



HIV + Aging Research Project | PS

NEWSLETTER

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Bridgette Picou
President at Large ANAC
HARP-PS Board of Directors

Facing The Truth

Some things are basic truths about the Human Immunodeficiency Virus. It is more commonly known as HIV or, in its untreated and advanced stage AIDS. HIV attacks the immune system. While understanding about how the virus affects the immune system has increased

dramatically an equitable, scalable cure is still elusive. Over the course of the last forty plus-years, medical and biological advances have made treatment and disease management easier and better. Another simple truth about HIV is that it is still characterized by misunderstanding, stigma and some fear.

Understanding that these truths exist are some of the reasons that community is so critically important to navigating a life with the HIV virus. A community should be built of people who share commonalities and experience. The “face” of HIV (justified or not) has been characterized as gay men and this ignores the fact that HIV has a disproportionate effect on women, and we often don’t see ourselves reflected in the disease, or in vulnerability to it. For context, in 2020, women represented one in five new HIV diagnoses in the United States. There are 235,000 women in the US living with HIV and women comprise 18% (6,400) of new acquisitions. Black women comprise most of these diagnoses.

If I am being honest, I found a mix of reactions from gay men in the beginning of my diagnosis, and I am ever

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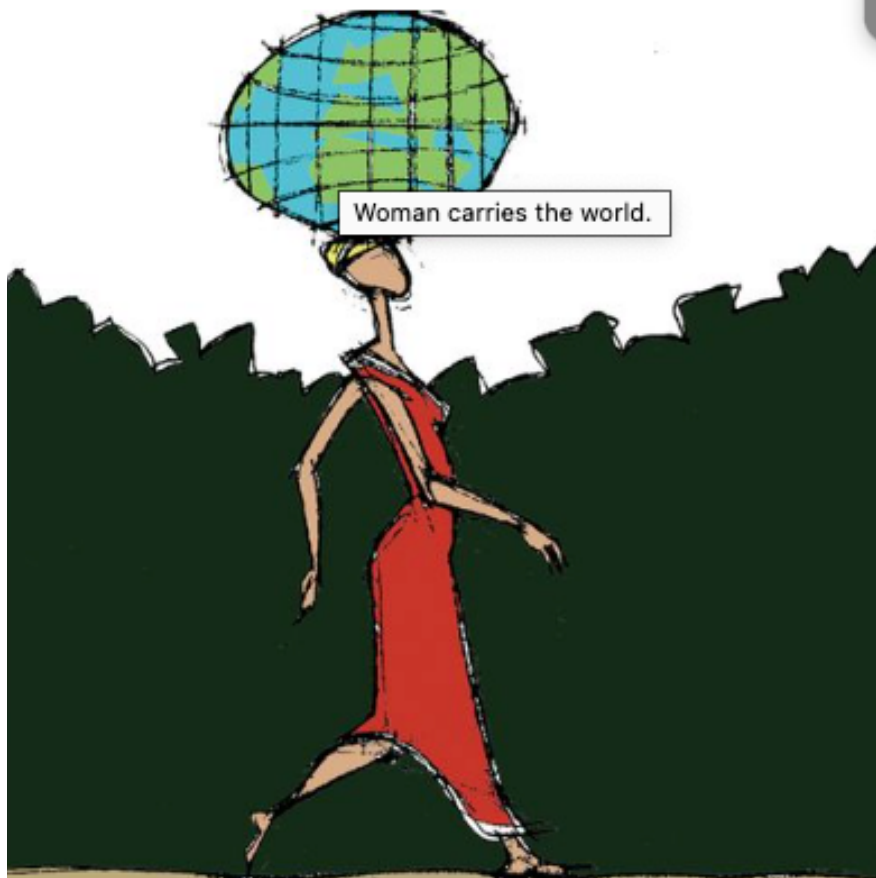
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grateful for those who embraced me and allowed me space to listen to their experiences and learn from them. I appreciate those that taught me by example that my life would indeed go on. I learned how to advocate for others by being a nurse for these men, and, by taking care of them, I learned to take care of myself. Yet there was longing for shared experience with women. Women relate to each other differently and with a different kind of empathy and understanding, in the same way this is true for men. I have found though, that women hide their diagnosis and status in higher rates than gay men, and so that made it hard to find those spaces of empathy. It was hard to feel seen.

Suddenly, not only is the room lit, but it's bright enough for you to see into the corners and under the bed.

When I finally found a community of women living with HIV, the change was immediate and profound. It's almost like when you have been turning on a lightbulb for months, and then all of a sudden you figure out it has a dimmer switch. Suddenly, not only is the room lit, but it's bright enough for you to see into the corners and under the bed. Finding women, not only made me feel seen, but it also strengthened my desire to advocate for others. This is the reason it's so important to bring the SHE is Women's Conference to Palm Springs, and southern California as a whole.



This Palm Springs Regional Women's Conference is a collaboration between the HIV+Aging Research Project-Palm Springs and The Well Project. The event will be a safe space for HIV+ women of all genders, providers, and allies to come together to build community, learn skills to help them thrive on the HIV journey, and have some fun. Doing so with help and guidance of HARP-PS is an additional layer of wonderful, since not only does come with the experience of the Positively Aging Project Conference held yearly, but it builds a bridge between community "faces" of HIV. This is an incredibly exciting moment for all folks living and aging with HIV. We hope you will join ***us and spread the word.***

Let's Change the Way We Speak About HIV

Originally Published on H-I-V.net, By Davina Conner, January 31, 2020

Words matter. When we talk about certain things, people view another person differently by the choice of words someone else uses. Stigmatizing language changes how another is looked at, so changing how we address HIV will allow other individuals to see a person living with HIV differently.

In the 1980s, words made society look at HIV like it was the plague by calling people who are diagnosed "diseased", "infected", "AIDS victim", "sick", "dirty" and many other choices of words. So, changing the language by stopping the use of labels to describe another human being in how we speak about HIV will make a world of difference for everyone.

How do you view yourself?

HIV is not easy to live with, but we can help fix how people who are living with HIV are looked at and we can also change the language when we talk to people about HIV. If you are diagnosed with HIV, how do you see yourself? Do you see yourself as a human being or do you see yourself as a different person because you are living with HIV? If using the words "infected" or "diseased" when referring to yourself or anyone with HIV, then that's how society will see us. But, changing words can help in so many ways.

People-first language to talk about living with HIV

When we put an individual first before their HIV diagnosis or before their medical condition, it's called people-first language. It lets us know what the person is living with or has, but not who the individual is. Using people-first language helps stop discrimination, stigma, and self-stigma (internal stigma) for all those living with HIV.

To reduce self-stigma, one must work on how they speak about themselves too: once you change this, you will be viewed by how you view yourself. Valuing another human being is important and everyone should be valued no matter what they are diagnosed with.

A few examples

Instead of saying "HIV infected" or "I'm infected with HIV", how about saying he or she is "a person living with HIV" or "I am living with HIV."

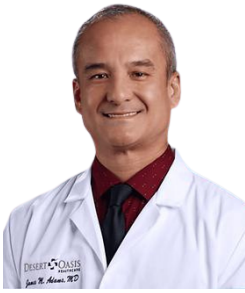
Instead of using the term "died of AIDS", say "died of AIDS-related illness", "AIDS-related complications" or end-stage HIV.

"AIDS virus" should not be used, because AIDS is a diagnosis and not a virus; it cannot be transmitted. Do not say became infected, use contracted HIV, acquired or diagnosed with HIV. There is also no such thing as an AIDS test say HIV test because you acquire HIV first.

Finding more information on people-first language

If you would like to know more about changing the language when we refer to HIV, you can go to The Well Project's website where there is ample amount of information, there to help you.

If we can change the language, we then change how we see ourselves: as a human being who is simply living with a condition that is very manageable. We can then stop the shame of how we see ourselves, and this allows others to see us in a different light.



James Adams
MD, AAHIVS
HARP-PS Board of Directors

Anal Cancer Screening

In June of 2022, the New England Journal of Medicine published the results of the landmark ANCHOR study, a well-designed, placebo-controlled trial which proved that treatment of precancerous anal lesions, known as HSIL (High grade Squamous Intraepithelial Lesion), lowered the risk of progression to anal cancer by 57%. This impressive data argues for the importance of screening our high risk patients, so that we can hopefully positively influence their sexual health and decrease morbidity and mortality.

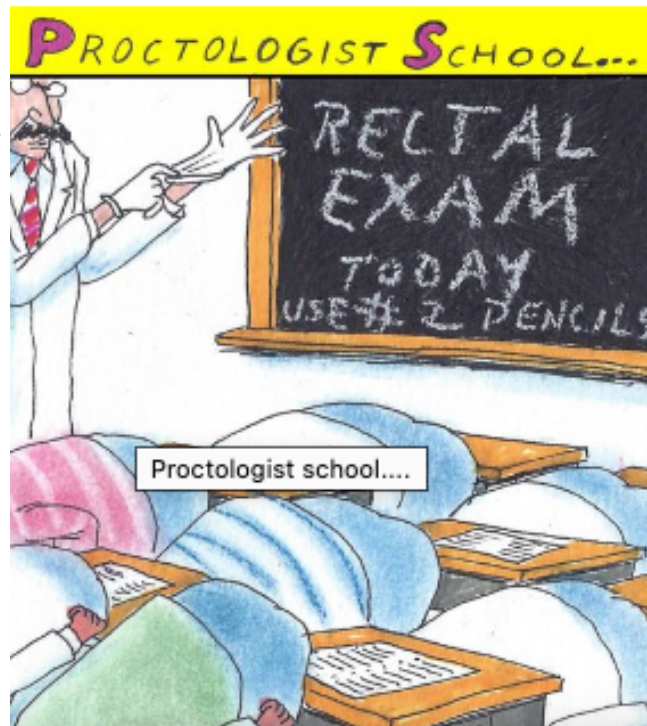
High risk HPV (hrHPV), or Human Papillomavirus, is the causative agent for about 95% of cases of anal dysplasia. Dysplasia means “abnormal cells.” When HPV infects anal tissue, it can cause the cells to become abnormal, or dysplastic. These abnormal cells are classified into three categories, AIN1 (AIN means “Anal Intraepithelial Neoplasia”), AIN2, and AIN3. AIN1 lesions are low grade (AKA LSIL, or “Low grade Squamous Intraepithelial Lesion”) and do not progress to cancer, while AIN2/3 lesions are high grade, which can progress. To simplify, HSIL=AIN2 or AIN3=precancer. LSIL=AIN1=warts=no cancer or precancer.

In January 2024 the International Anal Neoplasia Society (IANS) developed screening guidelines based on age and risk thresholds: MSM (men having sex with men) and TW (transgender women) living with HIV older than 35 are the highest risk group, and should be prioritized. In MSW, women living with HIV and MSM not living with HIV (including HIV PrEP patients), screening should begin at 45.

Women with a history of HPV-associated vulvar cancer and precancer should be screened within 1 year after diagnosis.

Solid organ transplant recipients should be screened within 10 years of transplantation.

Persons with a history of cervical/vaginal HSIL or cancer, perianal warts, persistent cervical HPV, and autoimmune conditions requiring immunosuppressants including



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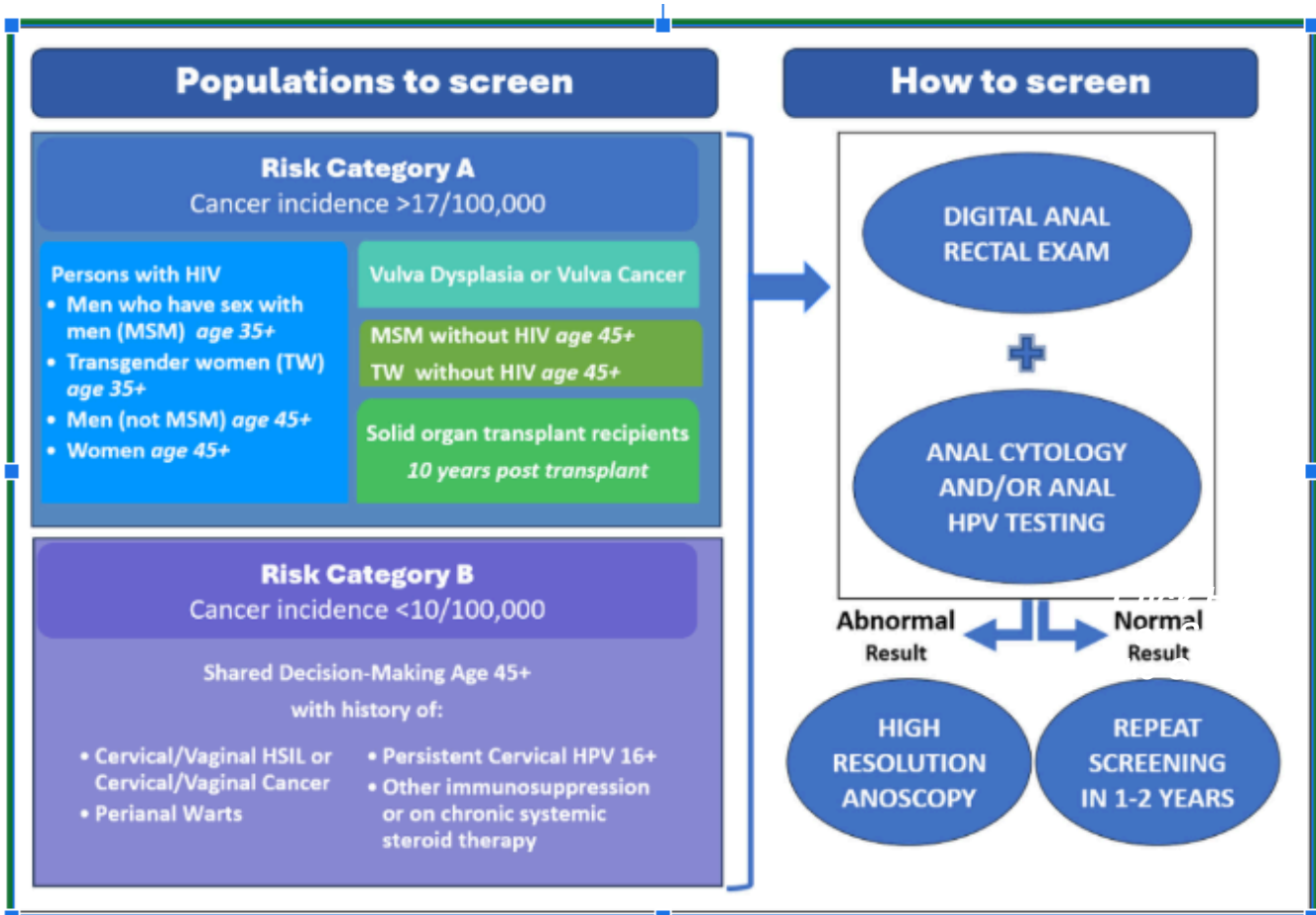
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Rheumatoid Arthritis, Lupus, Crohn's Disease, and Ulcerative (colitis) are at higher risk than the general population and COULD be included in screening, pending adequate capacity for HRA.

Screening tests for anal cancer include a DARE, or Digital Anal Rectal Exam, anal cytology (AKA "anal pap smear") and HPV testing, which are collected from the same swab in about 1-3 minutes.

The results of these tests come back within a week. Patients with HSIL (AIN2 or AIN3) and ASC-H (Atypical Squamous Cells cannot rule out High grade) should be referred for HRA. Also, if the HPV test is positive for hrHPV, especially types 16 or 18, HRA referral is indicated. In settings that HRA is limited, one can refer patients with ASC-H or HSIL cytology, or individuals with ASCUS or LSIL or worse with hrHPV for HRA, but individuals with ASCUS or LSIL w/o hrHPV can follow up in 1 year.

Anal Dysplasia Screening Algorithm



JOIN NOW THE HIV+ VILLAGE COACHELLA VALLEY

HIV+ Village Coachella Valley - Palm Springs, a safe Facebook group for people with HIV to connect, share experiences, and offer support to one another. The group serves as a resource hub where members can access the latest HIV-related news, treatment information, and resources.

The Village provides a platform for members to socialize, build friendships, and form supportive relationships with others who share similar experiences.

Overall, the HIV+ Village Palm Springs serves as a vital online community where people with HIV can find support, information, and solidarity as they navigate the challenges of living with HIV.

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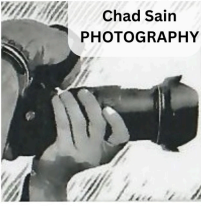


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JUNE 4, 2024
6:00 PM
HIV & Chronic Pain
Speaker: Ami Student Phd



JUNE 8TH, 2024
9:30 AM
Mizell Center
Palm Springs, CA



JULY & AUGUST
No Programs
Summer Hiatus
See You In September!



SEPTEMBER 10, 2024
6:00 PM
Identity Grief - What If There
Was A Cure?
Speaker: Brent Heinz



Resources

Your California Digital Vaccination Record



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Utility Assistance Programs
Water Energy



Healthy Recipes
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A Very Special Thank You To Our Volunteers!

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Christopher Christensen - Program Director RID and Positive Life Series Volunteer
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