A statement often used to console people newly diagnosed with HIV is, “HIV is not a death sentence, it is a manageable, chronic condition like diabetes.” The truth is, HIV usually is a manageable, chronic health condition when properly treated and without side effects. Public treatment and attitudes is what separates HIV from other chronic conditions, as positives are often treated with shame and dishonor simply because of the presence of the HIV virus.

Think about it, positives are described with words like, “infected,” or “sick.” Persons who are HIV negative often use the term “clean” to describe themselves, leaving one to assume that HIV makes one “unclean.” Most other chronic conditions are not described or treated with this amount of disgrace. Have you ever heard someone say, “Be careful, don’t touch him, he has DIABETES!”

I’ve heard it said lately that the worst thing about HIV is not the virus itself, but rather the negative stigma it produces. This statement is very true as positives have the stigma of HIV to bear every day of their lives.

What is STIGMA? Stigma is when someone is treated differently than everyone else simply because of trait or as in this case a virus. People living with HIV are stereotyped and viewed with negative thoughts. These negative thoughts are used to devalue and degrade positives, whether that is the intention or not. Stigma comes from fear, ignorance, discrimination, and often times mean-spirited people.

The humiliation, dishonor, shame, and disgrace that positive feel from stigma can be overwhelming. It can case positives to isolate themselves from others and become depressed. Many are so overcome by stigma that they won’t seek treatment.

Stigma is far reaching and not only has devastating effects on positives but it also effects HIV screening processes. There are many who will NEVER be screened for HIV because of stigma. HIV is associated with only certain risky behaviors with negative connotations. How many times it has been uttered at an HIV testing event, “I don’t need to be tested, I’m good.”

What can be done to STOP stigma? Stigma is hard to stop since it is built on a foundation of fear, ignorance, and meanness. This same stigma has been creating discriminatory situations throughout history. Therefore, we must make sure that we do two things: [a] Carefully evaluate our every action and word to positives. We are equals, HIV does not devalue a person. They are STILL as normal as everyone else. [b] Never ever tolerate stigma in our presence. When someone in our presence puts positives into a “they” and “them” category we should not tolerate it.

Growing up there was a principle taught in my home life as well as in my church life and it was pretty simple, “Treat others as you want them to treat you.” If we would do this, stigma would end.

Stigma is the process by which the reaction of others spoils normal identity.

- Sociologist Erving Goffman

The 90/90/90 Club

The goal of the Joint United Nations Program on HIV/AIDS is by 2020 that 90% of those who are HIV+ will know their status, 90% of those who have been diagnosed HIV+ will be on antiretrovirals, and 90% of those on treatment will have an undetectable viral load! Are you a member of the 90/90/90 club?
ARcare

The Special Services Team

Members of ARcare Special Services Team did HIV testing at SEX ON THE LAWN event at Arkansas Tech University in Russellville.

Danny Hedges, Maria Haynes, Phillip Wiggins, Cathy Nation

ARcare Staff will be on the road to assist in HIV testing events, HIV awareness events, Health Fairs, and other special events around the state. Great opportunity to assist individuals to find out their status, linking positives to care, and maintaining a healthy awareness of HIV.

Gretchen Jaco and Lisa London at Metropolitan School Assembly
ARcare Special Services has a new neighbor in Little Rock and we really think you’re going to like them! The ARcare Family Medicine team has expanded with a new clinic in the Little Rock office.

What does this mean to me?
In addition to the services provided by our case managers, you have access to top notch highly respected doctors for your everyday family health needs as well as your HIV/Hep C treatment and care.

What does the clinic offer?
Our clinic will offer such services as primary care, diagnostic lab, x-ray services, referral services, health education, outreach, and medication assistance programs. We also provide pediatric care, immunizations and school and work physicals in the new medical clinic.

Who are the Doctors?
Senthil Raghavan, M.D. will provide primary care medical services.

Dan Moore, M.D. and Terry Jefferson, M.D., have joined forces to provide HIV and Hep C medical services.

What do you need to do?
ARcare is open Monday through Friday, 8 a.m. – 5 p.m., We accept most insurance programs including Medicare and Medicaid, and we offer a sliding fee scale for uninsured patients.

Ask your SAS or MCM for more details, or simply call the front desk.

For more information, visit www.arcare.net, or call 501-455-2712.
A friend sent me a link recently to the profile of someone I’ll call Mike, a 25-year-old HIV-positive man on an online dating site (I use that term loosely). It was labeled “The 5 Best and Worst Things about Being HIV+.” What was interesting is that nothing on Mike’s “bad” list had to do with the virus itself. It all had to do with attitudes of other people toward anyone who is positive.

It got me to thinking and talking to other people who are living with HIV or counseling those with HIV. It seems to me that everyone with HIV is hurting in some way -- but not from the virus. They are hurting from the stigma. Here’s what I hear. See if you can relate.

**The 10 Worst Things about Having HIV**

1. You feel ten times uglier than you ever did before, even though you look the same.
2. You feel guilty because, God forbid, you still want to have sex.
3. People who have never exercised a day in their lives, live on fast food and smoke like a chimney act like it is having sex with someone who is positive that is the real threat to their health.
4. You are sick of being treated like toxic waste by people seeking only those who are “clean,” “DDF” “disease free,” “STD free,” “healthy,” etc. ad nauseam.
5. You wonder why there are TV ads with beautiful people selling drugs to treat hepatitis C, erectile dysfunction, foot fungus and uncontrollable laughing or crying, but you’ve never seen one for HIV medications.
6. You have “disclosure exhaustion” -- finding someone to date or have sex with becomes such a major ordeal that you just give up or settle.
7. You think you must be the only person in the state who is positive since everyone else is “negative” if you go by their online status -- including the person who transmitted the virus to you.
8. You disclose your status to someone and are pleasantly surprised when they say they have no problem with it. Of course, they never call back.
9. People who don’t care anything about you seem inordinately curious about how you got the virus.
10. When someone you are interested in finally entertains the idea of sex, they ask in a roundabout way if you mind wearing two condoms/just watching/not having an orgasm or some other ridiculous request that kills any desire you had for sex.

From a scientific standpoint, none of this makes sense. Medical advancements have made HIV truly “no big deal” for many people. For those who experience side effects or medication failure, new drugs come out every year. Studies show the risk of someone with an undetectable viral load transmitting the virus is extremely low -- possibly zero. And with PrEP, there is no reason for anyone who is negative to fear having sex with someone who is positive.

So what is causing the disconnect between science and societal attitudes? I am convinced it’s the stigma. People fear that if they test positive they too will face the social rejection, shaming and devaluing that we experience. Of course, by acting on the fear they then perpetuate that very stigma. And so it goes, years after HIV was turned into a manageable condition. And so it will continue if we do not act.

What can we do? You don’t have to carry a sign or use a megaphone. The stigma is most pernicious in the world of dating and sex, where people often interact anonymously. That’s where we need to attack it the hardest. No, we won’t erase the stigma overnight. But a few determined people can make a big difference.
[Continued on page 5]
[page 4 continued]

5 Ways to Fight the Stigma of HIV

1. **Don’t let your fear of rejection give someone power over you.** When you are interested in someone who treats you as though you are of lesser value because of your HIV status – move on. If someone hesitates to accept you unconditionally as you are, let them know you deserve better.

2. **Stop feeling guilty about the type of sex you want to enjoy.** This is a personal decision between you and your partner. Yes, condoms should be considered. But they are not for everyone, especially those in long-term relationships. With prevention through treatment and PrEP, the rules are different for many of us.

3. **Encourage dating/sex sites to quit using HIV status in their profile builders.** Contact them. They listen to their members. If posting your status online was the way to stop HIV, we would have ended it decades ago. The fact that so many have contracted the virus from supposedly “negative” individuals shows what we all know – people lie. We have to stop categorizing ourselves into HIV negative or positive. We are better than this.

4. **When seeking a suitable partner be wary of those who want a “100% guarantee.”** If someone starts fretting that your undetectable status is not a 100% guarantee against transmitting the virus, that’s a red flag. Do you really want someone who will love you only if there is no risk involved? Will they stick by you in the inevitable downturns and crises of life? They are not partner material.

5. **Lastly – and most important – get to know someone before you disclose.** Don’t rely on online dating sites. It is simply too easy to dismiss someone out of hand with a click or swipe. Let someone get to know the real you first, before you even talk about sex or HIV status – because when they do they will see you and not the stigma.

By the way – I emailed Mike. And, guess, what? He was pleasantly surprised to learn that his little effort had made an impact. He had gotten messages from guys who were positive, telling him they felt the same pain. And he had even received messages from guys who were negative but now starting to rethink how they treat people with HIV. That’s one person making a difference. Think what we could happen if we all started fighting back against the stigma.

The bottom line: Take back your dignity. There are no good reasons for anyone to reject you because of HIV. When someone does so, move on. But don’t make excuses for them. It’s past time they learned to get over it. Love yourself and others will take notice. That’s how we beat HIV.

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**Never regret a day in your life:**

*good days give happiness,*

*bad days give experience,*

*worst days give lessons,*

*and the best days give memories!*
I have had HIV for more than 30 years. I was infected while I was dating the very first man I ever dated. I loved him, at least I thought I did. But he didn’t love me because he knew he had HIV but didn’t tell me.

It hasn’t always been easy for me to deal with HIV. Early on I was very sick and very scared. I needed someone to support me but everyone seemed to be just as scared as I was. Even people who were supposed to treat my health were afraid. No one knew what to do with my virus. This left me feeling very alone.

I was admitted to the hospital in 1984 with several severe health issues. I didn’t know this at first but I was dying. My T-cells were 2. I noticed the nurses were suiting up with gloves and masks before coming into my room. One of the masks looked like a gas mask. I wondered what made me so toxic. I felt like I was a good person, but the nurses made me feel like I was bad. They served me food on paper plates and usually left it outside my door until someone properly dressed with protective wear would bring it in to me. Often my food was cold or not brought in at all. Once I overheard one nurse say to the other, “Be careful he has AIDS.” Sick, dying, toxic, and very, very alone. My family and friends never came to see me while I was so sick. Today I understand they were afraid and didn’t know any better, but then it really hurt me. The hospital experience was just the beginning of my shame.

The word spread in the small town I lived in, and I couldn’t go out in public at all without people running to avoid me and whispers in the corners. Once the health department was called to a restaurant that I was eating in...and I was the reason. AIDS was there.

It took time but my mother came to understand more about me and HIV. She lost most of her fear. The one fear she held on to was that I would die from HIV. She has been a close friend through the years and supported me strongly in the past 25 years. I would’ve given up before now had she not been there for me.

I’ve lived alone through all these years. No one wants me because of my HIV. They never learn how good a person I am. They never take the time to find out anything about me. All they hear and see is HIV! I felt unlovable and rejected. It was easier to just be alone than feel the hurt of HIV rejection.

I’ve lived 30 plus years with HIV, more years than I lived without it, I didn’t have much of a chance to enjoy life. Because of HIV stigma, I’ve never really lived. One day I hope they find a cure so I can live a normal life. I am getting old very fast so they better hurry. , I just want to enjoy a normal life, a passionate relationship, a day without pills, and a healthy body. Is it too much to ask?
Great NEWS!!!

On-site Oral Swab HIV testing offered now at each ARcare SAC.

Call the local SAC to schedule an appointment.

No blood, no pain, and results in 20 minutes and free of charge.

This service is available to spouses, partners, lovers of a clients, or anyone who needs an HIV test.

Prevention Break-Out Sessions:

Routine HIV Testing Sites:

Little Rock
OurHouse, 3rd Thursday of each month
4 pm—6 pm

BCD Empowerment Center, 3rd Monday of each month,
10 am—12 pm

Lucie’s Place, 3rd Tuesday of each Month, 11 am—1 pm

12th Street Wellness Clinic, 1st Monday of each month, 4 pm—8 pm

Mt Home
ASU-Mt Home, 1st Wednesday of each month 12 pm—2 pm

If your organization would like to host a ROUTINE HIV TESTING date or host an HIV Testing and/or AWARENESS EVENT contact Danny Harris at danny.harris@arcare.net

Condoms are available at your local SAC. Ask your SAS/MCM for free condoms. Regular size and XL available.

Female condoms are now available

The Godfather of Condoms says, “I have a package you can’t refuse!”
ARcare Positive Empowerment Program [PEP]

Positive Empowerment Program

PEP is a peer to peer empowerment program for those living with or affected by HIV/AIDS. It is open to anyone with an HIV/AIDS diagnosis or living affected by HIV/AIDS. PEP is a program sponsored and operated by ARcare Special Services.

Mission
The mission of this program is to positively empower people living with HIV/AIDS and those affected by HIV/AIDS to live healthy, happy lives.

New PEP groups

Batesville-
A new group for positives is coming soon. TBA

Looking for a Few Good Poz Men and Women
If you are a person living with HIV/AIDS and you would like to help start an empowerment group in your area, contact Danny at 501.388.4613.

Statewide Peer-to-peer group meeting sites and dates

Ft Smith
Second Monday each month, 6 pm—7:30 pm
ARcare lobby, 3800 Rogers Ave., Suite 6, Ft Smith

Conway
Third Monday each month, 6 pm—7:30 pm
ARcare lobby, 1600 Dave Ward Drive, Suite C, Conway

Jonesboro
First Thursday of the month, 6:00 pm—7 pm
NARAN Conference Room, 1000 S. Caraway Rd., Ste 110, Jonesboro

Little Rock [4 Life]
2nd and 4th Wednesday of each month, 6 pm—7:15 pm
ARcare Lobby, 11219 Financial Centre Parkway, Suite 200

Mountain Home
First Wednesday of each month. 6 pm–7 pm
Mt. Home Christian Clinic, 421 W. Wade Ave, Mt Home,

Hot Springs
Fourth Tuesday of each month, 6 pm to 7 pm
ARcare lobby, 312 Ouachita, Hot Springs

Texarkana
First Tuesday of each month, 5 pm to 6:30 pm
AHEC Lecture Hall, 300 E. 6th, Texarkana

Kensett
Third Tuesday of each month, 6 pm to 7:30 pm
ARcare Lobby, 606 Wilbur Mills North, Kensett

For information contact:
Your local SAC site, OR
Danny Harris, Statewide Outreach Coordinator, 501.388.4613

When something bad happens you have 3 choices: You can let it define you. Let it destroy you. Or you can let it strengthen you.
2016 Positive Living Retreat
July 14-17-Eureka Springs
- Fun and Fellowship
- Meet other positives
- Workshops for Positives

Scholarships available for lodging, amenities, and meals
Register online at: hivarkansas.org
Or mail completed form to:
PO Box 9004
Fayetteville, AR 72703

Life has knocked me down a few times. It showed me things I never wanted to see. I’ve experienced sadness and failure, but one this is for sure...
I always get up.

Rogers Meeting: 2 pm on the 1st Sunday of every Month at the Rogers Public Library, Glotzbecker Conference Room, 711 S. Dixieland Rd, Rogers

Fayetteville Meeting: 7 pm on the 2nd Tuesday of each month at NWA Center For Equality, 179 N. Church Ave., Fayetteville
For more information contact: Heath@hivarkansas.org

Positive Living—Little Rock
Every Wednesday, 4-5 pm,
Trinity Episcopal Cathedral, 310 W. 17th, Little Rock, {Mitchell House}
Debbie Deacon—Facilitator
For more information call: Debbie 501.944.0030
**HPV [Human Papillomavirus]**

**Most Common STI**
The CDC states that nearly all sexually active men and women will contract HPV in a lifetime.

**How is it transmitted?**
- Mother to Child
- Skin to skin [handshakes, kissing]
- Sexual contact

**What do we know about HPV?**
- Usually the body can clear HPV infection on it’s own, but persistent exposure and infection can lead to HPV health risks
- There are many types of HPV but most commonly revealed by warts and cancers.
- Generally the warts are found in the genitals area or mouth
- Cancers can be cervical, vagina, vulva, penis, anorectal, and oral
- HPV is very easy to get from oral sex. The good news is that one will more likely survive oral cancer from HPV than other risk factors, like smoking.
- No way to know if the HPV will progress to cancer.
- There are no test to detect oral HPV

**How can we prevent HPV transmission?**
- Use condoms to lower the risk [even with oral sex]
- Mutually monogamous relationship
- Do your annual tests
  1. Pap Smear
  2. Anal Swab
  3. Colonoscopy
- If you are under 26 get vaccinated for HPV
- Self examinations
  1. Sores or ulcers in the mouth that do not heal after 2 to 3 weeks
  2. All warts should be examined and brought to your doctor’s attention
  3. Swelling or lump in the back of throat or base of the tongue

**Why is it important for people living with HIV be aware of HPV?**
People living with HIV have weakened immune systems and are therefore more susceptible to HPV infection and progression to HPV related cancers.

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**Advocacy and Involvement Opportunities**

**Consumer Advocacy Board Conference Call** The second Thursday of each month, 11 am—noon, 1-866-217-3840, code 0024764#

*This conference call is designed to give those living with HIV an opportunity to let their voice be heard and to hear what is going on in Arkansas.*

**HIV Planning Group**
Meets bi-monthly on the second Friday of the month. Conference call number is 1-877-848-7030, code 7443203#

*Discussion and development of the HIV Prevention message.*

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The **Grateful Day Foundation** is excited to announce the dates for their annual

**HIV Wellness Retreat**

*This year’s retreat will be held August 26th - 28th, at the beautiful Camp Christian, in Chouteau, Oklahoma*

*We are looking forward to another fun and informative retreat this year.*

*We will be hosting a number of workshops throughout the weekend as well as several fun things to do at the retreat.*

Register to attend at [www.gratefulfulday.org](http://www.gratefulfulday.org)