

# She will tell partner: 'I am HIV positive'

By Hazel Trice Edney  
Special to Sentinel-Voice  
The following is the second story of a two-part series on African-American women living with HIV/AIDS. Occasional follow-ups will occur.

WASHINGTON (NNPA) — Tanea (not her real name), is relieved. The woman who is HIV positive and afraid to tell her boyfriend, has just learned that he is not HIV positive. She asked him to take the test after he suffered respiratory problems that landed him in emergency doctor's care last week. The test came back negative, she says.

"I don't know what he thinks," she said in response to a reporter's question about whether he was suspicious of her request.

Without telling him her HIV status, she has been having unprotected sex with him for the past two years until recently when her conscience convinced her to stop. "I'm just so happy that his results came back negative. ...It's nothing but God, the reason that he's not."

Tanea says she will no longer have any sex — protected or unprotected — with Tim, not his real name either. But, she says she will still tell him the truth.

"I don't knooow," she drags her voice, dreading the very thought of the moment when she will eventually tell him about her HIV. "I'm afraid to tell him and guilty for not telling him."

Fear of possible violence is the main reason that she hasn't told him, says Tanea, who once spent time in prison for stabbing a man to death in self defense in a hotel room where she was pros-

tituting nearly 20 years ago. Meanwhile, the 37-year-old retail clerk, with a GED and one year of college toward a degree in physical therapy, is trying to live her life to the fullest as one of 81,349 African-American women living with HIV/AIDS, compared to 24,298 White women — a 70 percent difference.

Relationship experts say Tanea should tell him — even if they're not sexually active.

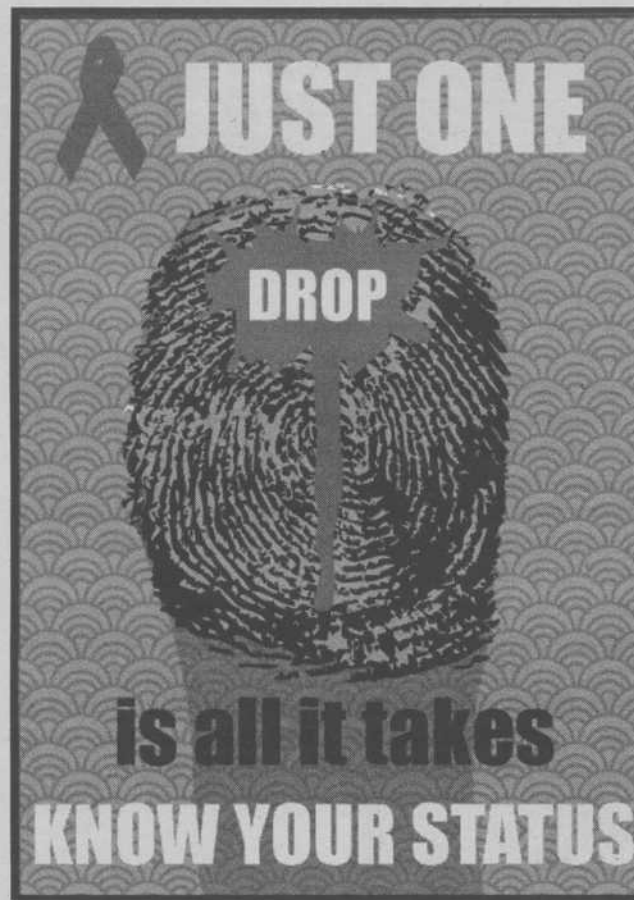
"The woman in this story is struggling with guilt and shame. These feelings are paralyzing her from disclosing her condition. But her partner's life is at risk," said Dr. Dan Collins, a psychologist and author of the book, "The Trauma Zone: Trusting God for Emotional Healing."

He said, "Keeping her partner in the dark about her condition is a serious form of betrayal. If she doesn't want to tell him because she is afraid of potential violence, she can make the disclosure in a public place, i.e. a restaurant or with a counselor."

Dr. Gail Wyatt, a sex therapist, psychiatrist and associate director of the UCLA AIDS Institute, says the threat of domestic violence is very real.

"The second most common issue related to all of this is that one in four women have a history of domestic violence and coercion in their partners. This is whether they are HIV positive or not," Wyatt said.

"And actually, what she's done is create more tension between them than she could have by telling him sooner... When men do this to women, we're the first ones to say



men are dogs."

Wyatt says inability to discuss sexual matters is common, but because of the deadly HIV/AIDS virus, couples should talk about their HIV status long before intimacy.

"The best way is to tell someone [is] when you think the relationship is moving to any kind of physical intimacy, including kissing. The reason for that is that you place that person in jeopardy," she said. "This is a conversation with your clothes on. This is not a conversation to have when you're getting ready to have sex. This is a conversation that now we have to train people to have."

Tanea was first diagnosed in 2003 and believes she got

it from a heroin-addicted man who she now thinks was secretly bisexual.

After suffering two bouts with pneumonia and losing 58 pounds because of the HIV-related illness, she had regained most of her weight and looked healthy in 2005 when she met Tim, a mechanic, who was a cocaine user.

A lifestyle of drugs, streets and carelessness took precedent over her health and his.

"I threw it to the back of my mind because, to be honest with you, I still wasn't ready to deal with the fact that I was HIV positive... Once I found out, I got to the point where I didn't want to live because I felt, well, I can't have a baby without

worrying about my baby getting infected; I can't have a husband unless he's going to love me knowing that I have it — and that's probably so rare that I'll never find it. Oh, I went through a whole rack of emotions," she said.

"I can say that I got mad at God. I got mad at the world and, more so, disappointed in myself. ...I didn't care enough about myself to be real cautious about the people that I was having sex with."

Statistically, Tanea, was at a greater risk of getting HIV than any male partner.

According to the Centers for Disease Control and Prevention, "A woman is twice as likely as a man to get HIV infection during vaginal sex because the lining of the vagina provides a large area of potential exposure to HIV-infected semen."

The CDC says women are especially at risk for HIV because they are typically afraid to say no to their partners about sex or to insist that their partners be abstinent, faithful and that they use a condom.

Putting women at greater risk are also the facts that "women may be caregivers for others and not feel they have the time to take care of themselves," according to the CDC.

With constant encouragement from her Christian mother, Tanea says she has come to a change in her mindset and has decided to strengthen her relationship with God.

"I recently started facing the fact that I can live with this disease," she said.

And by remaining consis-

tent in church, surrounding herself with positive people, making regular visits to her clinic — where she feels she is treated with dignity — she believes she is well on the way to doing the right thing by telling Tim the truth.

But, the question remains, when?

"That I don't have the answer to. I want to do it before the New Year. Somewhere between then and now. Because I figure if I do it before the New Year, it will actually be a new year for me."

With honesty, there is hope for the relationship, says Collins, the psychologist.

"One of the chief reasons for relationship failure is deceit. If the HIV doesn't kill the relationship, the dishonesty will. If, on the other hand, she musters the strength to speak the truth with compassion, she may find that what she feared the most might actually breathe new life into the relationship."

She has decided not to be fearful.

"I don't know what that is inside of me, but it just does not fit right. Anytime you're holding something from someone, especially something that serious, even though we're not having sex anymore, I would want him to be able to decide. You've gotta do what's right because your heart knows the right thing to do," she said.

"I don't have any expectation either way because I don't want to have an expectation and be disappointed. So, I just... I'll know when it happens. That's all I can tell you."

## Sharpton

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who alleged local authorities were prosecuting Blacks more harshly than Whites.

Sharpton and his lawyer, Michael Harding, said between eight and 10 Sharpton associates, employees and former employees — including one man who worked for him 12 years ago — have just received subpoenas asking them to produce documents related to the Sharpton's finances and those of his civil rights organization.

Neither Sharpton nor his spokesman, Charlie King, received a subpoena. Sharpton said he was cooperating with the probe.

Sharpton agreed in 2005 to repay the government \$100,000, plus interest, for taxpayer money he received during his failed effort to win the Democratic presidential nomination the year before, though he denied wrongdoing. The Federal Election Commission had determined that he spent more of his own money on the campaign than the qualifications for federal matching funds allow. In 1993, Sharpton pleaded guilty to not filing a state income tax return in 1986.

## New risk-detector for breast cancer

By Tashira Walker  
Special to Sentinel-Voice  
WASHINGTON (NNPA)

African-American women can now know with greater certainty whether they are at risk for invasive breast cancer. The National Cancer Institute says its new CARE Model is a way to predict absolute risk in Black women.

"The CARE Model will provide better counseling; it allows African-American women to better understand their risks and make better decisions for treatment. It also shows those who are eligible to participate in studies for breast cancer prevention agencies," said Dr. Mitchell Gail, lead author of the

CARE study and chief of the Biostatistics Branch at the institute.

CARE, which stands for Contraceptive and Reproductive Experience, is especially able to project risks in women ages 50-79.

Earlier risk detectors have been primarily for White women.

"Absolute risk," as described by Dr. Gail, is the certain set of risk factors a woman has for developing breast cancer, including heredity.

The CARE Model provides the answer to a woman wanting to know what her chances of developing breast cancer are.

Because of inaccurate

projections of earlier models, African-American women could receive underestimates of their risk; causing them not to receive the appropriate counseling and risk prevention.

The new model is based on stringent research, according to the institute representatives.

In order to create the new model, about 1,600 African-American women with invasive breast cancer and over 1,600 African-American women of similar ages without breast cancer participated in a study to provide substantial information needed in understanding how to project their specific risks.

The data collected from

this study were: ages at first menstrual period, the number of immediate relatives with breast cancer, and the number of previous benign breast biopsy examinations.

Next, data from over 14,000 African-American women between ages 50 and 79 with no history of breast cancer was compared to the findings of the CARE study.

The findings resulted in an estimate of the number of women who would be expected to develop invasive breast cancer — 323.

More information about the CARE Model will be available on the National Cancer Institute website in the spring of 2008, www.healthcentral.com.