

**A
COMMUNITY ADVISORY
BOARD NEWSLETTER
PUBLISHED BY:**

The Pediatric HIV/AIDS
Cohort Study (PHACS)
Community Advisory Board
(CAB)

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IN FOCUS

FROM OUR CAB CHAIRS

Stephanie, PHACS CAB Chair:

I want to thank everyone for trusting me to be your PHACS CAB Chair again. I enjoyed all the work we did together over the last two years, and I'm so excited for us to continue this work with Exzavia, our newly elected PHACS CAB Vice Chair. We will continue our efforts to collaborate with the PHACS research teams and working groups. Through these collaborations, we will give feedback that will keep improving PHACS for its participants and their families. I cannot wait to see everyone in person this fall to continue this great work!

Now to talk about the theme of this newsletter, resilience. I feel that there are a lot of moving parts to resilience. One very important part is support. Support systems, such as our CAB, can help someone develop their own resilience. Mental health, physical health, and well-being will greatly influence the level of difficulty a person may face throughout challenges in life. That does not mean that someone who is emotionally or physically strong does not go through tough situations. I believe it is support combined with mental and physical health that helps us bounce back.



Megan, Stephanie, and Claire at the Fall 2018 Network Meeting

Exzavia, PHACS CAB Vice Chair:



Exzavia, Broward Health Poster

It is such an honor and a privilege to serve as your PHACS CAB Vice Chair. I am a native Floridian from Fort Lauderdale, where I have resided all my life. I have worked for Children's Diagnostic and Treatment Center (CDTC) for over 18 years. I have had the privilege to wear many hats and grow with the communities we serve. As a Family Support Worker, I am able to provide support and empowerment to the CDTC families. Currently, I serve on the Board of Legal Aide of Broward County and Coast to Coast of South Florida. At CDTC, I am the Chair of the PHACS and International Maternal Adolescent AIDS Clinical Trials Network (IMPAACT) CABs. I am also furthering my education to earn my social work degree.

(Continued on [page 2](#))

FROM OUR CAB CHAIRS

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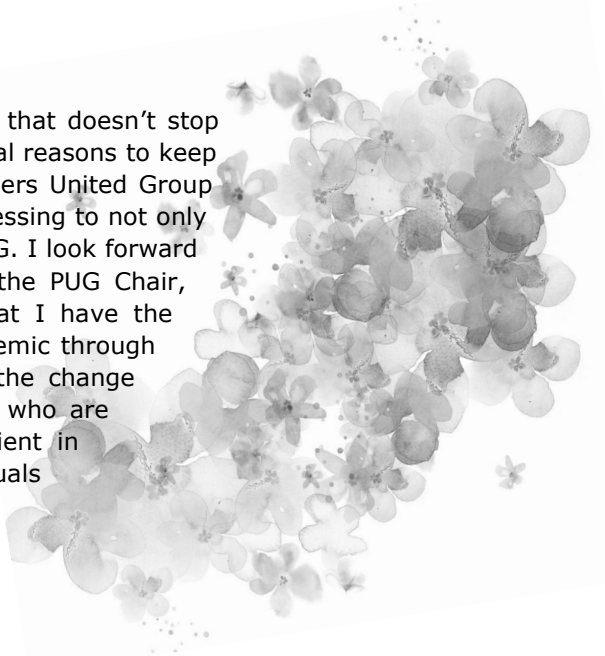
I have always shown that I am dependable and honest. I am someone who can be very resourceful because I have the willingness and determination to do my best. Sometimes, I feel as though I can carry the weight of the world on my shoulders because I really enjoy helping others. I like giving back wholeheartedly, and striving for the best possible outcomes. No task is too hard if you put in your best effort and show respect. I have always found it helpful to encourage others and to show them how to lead. Leadership is a quality that we all have within us. We can do great things within PHACS. As your CAB Vice Chair, it is an honor to represent us as one.

As a CAB member, I was given the opportunity to let my voice be heard and to accept who I am. Participating in the Surveillance Monitoring for ART Toxicities (SMARTT) study for my child has allowed me to grow in areas of my life that I never imagined were possible. I look forward to attending the CAB calls, participating in small groups within the Working Groups (WGs), listening and learning, and providing input to the PHACS network as a team. Together, we can make great things happen.

FROM OUR PUG VICE CHAIR

Enise, PUG Vice Chair

Hi, my name is Enise and I was born HIV positive. However, that doesn't stop me from living, dreaming, believing, and striving. I have several reasons to keep moving forward in dealing with HIV, and being part of the Peers United Group (PUG)/Young Adult CAB (YACAB) is one of them. It's such a blessing to not only be involved in PHACS, but to serve as the Vice Chair of the PUG. I look forward to collaborating on projects and leading the PUG alongside the PUG Chair, Latricia. It's great knowing that my voice is heard, and that I have the opportunity to learn something new about the HIV/AIDS epidemic through attending the PHACS Network Meetings. I'm inspired to be the change that I would like to see, whenever in the presence of those who are either dedicated to joining the fight to end HIV/AIDS, resilient in coping with the virus, or supportive in ensuring that individuals get the care that they need. Therefore, I am hopeful of the future, living for the future, dreaming of the future, believing in the future, and striving for the future.



WHAT IS RESILIENCE?

We asked the CAB to define what resilience means to them. The following quotes were submitted by CAB members:

“ Resilience means the ability to bounce back. Many caregivers have resilience because of what they go through in caring for others and the stress that is involved in caregiving. A caregiver has to have a lot of resilience during the process of taking care of someone. It takes lots of patience, resilience, dedication, and commitment to enhance the other person’s life. ”

“ Resilience is about doing your best. It helps to have support from others and to take things day by day. ”

“ Resilience is strength deep within yourself. ”

“ It is overcoming challenges and finding solutions. ”

“ Resilience means strength and never giving up. People who have resilience are true fighters. Resilience is getting knocked down, but getting back up each and every time! ”

“ It is coping with your setbacks and barriers. You grow stronger when you want something and have to go through obstacles and sacrifices to get it. It all comes from your emotions. ”



“ Resilience is possible with faith, support systems, and guidance. You have to have the determination to go on, succeed, and do as much as you can. That is my resilience. ”

“ To me, resilience is a way of overcoming struggles. Know that someone else may be able to gain resilience by hearing your story. ”

“ To me, resilience is strength that you did not know you had until it starts pushing through. Once you realize you have that strength, you’re already using it; you’re making it happen. Having the right people around you who understand your struggle is one way of realizing how strong you are. ”

“ Resilience is a term that acknowledges people’s strength to overcome adversity on a personal level. However, when we think about social matters and the things that make all of our lives more difficult, the resilience we have individually can become soured if we don’t work together to transform other aspects of life on a public level. To have a balanced perspective on the term, I would say yes, resilience should be recognized. However, we also need to work together to make change in social matters that impact everyone. ”

“ Resilience is acknowledging my strength during my toughest moments and not forgetting my worth. ”

“ It is about overcoming struggles such as drug addiction, and being able to come out of it doing better for yourself. It means to come out of a difficult situation and advocate for others who are struggling like you once were. ”

RESILIENCE INSPIRATION

"Life" is such a wide umbrella.
A word that covers many, many things.
Everyone's experience of it is different.
Sometimes, we need someone to put it into the words we
just don't understand that acknowledge our pain, and how
heavy life can feel.
Sometimes, we need to get put back together again
To be reminded of the ways we can get through this,
How we have overcome,
How life gives us hope.
Some "resilience" poems can serve as a reminder that we
are not alone.
There is still beauty to be had
Even if it's just in the form of a line of poetry!
So, I give to you
"The Rose That Grew From Concrete" by Tupac Shakur:

"Did you hear about the rose that grew
from a crack in the concrete?
Proving nature's laws wrong it learned 2 walk
without having feet
Funny it seems, but by keeping its dreams
it learned 2 breathe fresh air
Long live the rose that grew from concrete
when no one else even cared!"



Submitted by: Tracey

RESILIENCE

THROUGH

CAREGIVING

My name is Morten. I am Chairman of the BronxCare Community Board, and have been a member for thirteen years. I would like to write a few words about a word that we as a community rarely hear, and that word is "resilience."

Let me explain how resilience played a role in my life. I am a married man. During my marriage, I faced the hardest challenge of my life. My wife and I were married young. We were living a very happy and nice life. I was working two jobs, and at the time, there was nothing stopping us from reaching our goals. Then a dark cloud came over my house. My wife became very ill. She had a stroke. From that moment, my life as I knew it changed forever.

I lost my friend, someone I loved very much. She was funny and very caring. Now, she did not

die, but still never returned back to who she was. She had no speech and no movement. The doctor said she would never be the same.

"It's funny because I never knew I had the strength to overcome this event."

I cried until I couldn't think. I was knocked down with such force that my body couldn't even function. I was a brain dead man, but that's when my resilience kicked in. It's funny, because I never knew I had the

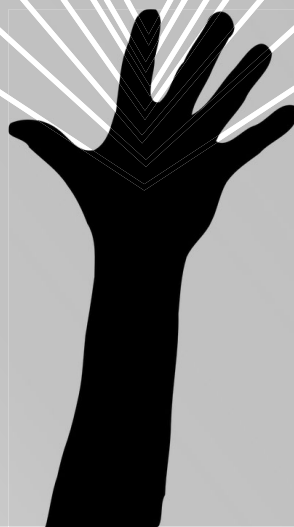
strength to overcome this event. I began to rise slowly. My resilience was lifting me up and keeping my depression at bay. I had to raise my two sons, and take them to see their mother at the hospital every day after work. It was so much for one person to bear. I worked with my sons to help them overcome the hurt they felt.

I am proud to say that I write this with tears in my eyes. It wasn't easy but both of my sons graduated. They both understand the situation and are now doing quite well. Without our resilience, we would not have made it. I would like to give thanks to everyone involved with the PHACS organization. Megan, thank you for inviting us to this forum. Bless all of you.

Submitted by: Morten

Hi V

Hi Vivian,
I will fight till I die
Hi Vivian,
I will cry and smile
Hi Vivi,
I will fly and touch the sky
Hi Viv,
I will beg for more time
Hi Vi,
I will hold my head high
Hi V,
I will claim my life
Hi,
I am saying goodbye



Submitted by: Enise

In My Own Words

I really dislike the term, "AIDS." If I had it my way, that term would be done away with like the dinosaurs. You may be thinking, "that's a very bold statement." Allow me to explain. I was born with HIV in 1981 and the term "AIDS" came later. In the 1980s, the HIV/AIDS epidemic was about to go global. So much was unknown about HIV, and it changed our entire world. Unfortunately, there are still things about HIV that the world has yet to learn, including its terminology.

HIV has various stages. If untreated, HIV can spread through the body, and in my opinion, it can be considered "Advanced HIV" when the HIV virus takes over and the T-cell count becomes very low. At this stage, it is sometimes referred to as Acquired Immunodeficiency Syndrome (AIDS). But for me, using the term "AIDS" doesn't make sense because it can make non-medical people think that people living with HIV are in a state of permanence in their condition. But in reality, viral load and CD4 counts can go up and down. At the same time, the frequent use of the terms "HIV" and "AIDS" has been part of the negative stigma that I am trying to combat.

To think of it another way, imagine if people talked about other conditions in the same way they talk about HIV. Imagine if people immediately equated other conditions with death? But HIV, like many other conditions, can be treated. Have you ever heard a joke about AIDS? I have, and I cringe every time. But I rarely hear jokes about other conditions, which seem to have moved beyond humor. I wish HIV had a similar status in society.

I have lived all of my life with HIV and I am still going strong. We know how to treat HIV before it gets worse. The permanence of the AIDS diagnosis, even if your health improves, has always felt pretty crappy to me. This is why I personally like using the term, "Advanced HIV" instead of "AIDS," in an effort to make the language less stigmatizing.

In my personal opinion, HIV is similar to many other conditions. Individuals living with other conditions might be fighting their butts off to stay alive. However, with HIV there is so much stigma regarding how people got HIV. Regardless of how someone acquired HIV, or any condition, people fighting for their life deserve to be treated with respect and admiration. It is

**"Regardless of
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treated with
respect and
admiration."**

difficult to carry the weight of a diagnosis with an unknown ending. People living with HIV, like those with other conditions, benefit greatly when they have a support system. After all, all people matter, right?

Submitted by: Andrew

MY RESILIENCE

Resilience to me means being able to adjust and bounce back from the stress of family problems, relationship problems, financial problems, and mental health issues.

My resilience has come out of a troubled childhood. I was abused at an early age. I began doing drugs. I was also abused at work, and had many troubled relationships. I always wanted to get help but was too afraid and embarrassed. My anxiety always took over and I backed out. It was even hard to trust those close to me. I always kept to myself.

I started healing seven years ago by continuing to listen to others' stories, talking about topics that related to me, and even sharing my own stories. At a conference in Washington, D.C. in June, I briefly spoke about myself to another

person who was going through similar issues. It was the first time that I ever spoke about anything. I was shaking nervously and was tongue twisted a little but, but when I was done, the applause they gave me was so heartwarming. Right then I realized that people were listening to me. I started feeling that this dark cloud that had been over me for so long was gone. My friends here at BronxCare looked after me and helped me out unconditionally. My children are also a reason why things had to get better because I am needed and loved by them.

Through my struggles in life, I have still managed to go to vocational school and get my certification as a General Office Clerk. I got my GED as well. The school I went to in Puerto Rico was 20 minutes up into the El

Yunque National Forest in El Verde, Rio Grande. The trees, scenery, and rivers were located all around the school. It was so beautiful and breathtaking. I also worked for the Red Cross and the Federal Emergency Management Agency (FEMA) as a translator, which helped me learn to read and write in Spanish more fluently.

I joined the CAB in 2011. After a few years into my participation with the CAB, I started opening up to one person (this year to be exact!). Now that I am feeling better, things are starting to look great again. I am stronger and more clear minded. My advice for others is to never stay quiet, call support helplines, and seek help from a friend or someone you trust.

Submitted by: Carol

If you or a loved one are a survivor of or are currently experiencing abuse, please call one of the helplines below:

National Sexual Assault Helpline: 1-800-656-HOPE (1-800-656-4673)

This is a national hotline that serves people affected by sexual violence. It automatically routes the caller to the nearest sexual assault service provider.

National Child Abuse Helpline: 1-800-422-4453

This hotline can provide the caller with local referrals for services. They also provide the caller with the option of calling or texting a counselor.

Stop It Now: 1-888-PREVENT (1-888-773-8368)

This is an informational hotline for victims and parents/relatives/friends of child sexual abuse.

National Domestic Violence Helpline: 1-800-799-SAFE (1-800-799-7233)

This hotline employs advocates who can provide direct service resources such as shelters, transportation, and casework assistance. They also do crisis intervention.

National Teen Dating Abuse Online Helpline (Love is Respect): 1-866-331-9474, Text LOVEIS to 22522

This helpline assists teens in abusive relationships.



DEFINING RESILIENCE

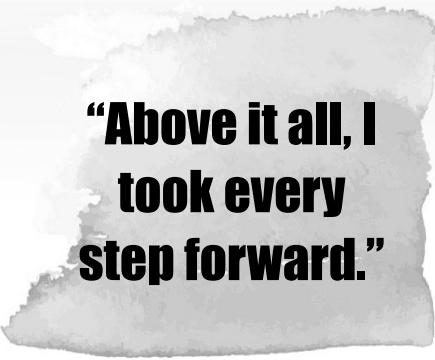
What does resilience mean to you?

-The strengthening capability of being able to collect yourself after a highly problematic or stressful occurrence gaining a positive outlook afterwards.

-Having an optimistic system within oneself that gives you the potential to bounce back from one or more distressing events.

Automatically upon learning the textbook definition of this elegant little word, I managed to create my own personal meaning in seconds. My meaning stems from past situations that had a habit of constantly knocking me off balance. These are memories I simply thought of as dreadful parts of my life history; ones that I wished not to revisit because of how much I strictly thought they only brought me pain. But in reality, they were actually significant chapters that built a resistance to a pessimistic

attitude. They made rolling with the punches easier to handle by myself.



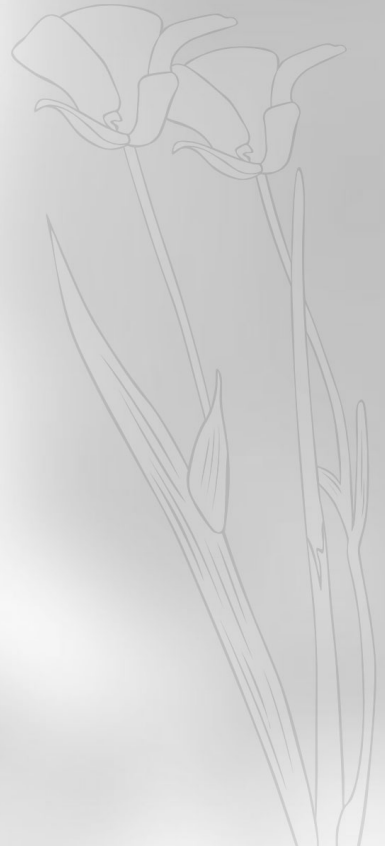
**“Above it all, I
took every
step forward.”**

These chapters specifically tell my tales of hospital stays and ongoing tiring treatment for an illness rare in my age group that has damaged me a couple of ways inside and outside of my body. It was definitely a difficult time for me to remain stable at first in the face of this highly unpredictable occurrence, especially since I was still a developing adolescent at age 14.

I was constantly finding myself unmotivated or lost in the beginning of the storm. I started to realize that a grey cloud was over my head 24/7. It was a pathway to a dead end, and if I gave in to the inner turmoil that plagued me, it would be too late to reverse the damage.

So, I began to allow myself a more hopeful perspective through every bump in the road, every unfortunate roll of the dice. Above it all, I took every step forward. This, as you can see, was the process of me conjuring up what I now know as resiliency. It was something I always overlooked or took for granted. Now I strive daily to promote this ability to hold so dearly to the wealth of my well-being.

Submitted by: Elva



WORDS FOR REFLECTION

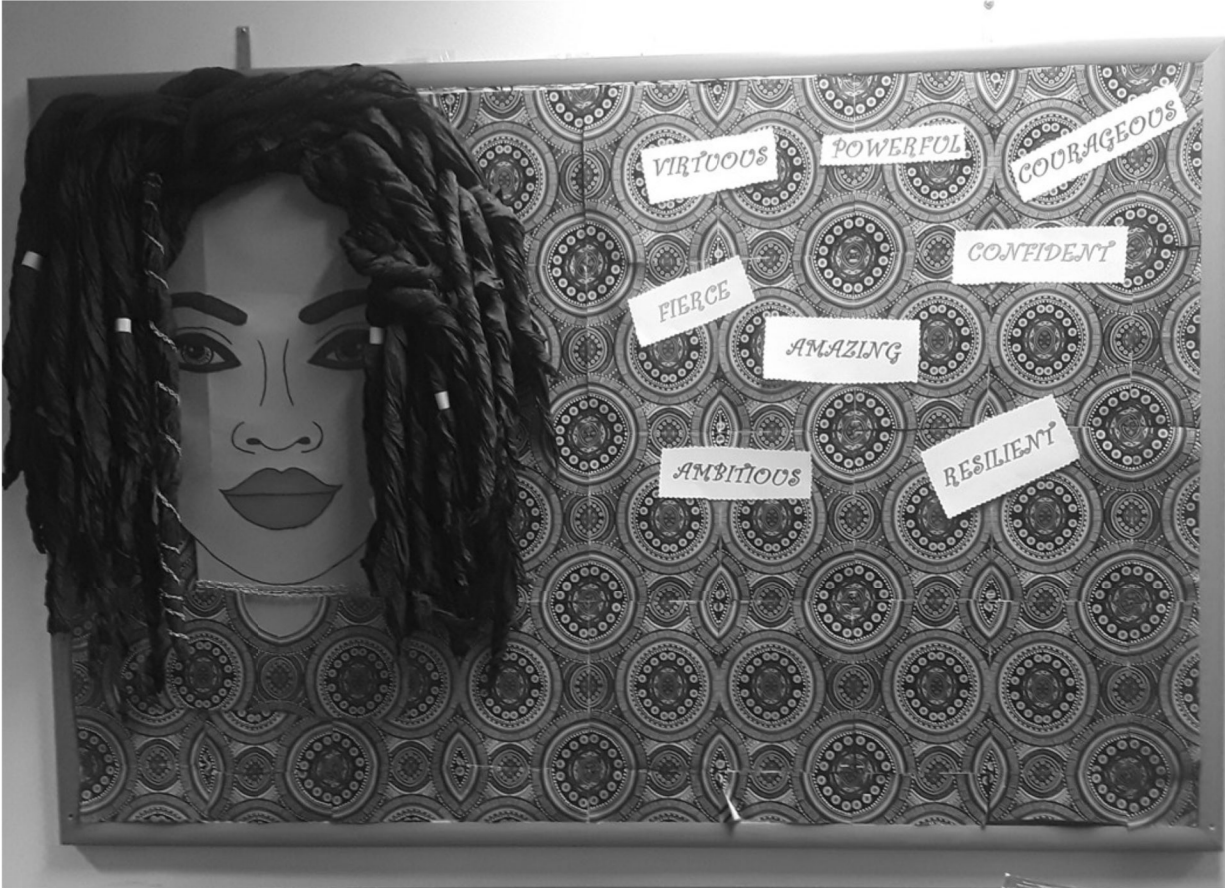


Photo submitted by: Exzavia

HAIKU



Determination
Spirit, strength, optimism
I am resilient.

Submitted by: Anonymous



Latonia posing with the "Strong Woman Award."

Latonia

My name is Latonia. I'm 46, and I'm a single parent of three kids. My oldest son is 30, my daughter is 17, and my youngest son is 7. I lost my mom two and a half years ago to Stage IV ovarian cancer. The year she passed, I got diagnosed with Stage I breast cancer. After that, I almost lost my leg due to blood clots and blocked arteries. After all of that, I had my breasts removed in May.

I have gone through a lot in my life, but I just do what I have to do as a parent to survive for myself and my kids. I find things to occupy my time so I won't think about the negative things. I do cooking on the side, I sell dinners, and I also joined the CAB program at the University of Chicago, Illinois with Ms. Renee, Ms. Alina, and Ms. Lourdes. I joined the CAB when I got diagnosed. The CAB and site staff have

helped me a lot over the years. Since joining the CAB, I'm currently undetectable.

I continue to be very active in our site CAB. Our site CAB meets every 2-3 months, and we have almost 10 members. Our CAB is continuing to grow.

I take notes during the PHACS CAB conference calls, and I review them with Ms. Renee, Ms. Alina, and Ms. Lourdes. I share my notes at our site CAB meetings. I love the CAB calls because sometimes I need those calls. A lot of people outside of PHACS don't understand our situation. They look at us with stigma and I don't like that. I like participating in the PHACS CAB to get more information to let others know that HIV isn't what you think it is.

I recently received the "Strong Woman Award" from my son's camp at the MOMS Enrichment Center. Through the center, I donate cases of water and snacks for the kids. I didn't even know I was going to get this award. It was given to me for overcoming adversity. I cried because I had never won anything before. I never thought people looked up to me.



Kate Powis, MD

I am thrilled to be partnering with the PHACS CAB and my co-Chairs of the Women's Health WG, Deb Kacanek and Lisa Haddad, to move the Women's Health research agenda forward. I am relatively new to PHACS. After being invited to present my Botswana-based research at the Fall 2016 Network Meeting, I was honored to be invited to join the Maternal Exposures WG.

My research in Botswana was about increased risk of preterm birth with a woman's use of protease inhibitor-based anti-retroviral drugs in pregnancy. The focus of the SMARTT cohort was

closely aligned with much of my global health research work. I had been focusing on improving health, growth and developmental outcomes of children born to women living with HIV. The opportunity to work with PHACS appealed to my research interests. It also appealed to my training as a pediatrician. However, I am not just a pediatrician. I completed joint training in Pediatrics and Adult Internal Medicine. I moved into a Global Women's Health Fellowship immediately after four years of residency training. This was a unique opportunity, which led me to Botswana in 2008. It fueled my interest,

commitment, and passion for ensuring that women living with HIV and their children have the best possible physical and mental health.

In 2008, Botswana was in the midst of a daunting HIV epidemic. At the time, 1 out of every 3 pregnant women in the country was living with HIV. We found that 1 in 4 adults ages 15-49 was living with HIV. Healthcare is free in Botswana. However, the national policy in 2008 only provided free lifetime antiretroviral drugs to people whose CD4 count was below 200. Pregnant women with higher CD4 counts could get 4-6 weeks of the ARV zidovudine prior to giving birth. They could also get a single dose of nevirapine during birth. The first study I worked on through Botswana - Harvard AIDS Institute Partnership was the Mma Bana study (translates in English to Mother Infant). This study changed health policy in Botswana and globally. We enrolled women who had CD4 counts higher than the national antiretroviral treatment threshold. The women were randomly put into research cohorts during pregnancy. Women in the cohorts started one of two triple antiretroviral treatments.

(Continued on page 13)



One was a protease inhibitor-based regimen. Both regimens were found to be equally effective in preventing babies from being born with HIV. While giving pregnant women living with HIV access to antiretroviral drugs may not seem new today, the Mma Bana study was one of a very small number of studies cited by the World Health Organization in 2010 to justify global policy change. This policy change promoted the use of triple antiretroviral treatment for all pregnant and breastfeeding women in places where babies given formula had an equally high death rate compared to the risk of the babies getting HIV. I had an opportunity to

interact with the Mma Bana women and children over a two-year period. I could see that a child's well-being and their ability to thrive is so incredibly linked with their mom's physical and mental health. I expanded my research to include cohorts in Kenya, South Africa, and Zambia. In all these countries, I found this fact to be a universal truth.

As a member of the PHACS Maternal Exposures WG, I became familiar with the studies within PHACS. I became very interested in the SMARTT study. The approach to monitoring safety of a baby's exposure to antiretroviral drugs and HIV in the womb was

clearly cutting edge. It was clear to me that women in the SMARTT study were so motivated to help their children thrive. Yet, we were not focusing solely on key women's health issues. In keeping with the collaborative spirit that is such an important part of the culture within PHACS, Deb Kacane, Jennifer Jao, and I drafted a vision of a women's health cohort in 2017.

This vision was informed by feedback from CAB members. It was embraced by the PHACS Scientific Leadership Group. The women's health research agenda is continuing to grow within PHACS. As of August 2018, a dedicated Women's Health WG was created. I find it heartwarming to listen to the discussions that take place in the WG each month between researchers and CAB members. There is a commitment within PHACS to use research to change policy. These policy changes improve the well-being of women living with HIV. Ultimately, this will help children who are born to women living with HIV to thrive. I am so grateful to work with such a talented and committed group of CAB members and researchers to make a difference.

RESEARCH COMMUNITY LIAISON

ON THE MOVE



Gena

My name is Gena. In April 2019, I was given the amazing opportunity to speak on a panel at the *Florida Community, Providers, and Researchers Conference* discussing HIV stigma and the intersection of HIV and substance use. As a nationally recognized HIV advocate with nearly two decades of experience, I have invested my time in community and educational efforts. I volunteer and speak at monthly events in an effort to keep the conversation moving in our community.

I am a member of the Leading

Women's Society, which is associated with [SisterLove, Inc.](#) This society is composed of women from all over the nation who have been trained to be advocates and are moving forward with a vision focused on helping eradicate the spread of HIV/AIDS.

I am also an active member/ambassador of the National Minority AIDS Council's (NMAC) initiative, Growing Leadership Opportunities for Women (GLOW). GLOW's mission is to provide a very comprehensive educational program that trains and prepares women who receive HIV services to become dynamic community engagers.

At the University of Miami Division of Pediatric Infectious Disease, under the leadership of Dr. Gwendolyn Scott, I am a Peer Educator and am also our research CAB's Community Liaison. One of my responsibilities in this role is to work closely with our research team in re-engaging maternal research participants into care, and offer community resources as needed.

Stephanie and Delia serve as our site CAB Chair and Co-Chair. They too are invested in local community advocacy efforts. Our CAB members are diverse,

unique, and represent our community. Their voices support research efforts to help end the epidemic. Most importantly, they continue to mentor me daily so that I may keep the conversation relevant within our research team.

Submitted by: Gena



Stephanie



Delia

HECC UPDATE

The Health Education and Communication Committee (HECC) has many exciting projects on the horizon!

The HECC is starting the next phase of the series of “choose-your-own-adventure” videos for PHACS young adult participants. The videos will model different skills for health literacy and transitioning to adult health care. The HECC and the Peers United Group (PUG) have been working together to finalize the script for the videos. As we mentioned in the last newsletter, we have identified a film production group in Boston that is eager to partner with us to produce these films. Once the film production group is on board, we will begin casting actors and filming. We hope to be nearing finalization on this project by early next year!

The first PHACS infographics are available on the PHACS website! This project was created in response to feedback from the sites and community members about the participant summaries that PHACS produces. CAB members suggested that we create additional materials to help communicate PHACS results to participants and their families in a more visual, simplistic, streamlined manner. The infographics combine PHACS results to help participants focus on

the big picture findings from different Working Groups (WGs). We worked with a graphic designer to create the first two infographics focusing on transitioning to adult health care and exposures during pregnancy from the Adolescent and Young Adult WG and the Maternal Exposures WG (see links on the right). The graphic designer has also created templates, which will allow PHACS to continue to reproduce the same infographic format for results from other WGs later on. The HECC is currently working with the other PHACS WGs to identify findings to be combined and presented in the next infographics.

Since the last newsletter, the HECC has distributed two editions of *Just the PHACS*, the email digest about all things PHACS. These digests include recent PHACS publications and news coverage, resources, and contributions from CAB and PUG members. The next edition will be released in October 2019.

The HECC is excited to continue discussions about person-first language at the Fall 2019 Network Meeting. The goal of person-first language is to use terms and phrases that are non-stigmatizing. The HECC, CAB, and PUG are working with researchers to plan a session to present different options for language and

acronyms that PHACS uses often, and to discuss the options together with members of the entire PHACS Network.

The PUG has been working closely with the HECC on its projects including the choose-your-own-adventure videos. Additionally, the PUG recently elected new PUG Chair, Latricia, and Vice Chair, Enise. Finally, the PUG is working with the HECC on planning for the Fall 2019 Network Meeting and PUG Retreat.

This summer, six young adult PHACS study participants attended the annual One Love Campference near Boston, Massachusetts. Part conference and part camp, this annual gathering offers young people living with HIV the chance to spend time together in a fun and educational way. This year's One Love Campference took place from July 25th – 28th.

We look forward to working with the CAB and the PUG on these exciting HECC projects. CAB and PUG members, thank you for everything you do for the community and for PHACS. We cannot express enough how these incredible projects would not be possible without the contributions from all of you!

Submitted by: Claire and Megan

HECC LINKS

Transitioning to Adulthood Infographic

ARV Safety During Pregnancy Infographic

Just the PHACS Quarterly Email Digests

HECC Resources

GLOSSARY



Arm: The treatment or placebo group in a clinical trial may be referred to as an “arm” of the study. Also known as a “study arm.”

Data: Information, especially facts, numbers, or information about a person, collected within a protocol for examination and consideration.

Endpoint: A measurable change in the condition of a person in a clinical trial that is used to determine whether a therapy is effective. For example, a laboratory endpoint refers to something that can be measured by a blood test (such as a viral load).

Network: A group of clinical research sites brought together to conduct a single or multiple studies.

Participant: A volunteer enrolled in a research study.

Trigger: A clinical or laboratory result that falls outside a predetermined acceptable limit. This result is said to “trigger” additional testing.

WORD SEARCH

Find the glossary terms (above) in the word search below!
(Answer key on page 19)

AAGTRRNNRERRAGNITARP
EOGTTRNETPEINGRDPEDIA
ICERKTIETDKITTDTGRRA
DIPRGCTDTECENERGPTIA
OEAAATROAAWPIKAITOEAT
TGOANICEIIOKARMIAADAA
WKKIRT TNEPARTICIPANT
APRAKTEDDATAKAERTINO
KANIEEPNWRDNNIPIMTPD
RNIGRRETMTRTRTAITGTT

RESOURCES

[SisterLove, Inc](#)

[We Are Family—Greater Than AIDS](#)

[Let's Stop HIV Together, "we all have a role to play in stopping HIV stigma"](#)

[National Black Leadership Commission on AIDS, Inc. \(NBLCA\): Programs](#)

[Positive Women's Network: #PWN Speaks: A blog by and for women living with HIV](#)

[Positive Women's Network: Five Things Media Makers Can Do NOW to Stand Up to HIV Stigma](#)

UPCOMING EVENTS



September 5-8: The United States Conference on AIDS (USCA) 2019

September 18: National HIV/AIDS and Aging Awareness Day

September 18: PHACS 2019 Fall CAB Retreat

September 19-20: PHACS 2019 Fall Network Meeting

September 21: PHACS 2019 Fall Peers United Group (PUG) Retreat

September 27: National Gay Men's HIV/AIDS Awareness Day

October 15: National Latinx AIDS Awareness Day

November 2-6: American Public Health Association (APHA) Annual Meeting

December 1: World AIDS Day

CAB KIDS!

Look at the pairs of pictures below and find the difference in each picture.

(Answer key on page 19)

1

A



1

B



3

A



3

B



2

A



2

B



4

A



4

B



MEAT MARINADE

This is my method for how to marinate meat for three days. Please note that there is no set ingredient list for this method—the amounts are up to you!

1. Start by using a large bowl and make sure it has a secure cover. Use plastic wrap if the bowl does not have a cover.
2. Chop onions.
3. Mince garlic.
4. Pour the onions, garlic, some Italian dressing (as much as you'd like), and a glass of red wine into the bowl.
5. Add the meat to the bowl, cover, and marinate for three days in the refrigerator.
6. After three days, cook the meat in the oven at 350 degrees for four hours (depending on the size of the meat it may require more or less time).



Submitted by: Delia

CAB KIDS KEY

WORD SEARCH KEY



- 1A: The donut hole is much larger.
 2B: There is a pink flower on the plant.
 3A: There is an extra spot on the ladybug.
 4A: The second flag is red.

AAGTRRNNRERRAGNITARP
 EOGTTRNETPEINGRDPEIA
 ICERKTITETDKITTDGRRRA
 DIPRGCTDTECENERGPTIA
 OEAATROAAWPIKAITOEAT
 TGOANICEIIOKARMIAADAA
 WKKIRTTNEPARTICIPANT
 APRAKTEDDATAKAERTINO
 KANIEEPNWRDNNIPIMTPD
 RNIGRRETMTRTRTAITGTT

Words:

Arm
 Data
 Endpoint
 Network
 Participant
 Trigger

Please send all questions, comments, and suggestions for the CAB Newsletter to Megan Reznick at MeganReznick@westat.com.