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CDC UPDATE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NCHSTP National Center for HIV, STD & TB PREVENTION

June 1998

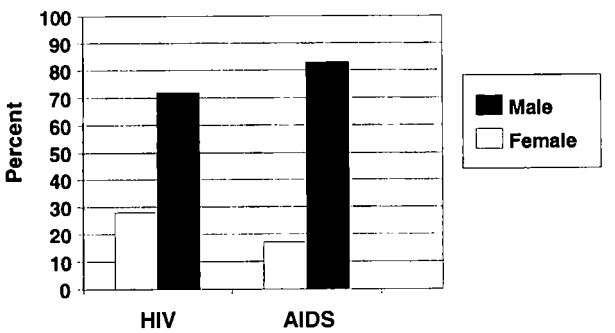
Critical Need to Pay Attention to HIV Prevention for Women: Minority and Young Women Bear Greatest Burden

CDC estimates that, in the United States, between 120,000 and 160,000 adult and adolescent females are living with HIV infection. In just over a decade, the proportion of all AIDS cases reported among adult and adolescent women nearly tripled, from 7% in 1985 to 22% in 1997. HIV/AIDS was the fourth leading cause of death among U.S. women aged 25-44 in 1996 (the most recent year for which complete death information is available), and the leading cause of death among African-American women in this same age group. Today, AIDS-related deaths among women are decreasing, largely as a result of recent advances in HIV treatment. However, AIDS deaths among women are not declining as rapidly as AIDS-related deaths among men.

Further, HIV data from a recent CDC study comparing HIV and AIDS diagnoses in 25 states* with integrated reporting systems showed that a substantial number of women were newly diagnosed with HIV in these states. Between 1995 and 1996, there was a 3% increase in initial HIV diagnoses among women, while HIV diagnoses declined 3% among men during this same period.

Comparing HIV to AIDS diagnoses in these states provides a clearer picture of recent shifts in the epidemic, with a larger percentage of HIV than AIDS cases diagnosed among women, especially women of color. During the period from January 1994 through June 1997, women represented just 17% of all AIDS diagnoses, but 28% of all HIV diagnoses. Young people (ages 13 to 24) also accounted for a much greater proportion of HIV than AIDS diagnoses (14% versus 3%), and nearly half of the HIV diagnoses in that age group were among young women.

Reported Cases of HIV Infection vs. Reported AIDS Cases Among Adults & Adolescents, 25 U.S. States*, January 1994-June1997



* Alabama, Arizona, Arkansas, Colorado, Idaho, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, Wyoming

Epidemic Among Women Spreading Fastest Among Minorities

Over the past decade, the epidemic has increased most dramatically among women of color. Prior to the impact of new combination drug therapies to treat HIV infection, AIDS incidence was increasing at rates of 15% to 30% each year among African-American and Hispanic women. **African-American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (76%) of AIDS cases reported to date among women in our country.**

Most women with AIDS were infected through heterosexual exposure to HIV, followed by injection drug use. In addition to the direct risks associated with drug use (sharing needles), drug use also is fueling the heterosexual spread of the epidemic. A large proportion of women infected heterosexually were infected through sex with an injection drug user. Reducing the toll of the epidemic among women will require efforts to combat substance abuse, in addition to reducing HIV risk behaviors.

Female adolescents and young adult women under the age of 25 are at higher risk for HIV/STD infection than older women. This increased risk is likely due to their greater tendency to have multiple sex partners, to engage in risky behaviors, or to be unable to negotiate safer sexual practices with partners.

Young and minority women are also disproportionately affected by other STDs – gonorrhea, syphilis, and chlamydia, for example – that make women at least 2-5 times more vulnerable to HIV infection. Improved STD treatment will be a critical strategy for slowing the heterosexual spread of HIV.

Building Better Prevention Programs for Women

Even if women know how to protect themselves from HIV infection, awareness of the facts must be coupled with the skills and support needed to change behavior. CDC works with states and communities to provide the information and tools needed to design and implement effective local prevention programs for women. To guide prevention activities, CDC works to provide the best available science in the areas of monitoring the epidemic, conducting and disseminating the findings from research, and evaluating what works. As part of this process, CDC conducts an ongoing research synthesis process that seeks to identify the most recent and relevant scientific findings from around the world, both published and unpublished, and make them available to prevention program planners. CDC constantly combs the scientific literature, reviews domestic and international scientific databases, and speaks with colleagues around the world to identify effective interventions for all populations at risk, including women.

Continuing progress is needed in the following areas to slow the HIV epidemic among U.S. women:

- ***Pay attention to prevention for women!*** The AIDS epidemic is far from over. Data from states that have integrated confidential HIV and AIDS case reporting show that a larger proportion of women are reported with HIV than are reported with AIDS. Scientists believe that cases of HIV infection reported among 13- to 24-year-olds are indicative of overall trends in HIV incidence (the number of new infections in a given time period, usually a year) because this age group has more recently initiated high-risk behaviors – *and young women made up nearly half* (44%) of HIV cases in this age group.

- ***Implement programs that have been proven effective*** in changing risky behaviors among women and sustaining those changes over time, maintaining a focus on both the uninfected and infected populations of women. For example, CDC's Women and Infants Demonstration Project, a community-level behavioral intervention research project focusing on young women ages 15 to 34, most of whom are members of racial/ethnic minority populations, is designed to improve understanding of factors influencing women's behavior changes regarding condom and contraceptive use, as well as the development and delivery of interventions. Preliminary results are very promising in terms of increases in condom use among women in the treatment group compared with other communities.

- ***Develop effective female-controlled prevention methods and disseminate them widely.*** More options are urgently needed for women who are unwilling or unable to negotiate condom use with a male partner. CDC researchers are working with scientists worldwide to evaluate the effectiveness of female condoms in preventing HIV, as well as to develop effective topical microbicides that can kill HIV and the pathogens that cause STDs. As with any new tools for prevention, we must not only determine effectiveness, but also evaluate people's willingness and ability to use these methods.

- ***Increase emphasis on prevention and treatment services for young women and women of color.*** Many U.S. women reported with HIV or AIDS are unable to identify their risk for acquiring HIV infection, indicating that they may be unaware of their partners' risk factors. Knowledge about preventive behaviors **and awareness of the need to practice them** is critical for each and every generation of young women – prevention programs should be comprehensive and should include participation by parents as well as the educational system.

- ***Address the intersection of drug use and sexual HIV transmission.*** Women are at risk of acquiring HIV sexually from a partner who injects drugs and from sharing needles themselves. Additionally, women who use noninjection drugs (e.g., "crack" cocaine) are at greater risk of acquiring HIV sexually, especially if they trade sex for drugs or money.

- ***Better integrate prevention and treatment services*** for women across the board, including the prevention and treatment of other STDs and substance abuse and access to antiretroviral therapy.

- ***Make medical and behavioral solutions work together.*** Medical advances can't work by themselves – women first need access to them, then they need the skills and support to use them. While behavioral interventions can help uninfected women stay that way, they also can work with medical treatments to help infected women stay healthier and keep from infecting others.

- ***Preventing HIV infection is by far the best strategy.*** Preventing infections saves lives, eliminates the need for complex and sometimes debilitating therapies, and saves a great deal of money that would otherwise be spent on medical treatment. But, linking women with care and prevention services as soon as possible after infection has occurred is also an important goal, both to protect their own health and that of their sex partners and children.

Women Surviving AIDS

IN 1992 GLAMOUR PROFILED 28 HIV-POSITIVE WOMEN WHO USED THEIR NAMES AND FACES TO ELEVATE AWARENESS ABOUT THE WAR ON AIDS. READ HERE HOW THE 11 HEROIC SURVIVORS ARE DEALING WITH THEIR COMMUTED DEATH SENTENCES AND COPING WITH THE GUILT, DREAD AND NEW HOPE OF BEING BROUGHT BACK TO LIFE. BY DAVID FRANCE

CASPER TRIMBALE. STYLIST: KAREN SCHUMAN. HAIR: RITA MARMOR FOR PRICE, INC.; RICHARD COOLEY FOR UTOPIA. JOHN OLIVARRIA FOR ARTISTS. CHUCK JENSON FOR MARK EDWARD; DINA KINION FOR MARK EDWARD; SAMANTHA FANTAUZZI FOR PRICE, INC. ALL CLOTHES: UNITED COLORS OF BENETTON.

On March 15, Denise Stokes and 50 of her friends did what none of them ever had dreamed possible: They celebrated her thirtieth birthday. The party was something of a miracle. Everybody expected Stokes would be dead long ago. Triumphantly, she is not.

Stokes was diagnosed with HIV in 1986, when she was a 17-year-old high school senior trying to enlist in the Army. (She believes she was infected when she was raped four years earlier.) At the time, the life expectancy for a typical AIDS patient was measured in months, and Stokes was crushed. Her doctor told her she could not expect to see her twenty-first birthday. "This was at the very beginning of AIDS," she says. "Nobody was living."

After being diagnosed, Stokes says, her mother threw her out of the house. Living for the next four years on the streets of Atlanta, she became addicted to drugs and alcohol. But Stokes—a beautiful woman with a brilliant smile who has since worked as a model and disc jockey—refused to just vanish. She fought hard to get sober and off the streets, and she began to remake herself as

"I believed I was going to survive, a

BASPER TRIBBLE. STYLIST: KAREN SCHUMAN. HAIR: [illegible] FOR PRICE, INC.; RICHARD COOLEY FOR UTOPIA; JOHN OLVARRIA FOR ARTISTS; CHUCK JENSON FOR MARK EDWARD; DINA KINON FOR MARK EDWARD; [illegible] FOR PRICE, INC. ALL CLOTHES: UNITED COLORS OF BENETTON.

Women off death row: Of the 28 HIV-positive women we featured seven years ago, 11 are surviving—and thriving. Standing, from left: Lisa Tiger, Vivian Torres, Pat Migliore, Sheila O'Neill, Denise Stokes. Sitting: Beatrice Kerr, Deirdre Ward. Not pictured: Jesse Chipps, Rebecca Denison, Penny Vehrs, Tammy Boccomino.

've, and now I know that I will live."

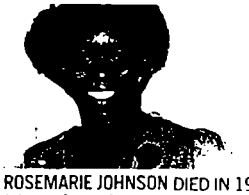
Rest in Peace

14 WOMEN IN THE ORIGINAL GLAMOUR ARTICLE LOST THEIR BATTLES. WE REMEMBER THEM.

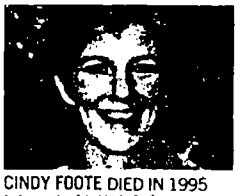
KAREN SOFIELD DIED IN 1994
She did advocacy work on behalf of women with AIDS in New Jersey.

WENDI ALEXIS MODESTE DIED IN 1994
Modeste challenged AIDS discrimination by bringing her hometown community health center to court.

BETH WEINSTEIN DIED IN 1996
She passed away shortly after the death of her husband, a hemophiliac who also had AIDS.



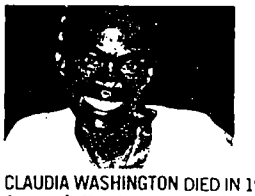
ROSEMARIE JOHNSON DIED IN 1993
Johnson is survived by her son, mother, two sisters and a brother.



CINDY FOOTE DIED IN 1995
Infected with HIV via intercourse, she was an AID Atlanta activist.

MICHELLE HELM DIED IN 1993
She worked as a speaker with the Northern Virginia AIDS Ministry.

BARB BARNHART DIED IN 1997
She was infected at just 16 and lived 17 years with the virus.



CLAUDIA WASHINGTON DIED IN 1992
A nurse in New Jersey, she got HIV from infected blood she was exposed to at work.

FRANKIE ALSTON DIED IN 1996
She was a poster woman for the Centers for Disease Control and Prevention's AIDS awareness campaign.

DAWN GROTA JOHNSON DIED IN 1993
She'd contracted HIV in 1981, when she received a blood transfusion.

Not Pictured

MAIR MURRAY Died in 1996. A mother of two daughters, she worked with an AIDS organization in Washington State.

THERESA DANNEMILLER Died in 1993. Dannemiller, the mother of daughter Autumn, was an AIDS educator in Maine.

KRISTA BLAKE Died in 1994. She got HIV from a lover who she said knew he had it.

CHRISTINA LEWIS Died in 1997. See sidebar, opposite page.

an eloquent prevention activist, speaking out in churches and schools across the nation. In November 1992, she joined a group of courageous women who broke the silence about women and AIDS in a powerful *Glamour* article.

Twenty-eight women were featured in that story. Seven years later, 14 have died and three are missing, having left their old jobs and homes without a trace. That leaves just 11 known survivors—women who, like Stokes, have stayed a step ahead of death, thanks largely to the tremendous advances in medicine over the past three years. Many of their lives appear normal. They're raising children, going back to school or work, and enjoying their love lives. But they are also battling the extreme emotional upheaval that confronts people who have been brought back from the brink of dying. "I've been through so many changes," says Stokes. "It's just amazing I'm still here."

"You barter with God... 'Please take me, don't

After 1992, Stokes became much sicker. Her viral count shot up to an alarming 750,000 per milliliter of blood, and her disease-fighting T-cells, the targets of HIV's terrible assault, dropped from a normal range of more than 600 to just 26. By 1996, Stokes appeared to be dying. She found herself in intensive care, battling an onslaught of infections, each one more painful than the last. After months of repeated hospitalizations, she was well enough to be released, but still extremely sick. One weary afternoon, she suffered a sudden drug reaction, sank to the sidewalk and urinated on herself helplessly. People simply stepped over her ravaged body, as if she were already dead.

That was then. Just over two years later, Stokes is the picture of health. The simple reason: She's taking a protease inhibitor, one of the powerful anti-HIV drugs that were approved just a few months before she was hospitalized. They have literally granted her a reprieve from death, one that even she, in her stubborn struggle for life, could not have dreamed possible.

The protease revolution has been remarkable. The earlier class of AIDS drugs, such as AZT, all work by trying to prevent HIV from infecting healthy cells; unfortunately, these drugs proved ineffective in long-term use. Protease inhibitors are different: They can keep HIV from reproducing by neutralizing a key enzyme, protease. When saquinavir, the first inhibitor, was paired with the earlier class of drugs in human trials in 1995, researchers were astonished by how effectively the combination reduced blood viral levels. (Scientists believe the earlier drugs keep most cells from becoming infected—while the protease inhibitors stop HIV from multiplying in cells it *has* invaded. Researchers speculate that the presence of both types of drug discourages HIV from learning to outsmart either one.) The FDA has since approved saquinavir and three other protease inhibitors—ritonavir, indinavir and nelfinavir; one more, amprenavir, is in the pipeline.

Within a few weeks of starting her new drug regimen, Stokes was "literally rescued from death," says her physician, Melody Palmore, M.D. "For the first time in my life, I could see the future," says Stokes. In a symbolic gesture, she planted apple

trees in her yard, knowing they wouldn't produce fruit for three years. "I'd always wanted to grow apples, but I never expected I'd live long enough to pick them. When I got well again, that all changed." This fall she will pick her first apples from those trees.

But that doesn't mean AIDS is behind her. She suffers many side effects from the drugs, including nausea, constant fatigue and "a real medicine feeling, like I've just swallowed four or five bottles of Tylenol. You can feel the battle in your body."

And fundamentally, she does not trust that her disease won't suddenly regain the upper hand in that fight. "People think you're alive, so you ought to be happy about it," she says. "But you struggle, you really do."

The 11 known survivors among those featured in *Glamour*'s earlier article on women with AIDS all seem to be doing remarkably well. Still, their survival rate is just 39 percent over seven years, less than is typical among HIV-positive men. Generally speaking, women with HIV are at a disadvantage, says Homayoon Farzadegan, Ph.D., an AIDS epidemiologist at Johns Hopkins School of Public Health in Baltimore, and an authority on the disease in women. Even today, he says, much of the AIDS drug research excludes women, leaving doctors unsure of how best to care for women with the disease. Also, according to a study Farzadegan presented last summer, women with HIV develop AIDS when their blood has half the virus level it takes to make men sick. Since treatment regimens have been based on men's viral levels, he says, "women usually start treatment much later and therefore tend not to live as long as men."

That may all be changing. For those women who have made it into the era of protease inhibitors—including these 11 survivors—the future seems as potentially promising as it is for men. In 1999, in fact, thanks to these new drugs, AIDS is no longer considered necessarily fatal. AIDS deaths in the United States have dropped by 70 percent in the past two years. And the number of opportunistic infections that have come to define the disease have declined by 60 percent since 1995, according to a study by Johns Hopkins researchers. Pneumonia cases are becoming rarer, and Kaposi's sarcoma, the once ubiquitous HIV-related skin cancer, is now almost unheard of.

You just keep saying, take my child.'"

In fact, progress in fighting the disease has been so great that some people are able to view their HIV infection as just another manageable, chronic disease, like diabetes.

"Here's the difference: I believed I was not going to survive, and now I know I will live," says Deirdre Ward, 38, who tested positive in 1984 after her then-boyfriend was diagnosed with HIV. She appeared healthy in the picture that accompanied our 1992 article, but over the course of the next three years, she suffered from a series of debilitating infec- *(continued on page 302)*

ONE WHO DIDN'T MAKE IT

GLAMOUR REMEMBERS CHRISTINA LEWIS' 28 WELL-LIVED YEARS.

Among the women who died since appearing in *Glamour*'s 1992 AIDS article is Christina Lewis, who didn't know she had HIV until she gave blood as a 21-year-old junior at the University of Southern Florida in Tampa. She had been infected by a man who date-raped her. "[An AIDS diagnosis] is not something you expect to say or hear, not in my peer group," Lewis told *Glamour* then.

Lewis left college for Washington, D.C., soon after she was diagnosed. She worked at the National Association of People with AIDS (NAPWA), first as the coordinator of the National Speakers Bureau and then in the public-policy division. "She was the quintessential workaholic," says Lisa Ragain, a friend and coworker. "Her work meant everything to her." NAPWA Executive Director A. Cornelius Baker recalls that Lewis "did not want her story to become, Oh, poor, innocent, virtuous Christina—she was raped." Her feeling was that "people living with HIV were struggling together to save their lives," he continues. "She was very much a part of that struggle."

But Lewis wasn't all work. Her brother Patrick, who lived with her in D.C., especially recalls the steak dinners they shared and the cat, Junior, that Christina loved looking after. "She wanted a normal life. She wanted someone to treat her like she was just another person, and that's what I tried to do."

Lewis' father remembers being amazed at how uncomplaining his daughter remained throughout her illness. "As I went through the process of seeing her deteriorate and knowing that she was going to die, I told myself maybe I could learn something," Gary Lewis says. "But it wasn't very far into it that I sort of gave up on that thought. I felt that she set a standard I couldn't live up to. Nor could anybody else."

Lewis went on a protease inhibitor when those drugs first came out, but her virus was too advanced for them to help. She was determined to spend as little time in the hospital as possible, and she died in her own home in January 1997. The next Christmas, her father and mother, Susan, received greeting cards from all over the world—from the many people Christina had touched through her work. "I wonder, had it not been for AIDS, what could she have done with that much drive?" her father said. "She managed to take a life that certainly had setbacks and do some pretty marvelous things." *—KATHLEEN HIRCE*

Surviving AIDS *Continued from page 267*

tions, including one that caused her to lose most of the sight in one eye. In the summer of 1995, however, Ward became one of the trial subjects testing the first protease inhibitor. Immediately, the amount of virus circulating in her system plunged to undetectable levels. Now, Ward actually believes she has a future; for one thing, she accepted a marriage proposal from her fiancé, Bob Moulinier, after a seven-year courtship. "No matter how much I was telling myself I was going to survive before, I really didn't believe it," she says. "Now with the protease drugs, it's a different ball game."

The protease inhibitors aren't helping everybody, though. As many as half the people taking them are not experiencing the optimal effect, according to a 1998 study from Johns Hopkins University. For some, the drugs simply stop working, a sign that their virus has mutated in order to elude the medications. In fact, recent research has shown that a "super" HIV strain—one that is impervious to any available drug—accounts for 20 to 28 percent of all new infections.

Even when the protease inhibitors are effective in lowering viral counts, they can cause such severe side effects—including crippling nausea, diarrhea and diabetes—that some people are forced to stop taking them. Kidney and liver problems are now commonplace; heart attacks have been reported among robust patients in their thirties. In addition, two thirds of all people taking protease inhibitors develop a disfiguring syndrome called lipodystrophy—the loss of body fat from the limbs and face coupled with the accumulation of fat deposits on the abdomen, breasts and upper back.

"Talk about unfair," says 46-year-old Pat Migliore, a former teacher with AIDS whom *Glamour* profiled seven years ago—and who developed the syndrome. "After putting up with all the rest of this, the least I could do is waste [away] a little—to a size 7, preferably."

"Just about everybody who takes these drugs is doing better clinically, but almost everyone has some of the side effects," explains Howard Grossman, M.D., one of the nation's leading AIDS doctors. "The question is, How much can they tolerate?" Despite all their promise, protease inhibitors are presenting many patients with a terrible new choice: suffer on them to help stave off death—or go off them and take your chances of dying.

I've spent basically a third of my life doing nothing but living with HIV," says 30-year-old Beatrice Kerr, an effervescent Virginian with a short, chic hairdo. Another survivor from the original group *Glamour* profiled, Kerr contracted HIV from her college boyfriend, Tad; they were diagnosed together when they were still in school in 1987. He died eight months later, and Kerr felt sure she would soon follow him. She dropped out of law school after just one year and waited for what she thought would be her inevitable decline. "I used to get this awful feeling in the pit of my stomach when I would have a minor illness," she says. "I thought it was the beginning of the end."

For a while, it looked as if her fears might be founded. Her T-cells dipped dangerously low, and the virus proliferated in her blood. In the middle of this, she married Chris, her HIV-positive "soulmate." They met in an AIDS support group in 1989 and happily said "I do" four years later. But instead of planning for their future, Kerr and her new husband prepared to drift quietly toward debilitation, then death. He put in for early retirement from the Marines, and she cut back the number of hours she worked at a Fredericksburg hospice. They wrote out their wills together and made arrangements for friends to adopt their dogs, Cally and Jezebel, and their cats, Lola, Phoebe and Bob.

Today, their lives are transformed. Both are healthier than ever since they were infected, thanks largely to their drug regimens. Chris is still a little shaken by the turnaround. "When I look back, I think we were maybe just a few months away from getting really very sick," he says. "The drugs came out just in time."

Says Kerr, "I know I won't live forever. But I don't panic anymore. I've come to a real peace with it. It's part of me."

But if the immediate threat of death is gone, so is all the time that they lost. They didn't complete their college educations or save any money. They never planned for anything but death. So their medical miracles caused some confusion about what to do with their lives. "When things started to change for the good, it was bittersweet, I have to say," Kerr admits. "People think it's very positive, and it is. But first you have to go through a period of, Oh my God, what now?"

Today, Kerr is cautiously resuming the

life she had put on hold. She has applied to graduate school in social work (Chris, meanwhile, is studying electrical engineering) and has increased her hours at work. And the couple is exploring parenthood. While they've been unable to find an adoption agency willing to place a child with them, they're still considering artificial insemination, in which case Chris' semen must be cleansed of the virus before fertilization to avoid reinfecting Kerr. Chris calls it a "sign of joy and relief" that their futures are bright enough to consider having a baby. "I'd be OK if it doesn't work out," says Kerr. "But I'm really glad we're able to try."

Two other survivors from our previous article have since become mothers. Lisa Tiger, 34, who tested positive in 1992, adopted five children, ages seven through 13. Rebecca Denison, 37, and her HIV-negative husband, Daniel Johnston, gave birth to healthy twin girls, Sophia and Sarah, three years ago.

"It was the hardest decision I ever made," says Denison, the founder and editor of *WORLD*, a monthly newsletter based in Oakland, California, for women with HIV. Although she initially thought it would be impossible to have children while HIV-positive, she changed her mind five years ago, when a study was published showing that transmission rates could be lowered to 8 percent if the woman takes AZT during pregnancy. (A subsequent study showed that the rate can be as low as 2 percent if the woman also delivers by cesarean section.) "There are people who say it's selfish, and it was—it was the most selfish thing that I've ever done," Denison says. "And it was the greatest and most wonderful thing I've ever done. It was the right decision. I really can't imagine living without them."

Kerr is not alone in finding her return to health "bittersweet." In fact, experts have noted acute levels of anxiety and depression—and even suicide—among AIDS patients rescued by protease inhibitors soon before their expected death. It seems paradoxical: Wouldn't a rational person welcome the chance to regain a healthy life? The answer is, not necessarily. "People get to certain stages dealing with illness," says Robert Remien, Ph.D., a clinical psychologist and researcher at the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute. "They plan for a foreshortened future. They sell their life insurance policies, spend credit cards to the hilt, expect to have X number of years left—which they have accepted. And then when you find yourself facing a much longer-term future, people are left with this feeling of, What do I do now? This can be almost as stressful as the illness itself."

Judith Rabkin, Ph.D., of the Columbia University College of Physicians and Surgeons in New York City estimates that tens of thousands of people with HIV suffer from this dramatic whipsaw effect. It has been dubbed the Lazarus Syndrome, after the Biblical figure whom Jesus snatched back from death. "I think a better way to describe it would be Odysseus Syndrome," Rabkin says, referring to the king in Greek mythology who wandered for 10 years after the Trojan War before finding his way home. "Like the Greek figure, people are returning to a life after this journey that has lasted more than a decade, only to find that the world they once knew is entirely changed. Their friends are dead. Their careers are in ruins. There is a lot to mourn."

In the picture we published of Tammy Boccomino seven years ago, she was posing along with her youngest son, Michael, then a five-year-old munchkin with an adorable smile. Boccomino, now a 37-year-old waitress, only learned she had HIV in 1987 when doctors tested her right after she had given birth to Michael. (She suspects that her drug-using ex-husband infected her.) Everybody else in the family was subsequently tested. Her husband Brian and their seven-year-old, Tony, were fine. Michael was not.

"You barter with God," she said back then. "You just keep saying, 'Please take me—don't take my child.'"

Michael battled the illness for years, taking as many as 20 medications a day. But it was no use. On October 19, 1995, with his family around him, Michael pointed toward a shadow on the periphery of the hospital room. "Mommy," he said, "I see the angels." Michael was eight when he died—"in the prime of his childhood," his mother says. Nearly 1,000 people attended his funeral.

It was just two months later that the first protease inhibitor won approval from the FDA. The drug saved Boccomino's life. But she's not bitter that they came too late to save Michael's. "His little body just gave out; it was fighting too long and too hard," Boccomino says. →

Surviving AIDS *Continued from page 302*

For the first two years after Michael's death, there were no holidays celebrated in his old house; on the anniversary of his death, Boccomino would call in sick to work and pop a sleeping pill to help her wobble through the pain. But about a year ago, she realized that in her grief, she had been short-changing her oldest son. Holidays were restored to the calendar in deference to Tony, who's now 13.

Boccomino then realized that she had been denying herself a life, too. So she confessed to her husband, Brian, that she wanted a divorce. "If I was going to live my life, I had to be happy," she says, "and I wasn't happy living with him.

"I can't be sad anymore," Boccomino continues, contemplating her new life. "I look at life differently now. I'm happy all the time, and completely goofy. I don't ever want to be sad like that again."

Denise Stokes could not agree more forcefully. "You've got to just look at the positives," she says. "That's what has kept me going all these years."

But Stokes is equally candid about the negatives. The drugs that saved her from near-death in 1996 also caused her to erupt in sores that left deep scars on her face—and a profound pit in her self-esteem. On top of that, Stokes has a mild case of lipodystrophy—her breasts and belly have grown out of proportion, no matter how many crunches she does. She had hoped to pursue a career in modeling, but now that dream seems dashed.

Sometimes these changes cause her incalculable despair; at other times, with effort, she accepts them. "I came through all of this intact, mentally and physically," she declares. "Behind all of this is a blessing and a hope." She now does strenuous six-mile walks twice a week and works out with a personal trainer. She still speaks out on AIDS-prevention issues—to schools, churches and even NFL teams. When her powerful message won President Clinton's attention, he appointed her to his HIV/AIDS advisory council.

Later this year, she is planning an ad campaign that would put her bikini-clad body on a huge poster promoting AIDS awareness. And she hopes to start an even larger project—writing a memoir—that will keep her busy into the next century. "If I die before I write my book," she declares good-naturedly, "my spirit will just haunt people. I'm serious!"

Go Shopping

TO FIND THE MERCHANDISE FEATURED ON THE EDITORIAL PAGES, CHECK BELOW FOR THE STORES NEAR YOU.

You, you, you! **Page: 57 NEW YORK INDUSTRIE dress; United Colors of Benetton pants; Banana Republic shoes. Laura Urbanatti shirt; Gym Grass skirt; cK Calvin Klein shoes.** ***Do Anything Better Guide*** **Page: 117: Kate's Paperie wallpaper,** Kate's Paperie for more information, call 212-633-0570. Apartment 48 wallpaper, Apartment 48 for more information, call 212-807-1391. **Skye Frame frames** Skye Frame, for more information, call 212-925-7856. **Page 118: Vassarette slip, $10** Kmart select stores. **Page 120: Waterware, Inc. shower curtain, $32** Urban Outfitters, nationwide. Waterworks hardware and sponge, Waterworks, NYC. ***Glamour Fashion Department*** **Page 224: bebe tank, $59** for more information, call 800-808-bebe. **Mary Jane Marcasiano pants, $104** DeJon's, Evansville, IN; Tallulah's Woodbury, NY. **Betsey Johnson camisole $98; skirt, $129** Betsey Johnson stores, nationwide. **Hype sandals, $60** Nordstrom, nationwide. **US BOYS shirt, $24** major department stores, nationwide. **Pauline pants, $130** Steven Allan Showroom, NYC. **Stuart Weitzman sandals, $180** Stuart Weitzman, NYC. **Ann Taylor dress, $88** Ann Taylor stores, nationwide. **Tommy Hilfiger Collection sandals, $175** Tommy Hilfiger, Beverly Hills. **bebe sweater, $129** for more information, call 800-808-bebe. **Cynthia Rowley pants, $170** Cynthia Rowley Boutiques, nationwide. **J.Crew tank, $18** available through catalog only, 800-562-0258. **cK Calvin Klein skirt, $150** Macy's, select stores; Saks Fifth Avenue, select stores. **Page 225: French Connection dress, $78** French Connection stores, nationwide; for more information, call 888-741-3285. **Vivienne Tam skirt, $98; jacket, $285** Vivienne Tam stores, NYC and LA. **joy & margo shirt, $40** Bloomingdale's, select stores; McRaes, select stores; to order, call 212-382-1790. **rgb skirt, $59** Urban Outfitters, NYC; Up Against the Wall, Washington D.C.; Villains, San Francisco. **Dollhouse shirt, $24; pants, $40** Dollhouse, NYC. **New Frontier shell, $60** New Frontier, NYC; Bloomingdale's, select stores; to order, call 212-879-7444. **Pak skirt, $150** Henry Bendel, nationwide; Saks Fifth Avenue, nationwide; Barneys New York, nationwide. ***Figure It Out*** **Page 226: Banana Republic pants, $78** Banana Republic, select stores; for more information, call 888-BRSTYLE. **Express Worldbrand pants, $35** Express stores, nationwide. **ESPRIT pants, $68** for more information, call 800-4-ESPRIT. **Shu+Shu shell, $60** Nordstrom, nationwide; Saks Fifth Avenue, NYC; to order, call 212-221-5888. **Jonathan Martin pants, $36** Dillard's, select stores; Bloomingdale's, select stores. **cK Calvin Klein mules, $140** cK Calvin Klein shoes & bag stores, nationwide. **E.N.A. pants, $48** Urban Outfitters, nationwide; Rampage, nationwide. **Jill Stuart mules, $240** Jill Stuart, NYC. **Venezia for Lane Bryant pants, $30** Lane Bryant stores, nationwide; to order, call 888-FINDREAL. **ISAAC Shoes by Isaac Mizrahi, $115** Bloomingdale's, select stores. **Page 228: On Gossamer bra, $36** Bloomingdale's, select stores; Lisa's Boutique, Miami, FL; Le Petite Coquette, NYC. **Wonderbra bra, $28** Macy's, select stores; Bloomingdale's, nationwide. **J.Crew bra, $14** available through catalog only, 800-562-0258. **cK Calvin Klein bra, $34** Macy's, nationwide; Bloomingdale's, nationwide; Dayton Hudson, nationwide. **Bali bra, $26** for more information, see www.balicompany.com. **On Gossamer bra, $42** Bloomingdale's, select stores; Lisa's Boutique, Miami, FL; Laina Jane, NYC. **Answers Minimizer bra, $42** to order, call 800-621-7372. **Wacoal bra, $32** Macy's West, select stores; Neiman Marcus, nationwide; Dayton Hudson, nationwide. **Natori bra, $55** Bloomingdale's, select stores; Neiman Marcus, select stores; Nordstrom, select stores. **Ralph Lauren Intimates bra, $24** Nordstrom, select stores; for more information, call 888-RLAUREN. **cK Calvin Klein bra, $30** Macy's, nationwide; Bloomingdale's, nationwide; Dayton Hudson, nationwide. **Le Mystere bra, $48** Le Corset, NYC. ***Fashion Flashback*** **Page 230: Levi's jeans, $50; jacket, $68; jeans, $48; tank, $32; jeans, $50; jacket, $230** for more information, call 800-USALEVI or visit www.levi.com. **Gap 1969 Jean jeans, $69,** Gap, select stores. ***Fashion Chat Room*** **Page 232: Hippies pantyhose, $14** Bloomingdale's, nationwide; Urban Outfitters, nationwide; Macy's, select stores; or visit www.hippies.com. **Shoshanna thong, $16** visit www.shoshanna.com. **Nancy Nancy sandal, $168** Otto Tootsi Plohound, NYC; Sacco, NYC; Planet Blue, Malibu, CA. **On Your Feet by Chinese Laundry sandal, $20** Wild Pair, nationwide. **don Ciccillo sandal, $135** Neiman Marcus, select stores; Bergdorf Goodman, NYC; Chirise, Glencoe, IL. **XOXO shirt, $32** Macy's, nationwide. **Ann Taylor jacket, $128; pants, $78** Ann Taylor, nationwide; 800-DIAL-ANN. **Daang Goodman for Tripp NYC skirt, $52** Trash & Vaudeville, NYC; Naked Ape,

Where to Shop

WHERE TO SHOP FOR THE FASHIONS ADVERTISED IN THIS ISSUE

Page 60-61: Nike, Inc. For stores, call toll-free 800-352-NIKE. **Page 173: L'eggs Sheer Elegance** Available at Walgreens. Visit L'eggs' Web site at www.leggs.com

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