



RED RIBBON TIMES

2020 Volume 7

The End of HIV Begins in Orlando

By Andres Acosta

We are lucky and privilege to live in a time where HIV is a chronic illness that doesn't equal the death sentence of yesteryear. Stigma in the United States continues to drop and while much work needs to be done, we must be grateful for the progress that has been done in the fight to end HIV in our Country.

Pre-exposure Prophylaxis has revolutionized the world of HIV prevention. One pill a day when taken as prescribed can significantly help reduced the risk of HIV infection. For most of the Western World PreP seems to be the answer to slowing down the HIV epidemic. However, HIV is a global issue, one that continues to decimate entire

communities in the developing and third world.

It is true that as things improve here in America they improve in the rest of the world. Those that are most at risk on

the World stage don't have the luxury of perspective and time to appreciate progress. Not while they continue to face the same death sentence that for the most part has become a thing of the past for us. So what is the hope for them? What is the hope for all of us to end the epidemic?



Scientists believe the hope for all of us lies in the form of a vaccine. HVTN or the HIV Vaccines Trial Network, a nonprofit dedicated to finding a vaccine for HIV is dedicated to help scientists find a vaccine for all of us. Vaccines have an outstanding track record virtually eliminating Smallpox and Polio worldwide. Vaccines are not only effective they are also the most cost effective of all treatment options making them perfect for low resource

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CENTRAL FLORIDA HIV PLANNING COUNCIL

STANDING COMMITTEES

Membership Committee

- This meeting is the first Tuesday of the month at 2:00 PM

Service Systems and Quality Committee

- This meeting is the first Thursday of the month at 10:00 AM

PR & Marketing Committee

- This meeting is the second Tuesday of the month at 10:30 AM

Needs Assessment and Planning Committee

- This meeting is on the second Thursday of the month at 2:00 PM

Executive Committee

- This meeting is the Thursday of the week before the Planning Council meeting at 2:00 PM

Planning Council

- This meeting is the last Wednesday of the month
- Meet-N-Greet (5:30 PM) & Meeting (6:00 PM)

Contact Planning Council Support for meeting locations or visit website

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RYAN WHITE PART A SERVICE PROVIDERS

AIDS Healthcare Foundation
407-204-7000
www.aidshealth.org

ASPIRE Health Partners
407-245-0014
www.aspirehealthpartners.com

Center for Multicultural Wellness and Prevention
407-648-9440 • www.cmwp.org

Dept. of Health in Lake County
352-771-5500
http://lake.floridahealth.gov/

Dept. of Health in Orange County
407-858-1437
http://orange.floridahealth.gov/

Dept. of Health in Osceola County
407-343-2030
http://osceola.floridahealth.gov/

Dept. of Health in Seminole County
407-665-3200
http://seminole.floridahealth.gov/

Heart of Florida United Way
407-835-0900 • www.hfuw.org

Hope and Help Center
407-645-2577
www.hopeandhelp.org

Miracle of Love
407-843-1760
www.miracleofloveinc.org

Orange County Medical Clinic Pharmacy
407-836-7160

Orange Blossom Family Health
407-428-5751 • www.hcch.org

Turning Point
407-740-5655
www.turningpointcfl.org

Part A Recipient's Office
2002-A E. Michigan Street
Orlando, FL 32805
407-836-7631

communities that are often disproportionately affected by the epidemic.

So where does Orlando come in? well due to the hard work of the Research team at Orlando Immunology Center. We are now one of only 24 cities conducting research on the newest HIV vaccine the only one currently on phase 3 trials. Phase 3 trials are the last phase of testing in medication before said medication is released to the market. The focus of Phase 3 trials is to ensure the efficacy of the vaccine after being found safe for use in humans in phase 2.

HVTN 706 OR BETTER KNOWN BY ITS COMMON NAME MOSAICO IS THE FIRST VACCINE TO TAKE INACTIVE PARTS OF THE DIFFERENT DOMINANT STRAINS OF THE HIV VIRUS IN ORDER TO CREATE A VACCINE FOR THE WORLD AND NOT JUST THE WESTERN WORLD.

With 1.8 million new infections worldwide in 2016, a vaccine would mean the prevention of infection for millions that cannot or do not have access to PreP. In fact if the vaccine is only 30% effective (efficacy) and only 20% of those at risk take it (coverage), this would still mean the prevention of 5.5million new diagnosis in the span of 15 years. That number goes up to 17 million if efficacy goes up to 50% and Coverage to 30%. 28 million if efficacy goes up to 70% and coverage to 40% (that is more people than Florida, Kansas and Alabama combined)

We are lucky to live in a country were treatment is life saving and lucky to live in a time where a cure is on the horizon. Our job as Central Florida is to set an example to the world by adhering to our medical treatments, distributing methods of prevention and responding to the epidemic in a manner that will help end it worldwide. What we do here at home can have a lasting impact in our world. PreP is a phenomenal start but a vaccine means an end to HIV for all of us and that is why the end of HIV begins in Orlando.



“Drop Us a Line...”

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1940 Cannery Way
Orlando, FL 32804
407-835-0900
CFHPC@hfuw.org



Connect with us on Facebook @
CentralFloridaHIVPlanningCouncil

<https://ryanwhitecfap.org/member-resources/integrated-hiv-prevention-care-plan/>

<http://centralfloridahivpc.com>

A REMEMBRANCE

By John VanCott

In the spring and summer of 1980 there were stories in the media of a pneumonia that that seemed to be infecting gay men. Large urban areas were reporting cases of a disease that would eventually be known as HIV. At the time it was AIDS.

I was preparing for what would be a six year gig with the Department of Defense Dependents Schools in Germany. There was no internet at the time, Stars and Stripes (the newspaper) was the news. We had one TV channel that the military operated. Of course, stories about AIDS were few and far between. But there would be occasional articles and magazines relaying the increasingly tragic stories.

IT WAS NOT UNTIL I RETURNED STATESIDE AND LIVING IN MY NEW HOME IN SAVANNAH, GEORGIA THAT I GOT AN UP CLOSE AND VERY PERSONAL VIEW OF AIDS.

First City Network (the LGBTQIA organization for the city) ran a phone line for information only...not for crisis intervention. However, a mother called asking if anyone would be able to help her with her son, Arnie.

Arnie had returned to his childhood home from his adult life in Washington, D.C. and was sick. She needed to work days and was hoping to find a volunteer to sit with Arnie. I was taking night classes at Georgia Southern so felt it was something I could do.

Initially, Arnie would sleep until 10 and then eat his favorite breakfast...scramble eggs and bacon. His appetite lasted about 2 months. He would sit in the living room and watch TV all day. Of course he was terribly depressed. One can only imagine...a hot looking desirable guy one day and now.... He never ventured outside unless we were driving to a doctor's appointment and then he would be wearing long sleeve shirts and jeans, even in a jacket for the cold office doctor visits.

About a month later he developed what he thought was an eye infection. After finding a doctor willing to see him he was told that there was nothing they could do...he would

eventually lose his sight. About three months later we were in the emergency waiting room waiting for an inhalation treatment. By now he was pretty ravaged. Carcinomas covered his body and his hair loss revealed a scarred and matted scalp. We didn't have to worry about finding a place to sit, we were given a wide berth wherever we went. The stares and pursed lips will live with forever...people scared... Arnie angry. I dreaded going out in public.

Eventually, Arnie was too sick to go out. He had stopped fighting the opportunistic diseases that became a part of his life and he no longer went to the doctors. He gave

up using a bed pan and I would change his diapers 4 or 5 times a day. Putting salve on his raw and bleeding anus will forever be the epitome of what AIDS meant to me...a cruel, ugly, painful, and humiliating end to a beautiful life.

Today we don't see the walking AIDS skeletons amongst us. We talk of HIV which can be controlled and managed. To the older readers you know what I'm talking about. To the young people please learn your history... many died so that we can now live with this disease.

GET in care

If you have HIV, make sure you get regular medical care and take your medicine to treat HIV the right way every day.

Today, you can live a longer, healthier life by being in medical care and on HIV treatment. Here's why it's important to get in care and stay in care.

TAKE CARE OF YOURSELF.

Getting medical care and staying on treatment will help you keep HIV under control and stay healthy for many years.

PROTECT OTHERS.

If you are living with HIV, staying on your HIV treatment not only keeps you healthy but also greatly lowers the chance of transmitting HIV to your partners.

YOU HAVE OPTIONS.

Your doctor can help you decide what HIV treatment options are best for you. See your doctor regularly and stay in care to live a longer and healthier life.

WHAT IF I DON'T HAVE INSURANCE?

There are programs to help pay for your care and treatment. If you don't have health insurance or if your health insurance doesn't cover the care you need, go to your local community clinic or campus health center to help you get into care.

Learn more about HIV treatment at
WWW.CDC.GOV/ACTAGAINSTAIDS



AWVRE (could be More) By Gabriella Rodriguez

In honor of Black History Month and National Black HIV/AIDS Awareness Day, IAMPVYNE and WE THE FUTURE movement hosted AWVRE, an annual HIV/AIDS awareness fundraiser. This year it was in collaboration with The Bros in Convo Initiative, Miracle of Love, Inc., and Talk Test Treat Central Florida, held at the Community Center 729. The evening featured a variety of artists, from spoken word to live artist creating pieces, models, poets, and speakers addressing topics such as HIV awareness, HIV stigma, and Undetectable = Untransmittable.

PVYNE introduced AWVRE 3 years ago, as a way to speak on the biggest pain experienced in his life. Losing his mother to HIV at the age of 16, Pvyne found a healing factor in expressing through writing music. Which eventually led him to be able to blend his passion with his career path, healing through creation. PVYNE is now focused on pushing his IAMPVYNE and WE THE FUTURE movements forward with his efforts set on teaching the world to embrace the pain and use it as a strength to build a prosperous future. AWVRE seeks

to build HIV awareness in sharing and communicating with one another, as a way to empower and find relatability. Proceeds from the AWVRE goes to supporting local HIV/AIDS awareness and prevention.

INITIATIVE LIKE AWRVE AND BROS OF CONVOS ARE IMPORTANT IN CONTINUING THE DIALOGUE TO ADDRESS AND BRING AWARENESS TO THE DISPROPORTIONATE IMPACTS ON COMMUNITIES OF COLOR IN THE SOUTH IN TERMS OF INCIDENCE, TREATMENT, AND OUTCOMES.

NBHAAD is a national HIV/AIDS awareness initiative to encourage Black communities to get educated, get tested, get involved and get treated. The 2020 theme - We're in this Together - was grounded in CDC's anti-stigma campaign: Let's Stop HIV Together. This year's theme enhances the focus on the repercussions of HIV stigma and

encourages Black communities to extend compassionate unity to those living with HIV and those who may be at risk.

While African Americans represent only 14 percent of the U.S. population, they account for almost half of all new HIV infections in the U.S. each year.

According to the Florida Department of Health In 2018, of the 9,513 persons living with HIV in Orange County, 39% identified as African American. Males represented more of the new HIV cases than females, of the 500 diagnosed, only 20% were female. Furthermore, the rate of Black women in Orlando living with HIV is 17 times that of white women.

A wide range of complex social and economic factors drive the HIV epidemic and place communities of color at greater risk, including poverty, lack of access to health care, higher rates of some sexually transmitted infections, smaller sexual networks, lack of awareness of HIV status, and stigma.

Much of the HIV prevention and intervention work for American has failed

to focus on the multifaceted nature of health and wellbeing for people of color. In much of the existing HIV work, the issues of race, gender, and socioeconomic status, are largely treated as discrete categories rather than interconnected issues.

“Intersectionality” the term coined by Kimberlé Crenshaw a Black feminist lawyer, is the understanding that our lived experiences are shaped by a variety of factors and social dynamics that operate collectively. By understanding the multiple identities we embody, we can better understand the positions of privilege and power that are held by others, and ourselves, and actively work to address equity and achieve liberation. Due to the complexity of our identities, it’s perfectly plausible and common for people to be privileged in some areas and oppressed in others.

We must begin to educate, acknowledge, reframe our mentality to acknowledge that people experience things differently and avoid the replication of exclusive and oppressive power structures within movements for liberation.

So, what are we doing about it?

On a local level, we are fighting stigma by continuing these conversations, through initiatives such as Ending the epidemic town halls/workshops, local Planning Council meetings and the numerous community outreach events that local organizations collaborate on in efforts to educate, empower uplift the community. As we continue conversations to further assist the communities we work in, with an aim at sustaining resilience, and a focus of uplifting communities voices, to get involved whether starting the conversation, asking questions, education, prevention, linked to care and living healthy together.

What Can you do?

Today, more tools than ever are available to prevent HIV and live well with HIV. Educate yourself and others on HIV and how HIV is spread. Get Tested and know your HIV status helps you choose options to stay healthy. Talk to your sexual partners, and practice. Learn about new HIV prevention medications, such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

If each of us commits to making positive changes in our families and communities, we can help end HIV stigma and work to stop HIV, together.



New in the World of PrEP

By Aaron Sanford-Wetherell

When Pre-exposure Prophylaxis (PrEP) was first approved by the Food and Drug Administration (FDA) in 2012, a new prevention option was added to prevent people from being diagnosed with HIV. This was the first time that a biomedical option was available to those that wanted to take the steps against a HIV infection.

Since 2012, PrEP has started to drop the infection rate in many areas of the county. PrEP is like any other prevention method and is most effective when used other methods like condoms, talking to your partners about their status, and committing to regular HIV and STI testing. PrEP must also be taken everyday by an HIV negative person to have the most effectiveness. PrEP is an intervention that must be prescribed by a medical provider.

Until 2012, Truvada was the only medication that was approved for PrEP. At the end of 2019, a new medication was approved by the FDA for PrEP. This medication is Discovy. Discovy was approved for use by those living with HIV as a part of their regimen in 2016. As soon as the medication was approved for that

use, research studies were started to check the effectiveness of Discovy as PrEP. The research study was done by multiple clinics throughout the country, including here in Central Florida at Orlando Immunology Center.

When Discovy was announced as approved in 2019, the FDA announced that Discovy for PrEP had only been approved for people that were assigned male at birth. Truvada had been approved for both males and females, so this announcement was a surprise to many. The research studies that had been done about Discovy for PrEP had not included people that had been assigned female at birth. Gilead, the manufacturer of both Truvada and Discovy, is working on plans to do a research study on Discovy for females, but no official announcement has been made by Gilead.

PrEP is available at multiple locations throughout Central Florida, but starting PrEP is a decision that needs to be made with a medical professional. PrEP is only effective at preventing an HIV infection and does not prevent against STIs or pregnancy.



Lost **in** Translation

By Carlos Xavier Diaz

Imagina llegar a un lugar nuevo para tratar de estabilizarse. Ahora, imagina que al lugar a donde te mudas, no conoces a nadie, se te ha obligado mudar por circunstancias ajenas a tu voluntad, no hablas el idioma y requieres de servicios especializados para la prevención de VIH. ¿Sabrías a dónde ir?

Uno de los más grandes retos que enfrenta una persona inmigrante Latinx es sobrepasar la barrera del lenguaje. Solo en la Florida Central en el 2010 19.98% de la población hablaba primordialmente español en sus rutinas diarias. Y como sabemos, en el 2010 no contábamos con los eventos políticos, sociales y atmosféricos que han obligado a miles de Latinx a mudarse a la Florida Central. Para tener una

perspectiva más amplia, solo después de el Huracán María, más de 100,000 puertorriqueños buscaron refugio en la florida central.

CUANDO HABLAMOS DE LA “BARRERA DEL LENGUAJE” QUE VIVE LA COMUNIDAD HISPANO HABLANTE, HABLAMOS MÁS ALLÁ DE SINTAXIS, TRADUCCIÓN DE PALABRAS U OTROS ASPECTOS LINGÜÍSTICOS RELACIONADOS A LA ORATORIA O ESCRITURA.

La “Barrera del Lenguaje” incluye otros aspectos de compatibilidad emocional que no podemos ignorar y que son esenciales a la hora de alcanzar a

individuos Latinx.

Mucho se habla hoy día de la competencia cultural y la importancia de programas diseñados alrededor de las necesidades Inter seccionales específicas. Pero tristemente, en la mayoría de los casos, se confunde la capacidad cultural con la traducción, terminando con panfletos traducidos fríamente al español o eventos gentrificantes o (tokenizing).

Nuestra comunidad difiere en muchas de las tradiciones impuestas en la cultura del alcance comunitario tradicional. La comunidad Hispano Hablante se caracteriza por su gentileza, pero a su vez por su interés por los eventos que reflejan alegría y emoción. El contacto visual, el tono de voz y hasta la música de fondo podrían

influenciar la decisión de si la persona se hace la prueba o no. Por otro lado, la cantidad de estigma en la que se vive en los países latinoamericanos es abarcadora, y por ende los servicios de salud, son detonantes para muchos de los individuos de Latinoamérica.

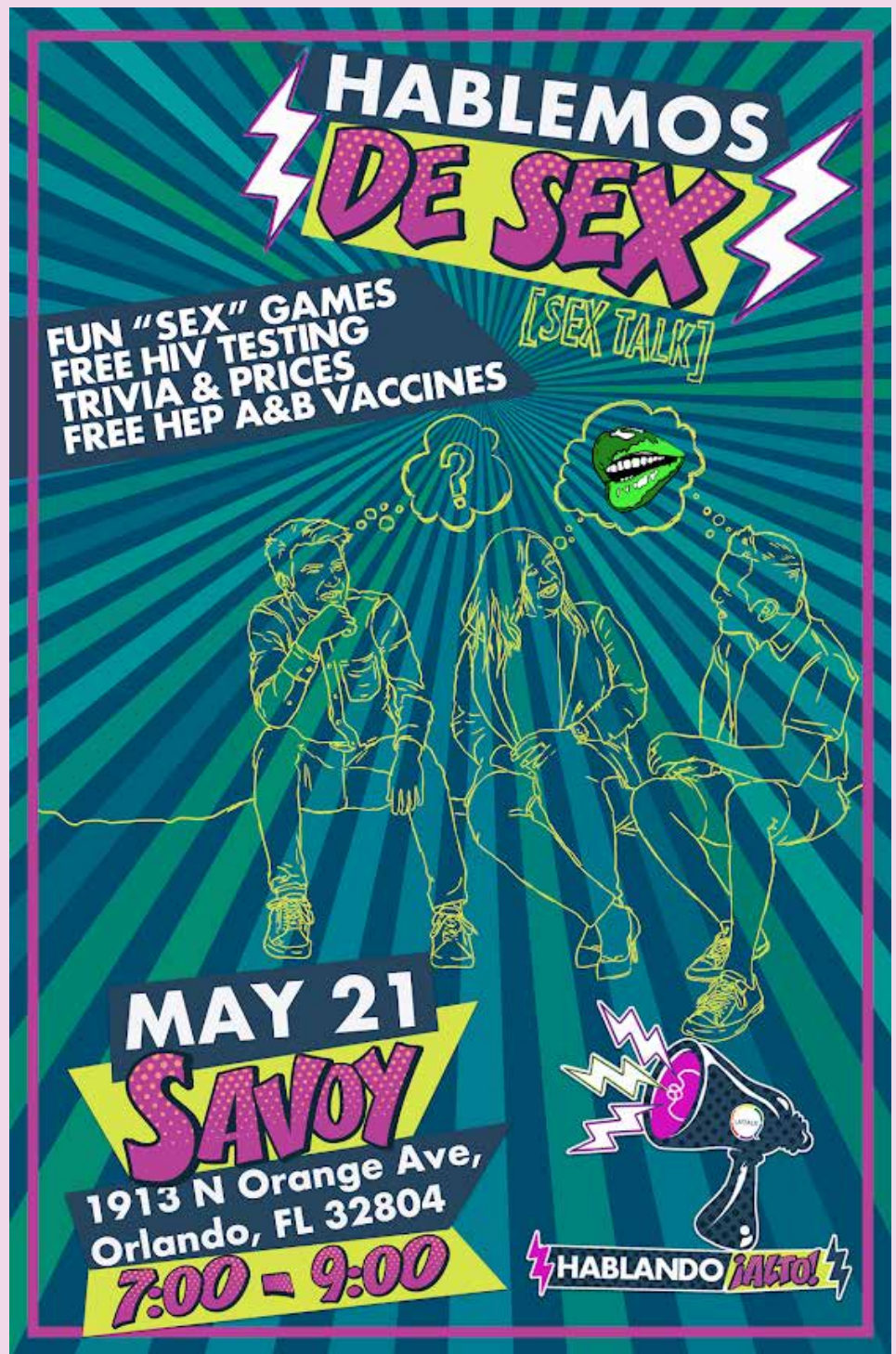
Voy a usarme como ejemplo, ya que no encuentro la mejor forma de explicarlo. Durante mis 27 años en Puerto Rico, no hubo una sola vez del que se me ofreciera hacerme la prueba del VIH. Si conocía lugares donde se conseguían condones gratuitos, porque amigos hablaban de ello entre bastidores y usaban la experiencia como broma. El VIH y la prevención era un tema inexistente no solo en la vida cotidiana familiar, sino también en la escena nocturna. La primera vez que me hice la prueba del VIH tenía 27 años y la única razón por la que lo hice fue porque la persona que veía hizo requerida la prueba de VIH antes de nuestra primera relación.

DICHO ESTO, MUCHO HA CAMBIADO DESDE ENTONCES. HOY ENCONTRAMOS MAS Y MAS ESFUERZOS PARA ALCANZAR LA COMUNIDAD LATINX EN LA ISLA Y EN LA FLORIDA CENTRAL.

Específicamente en Orlando, existe una cultura colaborativa que genuinamente sigue esforzándose en promover la prevención en español y otros idiomas. Programas como PrePare de Aspire Health Partners han sido diseñados para trabajar directamente con las comunidades más desaventajadas y en riesgo del contagio del VIH a su vez promueve la prevención del abuso de sustancias principal causante de decisiones riesgosas.

Sin embargo, los puertorriqueños y latinxs que se mudan hoy, siguen llegando con una perspectiva estigmatizada y que los aleja de todo los que no se parezca a su cultura.

Es un verdadero reto embarcar las conversaciones de prevención y cuidado en las comunidades donde ya



se sufre el pobre acceso a elementos básicos vitales.

Es por eso que soy fiel creyente de que mientras más especializada es la intervención que se hace mejores resultados se obtienen. Tenemos un futuro brillante y hermosos esfuerzos que cada día alcanzan más el epicentro de los problemas de accesibilidad y desigualdad. Por ende, sigamos pensando en aquellos aspectos y

características que influyen decisiones en aquellos individuos que no caen el "la norma". Dejemos a un lado la advocación al miedo del cambio, e incluyamos en nuestras estrategias de alcance nuevas perspectivas nuevas maneras de preguntar: Deseas hacerte la Prueba?

/'Māvən/noun. an expert or connoisseur



Mavens Leadership Collective

Changing the narrative on what it means to be at the table

Capacity building is a popular term in the nonprofit sector these days. It is a concept that is discussed at conferences, written about in journals, promoted by consultants and funded by foundations. But all too often Queer, Trans, People of Color are not at the table where decisions are being made. Race, color, and national origin intersect with sexual orientation and gender identity to create unique experiences of discrimination and also of community for LGBT people of color. More than one in three people in the United States identifies as a person of color—over

113 million people. A survey of adults conducted by Gallup found that 33% of adults who identify as lesbian, gay, bisexual, and/or transgender are people of color, and people of color are more likely than white people to identify as LGBT.

Given the data above it is startling that:

- 90 percent of nonprofit CEOs and board chairs are white.
- People of color comprise just 16 percent of nonprofit board members even though we represent 39 percent of our country's population.
- 30 percent of nonprofits don't have a

single person of color on their board.

- \$172.8M Record high for LGBTQ Funding
- 7% Funding for all LGBTQ People of Color
- 11% funding for capacity building

The leadership and governance of nonprofit organizations is not racially or ethnically reflective of the demographics of this country or the communities they're serving.

Rethinking The Non-Profit Industrial Complex

Since many of the non-profit organizations

in our area target their services to underserved communities which are often communities of color, it is imperative that the nonprofit sector address the practices and biases of those governing nonprofit organizations. Rather than focus on the perceived deficits of potential leaders of color, the sector should concentrate on educating nonprofit decision-makers on the issues of race equity and implicit bias accompanied by changes in action leading to measurable results. Ultimately creating and delivering better services for the communities they claim to serve.



Enter the Mavens

Corey Davis and Daniel Anzuetto founded The Maven Leadership Collective in 2016 and it is the only organization operating in Central Florida and South Florida that is singularly focused on closing the nonprofit racial leadership gap by developing pathways to leadership for queer and Trans people of color and allies while helping community organizations become structurally and systemically diverse, equitable, and inclusive.

Utilizing a “Learn, Play, Share” based model where leaders engage in six monthly learning sessions that focus on five competencies of capacity, synthesis, wellness, cultural fluency and resilience. Mavens meet monthly to learn from experts and each other, then create and lead community dialogues, financial literacy workshops, and wellness initiatives, attend an out-of-state conference and create one of their own.

Borrowing a quote from Shirley Chisholm, the first African American woman to be elected to Congress in 1968, Davis said,

“OURS IS A VERY SIMPLE PREMISE. ‘IF THEY DON’T GIVE YOU A SEAT AT THE TABLE, BRING A FOLDING CHAIR.’ IN 2020, WE STILL NEED MORE FOLDING CHAIRS.”

Since 2016 Maven Leadership collective has built a growing community of Mavens who improve the quality of life for more than 85,000 people across two regions.

They’ve evolved into an ideas lab and impact accelerator that harnesses the power of diversity to make social impact organizations more sustainable.

Corey and Danny share what they have learned from working with these amazing social impact leaders at training across the country, and alumni are given an opportunity to share and further grow their ventures. Maven reaches an additional 500 people annually through its community programming that focuses on professional development and wellness.

Further increasing the reach of Maven are the graduates from their cohort program who implement the tools learned in their time with Corey and Danny to create new initiatives and change the way nonprofits serve communities of color. Their two Orlando cohorts have Mavens that have founded Peer Support Space and Bros in Convo Initiative. Furthermore other Mavens work hard to create positive change in the following organizations: Heart Of Florida United Way, The LGBT+ Center, Aspire Health Partners, Miracle Of Love, Walt Disney World, Florida Immigrant Coalition, Movement Voter Project, Bliss, Qlatinx, and The Central Florida HIV Planning Council. Not to mention the media projects currently in development from members of the Cohort to increase visibility and representation for the LGBTQ+ Community. And that’s just the Orlando Cohort!

Keeping the Momentum Going

By 2050, More than Half of Americans will be POC

WE HAVE TO VALUE WOMXN, LGBTQ+, PEOPLE OF COLOR AND YOUNG LEADERS MORE. WE HAVE TO VALUE THEIR PERSPECTIVES AND UNDERSTANDING AND EXPERIENCE MORE.

We’ve got to put more value on folks that didn’t necessarily go to Ivy League schools. There are a lot of people out there with their community-based experience, with the educational experiences that they’ve had, their life and work experience who can bring enormous value to philanthropy because of their ability to connect with people in communities in need of services. The Maven Leadership Collective will continue to do its part, it’s up to the rest of us to continue fighting to see the change we want reflected on the organizations that serve us.

To learn more about what Maven and the impact FB and IG www.mavenleadership.org

Using HIV to cure Sickle Cell Anemia

By Keith Tremain

HIV- the Human Immunodeficiency Virus is the 8th deadliest pandemic in human history. Since being first identified in 1981, over 4 million deaths have been associated with the disease. The virus attacks

the immune system, slowly destroying the body from forming a defense against other diseases. In the United States, over 1 million people are infected by the disease, and although medications greatly increase the odds of survival, and people can even live normal, healthy lives, 16,350 People living with HIV died in 2017 alone.

SICKLE CELL ANEMIA, IN CONTRAST, IS A GENETIC DISORDER FOUND MAINLY IN AFRICAN AMERICAN POPULATIONS.

Those with the disorder have an abnormal protein in their red blood cells, changing the shape of the cell to a crescent shape (or a sickle). This shape change causes the blood cells to hook together, forming clots and decreasing oxygen supply to the body. The condition is extremely painful and in some cases life threatening. Currently an estimated 1 out of 13 African Americans are born with the trait, and 1 out of 365 have sickle cell anemia- or approximately 100,000 people (CDC January, 2020).

So in almost a perfect poetic science, scientists are experimenting using the virus envelope of HIV- the 8th deadliest epidemic in human history, to cure one of the most painful diseases. To explain this, we have to go into detail on the anatomy a virus. Simply put, a virus is a DNA (or in HIV's case, RNA) that is surrounded by proteins called an envelope. To infect humans, the virus presses into the cell, and injects the DNA (or RNA) into that cell. The body then mistakes the invading DNA/RNA as its own, and the cell makes more viruses.

Because we know that HIV is so infectious, scientists are using its envelope (removing the harmful RNA) as a tool to use gene therapies in the body. So, essentially, the same virus that has infected millions and killed many more is now being used as a tool to improve life by curing a genetic disease. And although research is still pending, it is promising. Lynndrick Holmes, 29, of Mobile Alabama was declared cured of Sickle Cell Anemia in September of 2019.



// It's not about trust.
It's about loving
yourself and loving
each other. Being in
a relationship doesn't
make us immune to HIV.
Get tested together. //

– Shellita and Shawn

WE'RE DOING IT

Testing for **HIV**

#DoingIt

Testing is Fast, Free, and Confidential | cdc.gov/DoingIt





<http://centralfloridahivpc.com>



Can't wait for the next Red Ribbon Times? Us either! Stay connected for all the latest info on Facebook @ CentralFloridaHIVPlanningCouncil