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The Empowerment Program

# WAP Newsletter

## Living with HIV in Prison

Written by a strong woman living with HIV.

I had lived with HIV for more than 22 years and it was beginning to become bearable. I was getting my medical treatment under control and I was contemplating taking medication. I was not on medication for HIV yet. A sudden episode that occurred involving the judicial system was about to change my world from bearable to a horror story.

A few years ago, I was a woman living with HIV about to face a trial, conviction, and sentence in the Colorado Department of Corrections. I thought I would be okay just going through intake, which included the medical department. After being strip searched, I was given a number and sent to another area for medical. Here we talked to medical personnel about mental and physical history, and signed releases so the prison could obtain medical records to facilitate continuation of medication taken on the outside.

During the medical evaluation I finally disclosed that I was HIV positive and that I was not on any medications. A person with this diagnosis is assigned to a particular doctor while in prison. However, I did not know that this particular doctor was known throughout the prison as the AIDS doctor. This information was known by staff and by the other prisoners.

I was now a target! I was on the AIDS list as a person living with AIDS, not someone who has HIV even though it doesn't matter in prison, you are still a target! This doctor makes his rounds to see a person living with HIV/AIDS every three months. Your name is



put on a medical list and displayed not only in your unit, but in other units on the prison grounds. Therefore confidentiality was broken and it was exposed that you are someone living with AIDS. I felt I was a prisoner of a medical condition that is feared inside prison walls. This was very mentally stressful. I felt I had to get off this list.

Remember I was not on HIV medication. However, when I saw that doctor for the very first time I was placed on Atripla. This, I have now found out, is the worst medication you can give a person while in prison because of the psycho trip it can put you on, and it did give me great discomfort while taking it. It was so bad that I requested not to take it anymore. I was taken off this medication and not given an option to try another medication instead. Now I was left with no medication. I was taken off the AIDS doctor list. I had to make an excuse that DOC made a mistake in my diagnosis, when I know they didn't, because I told them I had HIV not AIDS. However, the reward was that I was no longer on that

list. I was not looked upon as a threat and that medicine which made me sick was not in my system. The downside to this was that when I was released from prison, my T-cells had dropped to 250. All for the sake of not wanting to be exposed to the prisoners. What a choice, huh?

I can say that prison is not a safe place for a person living with HIV or AIDS. I am the product of what can happen to you while being housed in a prison community. Your life can be at risk not only by the person you are housed with, but also by the medical staff who in my case did not care once I came off my medication, knowing I live with HIV. I felt alone and afraid at all times about that information getting out. It was a strong possibility that it could have, because guards talk too!

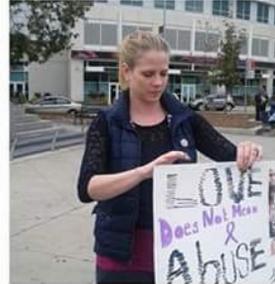
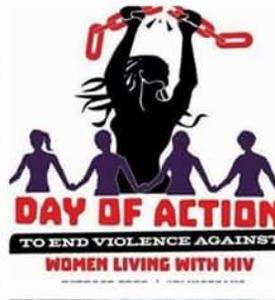
*Editor's note: The participant author has since become a strong advocate for women living with HIV and AIDS, and is working to promote change in the criminal justice system.*

## National Day of Action to End Violence Against Women Living with HIV

October 23<sup>rd</sup> is recognized as the National Day of Action to End Violence Against Women Living with HIV. This year, Positive Women's Network PWN USA and PWN CO spoke up about the reality of Intimate Partner Violence (IPV) and Trauma on all women's lives and specifically women living with HIV. The Empowerment Program joined in at the Ruckus Raising on the corner of Broadway and Colfax to raise awareness of these issues.

In the United States, women living with HIV (WLHIV) are at greater risk of abuse and trauma\*. WLHIV have experienced lifetime sexual assault (61.1%) at five times the rate of the general population, IPV (55.3%) at twice the rate of the general population, and the estimated lifetime abuse among WLHIV is reported at 71.6%\*. WLHIV who experience abuse are less likely to be linked to care, are half as likely to be on anti-retroviral therapy, are more likely to experience non-adherence to antiretroviral therapy, and less likely to achieve viral suppression\*\*.

Today we stand together to recognize that we are all important, we all matter, and we have value. We stand together to tell our community that we have had enough of the violence. We remember the women that have lost their lives to violence and acknowledge there are many other women who suffer in silence.



If you wish to join PWN or would like additional information please visit their website at [www.pwn-usa.org](http://www.pwn-usa.org)

\* Machtiger, E. L., Wilson, T.C., Harberer, J.E., & Weiss, D.S. (2012). Psychological Trauma and PTSD in HIV-positive women: a meta-analysis. *AIDS and Behavior*, 16 (8), 2091-2100.

\*\* Machtiger, E.L., et al., Recent trauma is associated with antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders. *AIDS and Behavior*, 2012 16(8), 2160-70.



### Free Testing at Empowerment

*HIV, Hep C, Gonorrhea, Chlamydia*

Monday 1:00–3:00

Wednesday 10:00–12:00

Thursday 9:00–12:00

Friday 10:00–12:00

Or by appointment 303-320-1989

## A History

Written by an Empowerment Program participant

I would like to thank The Empowerment Program for giving me the chance to tell my story.

I was diagnosed with AIDS in 1993. As we all know, at this time no cure has been discovered. All I can say; get up and fight for your life. This illness does not sleep and always working night and day to get you down. But the fight is not over until a cure is found. Sometimes I cry, but it is okay, it does not mean I'm weak. I seek assistance to find a way to make me feel better and happy.

I am living proof that you can be a long-term survivor with this illness. It has been more than 20 years. Taking cocktail medication prescribed by my medical doctors is essential. I have to diligently take my medication every day. Sometimes I miss it, but the next day I will take them. We are only human to forget because of the side ef-

fects. It is important to be mindful if you don't feel well. I always call and talk to my doctor about how I am doing. Preventative medicine is the only way not to get sick further, when side-effects are at hand.

As a patient, I know when there is something wrong. I immediately call and make an appointment. I have to advocate for myself because no one knows you better than yourself. The previous cocktail medication (Crixivan) made me diabetic for the rest of my life since it runs in my blood. Meaning, my family has a genetic history of having diabetes during adulthood (Type II Diabetes). So in short I have to deal with an additional disabling disease on my plate. But this does not stop me from living my life the way I want it to be. I have lost close friends who have suffered from this disease. I have gained many friends at the same time. I lost friends and relatives because of this illness, who lack education regarding the HIV/AIDS epidemic.

Hope is a good thing. This is the only way I

hang on with my life and my future. I live my life to the fullest and thank God for giving me that opportunity. Taking it one day at a time. I am thankful that I have the chance to share my story. I hope that this gives an inspiration to the rest of the women out there. Please do not hesitate to ask for help. It's all up to you to stand up and be heard. Believe that you are not alone.

Take care and be well always.

I would like to end with a phrase I had read from a famous writer:

*"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen." – Elisabeth Kübler-Ross*

## Get to Know Your Provider

### Denver Health ID Clinic

The Center for Positive Health is located on the 5<sup>th</sup> floor of the Denver Public Health Building on 605 Bannock St and has been serving the HIV community for decades. The Center for Positive Health at Denver Health opened in 1982, and works with the Public Health Department to provide prevention services and care for individuals living with HIV and their partners.

The clinic offers many services for their patients including: Mental health treatment, dental services, pharmacy, social work services, women's care, and substance abuse counseling.

While also medically treating your HIV, the clinic employs specially trained Nora Helmus, a Licensed Clinical Social Worker, and Renee Maciel, a Certified Addiction Counselor III. These staff provide supportive services and substance abuse counseling.

The clinic is now offering same day appointments to those who call before noon on that day. Speak with your care manager if you would like a referral to The Center for Positive Health at DH!



### Upcoming WAP Events

#### Open to WAP Participants Only

Thanksgiving Dinner  
November 24 1:00–3:00

Christmas Party  
December 22 1:00–3:00

### Write for us!

We would love your submissions for future WAP Newsletter content! We are looking for poems, artwork, and content related to living with HIV and AIDS. Contact us for more information and to contribute:  
womenshealthproject@empowermentprogram.org



## Meet Your Team

### The Empowerment Program

1600 York Street  
Denver, CO 80206

Phone: 303-320-1989  
Fax: 303-320-3987

**Services for women.**

**www.empowermentp  
rogram.org**

### Staff Spotlight: Lori Boothe, MS, LPC, CACIII

Lori Boothe is has lived in Colorado since she was 8 years old. She graduated from Regis University in 2005 with a Master of Counseling and Psychology degree. She has worked in the field of addiction since 1997.

Lori loves fishing and cooking! She has been a part of the Woman's Health Project at The Empowerment Program for one year, and provides individual substance use and mental health therapy. She also oversees the acupuncture program. If you are interested in acupuncture or individual therapy, she will make time to see you.



Lori Boothe

## Nutrition Tips for People Living with HIV/ AIDS

For people living with HIV/AIDS, good nutrition must be part of the plan for living well. There are many reasons to eat healthy foods.

Eating a well- balanced diet can help you reach a healthy weight, strengthen your immune system, prevent infection, and reduce hospital stays. It also helps the body to build muscle, allows medications to work better, and enables you to handle the side effects of medications.

Benefits of healthy eating:

- Boosts immune system
- Increases energy



- Builds and maintains muscle
- Helps achieve and maintain a healthy weight
- Makes medications more effective
- Reduces risk of other chronic diseases, such as diabetes, heart disease and cancer

Eating enough healthy food each day can help you fight infection, and maintain your weight and energy level.

If your appetite changes, or you have symptoms like nausea, vomiting or diarrhea, it may become hard to eat. Be sure to let your medical provider know how you are feeling. Ask for a referral to a Registered Dietician to help.

Make healthy food choices! Best choices in each food group\*:

- Grains- Serving= 1oz or 1 sliced bread, ½ cup cooked cereal, grain or pasta, 1 cup cold cereal
- Vegetables- Serving= 1 cup raw or cooked vegetables, 2 cups raw leafy



greens

- Fruit- Serving = 1 cup fruit or 100% Juice, ½ cup dried fruit
- Oils & Fats- Serving= 1 teaspoon oil
- Milk- Serving = 1 cup milk or yogurt, 1.5 oz cheese
- Meat & Beans – Serving = 1 oz meat, poultry or fish, ¼ cup dried beans, 1 egg, 1 tablespoon nut butter

\* Cheung, P., et al. (2010). Eating Tips : A Nutrition Guide for People Living with HIV/ AIDS. New York State Department of Health.