877-565-4423.
Standing by Pam LeRose

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