

Headline	She's 10, she has HIV and she's about to learn the truth		
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She's 10, she has HIV and she's about to learn the truth

WASHINGTON: The fifth-grader with cornrows stepped from an elevator at Children's National Medical Centre and walked over the polished tile floor she had first crossed in a baby carrier. She rounded a corner and opened the door to Room 3400, its purposely generic name inscribed on a white panel: "MEDICAL SPECIALTIES."

Her adoptive mother, right hand on a metal cane, limped through the crowded waiting room as JJ pulled a Care Bears colouring page from a plastic file and sat down at a miniature table. She began outlining stars with a blue crayon then spotted a pair of familiar performers.

"Mommy, the clowns," JJ said, pointing. "They were here last time."

The 10-year-old was wearing three puffs of a cherry blossom perfume and a kaleidoscopic dress she had pressed the night before. She looked forward to these visits to the renowned medical centre in northwest Washington, in part because she knew a treat from McDonald's or Checkers would follow and, in part, because amid a young life rife with turmoil, she found reassurance in her hospital routine.

She knew her measurements would be taken and hoped to crack 5 feet but not 100 pounds. She was ready to breathe in and out, and then, without prompting, produce a vein from which blood would be drawn, a ritual she had mastered before learning how to steady a bicycle. She expected to be reminded of the bad germs in her body and told, yet again, that she must - must - take her medication every day.

What JJ did not expect on that sweltering summer morning, 3,787 days after her diagnosis, was the conversation that awaited her in exam room No 4.

Since the AIDS epidemic erupted in the 1980s, hundreds of children born with HIV have

been brought to this hospital for treatment by medical specialists who become surrogate aunts and uncles. The doctors, nurses and therapists buy them birthday gifts, attend their graduations and teach them how to take pills. They monitor their life-defining numbers and strategise against a relentless virus for which no cure exists. They keep them alive.

They do all of this without telling their youngest patients why. And when the time to tell them does come as they reach puberty, the staff plans for weeks how to do it, debating whether the kids are ready to know - whether they can handle it.

And now they hoped that JJ could handle it, because she was about to learn the truth.

The night before she walked into the waiting room, her mother, Lee, had lain in bed and prayed. Her stomach tightened as JJ, who often climbed in with her, slept on Lee's shoulder.

She knew what was at stake. Because of the vicious stigma still attached to HIV, doctors at Children's would deliver the news with a pair of contradictory directives: Don't be ashamed, but keep the virus a secret.

Her baby girl had long suffered through torrents of fear and sadness. How JJ would respond to the disclosure about her illness, no one knew.

"Let her be okay," Lee had asked God in the darkness and again as her daughter was called to the back of the clinic.

JJ was near death when she arrived at Children's as an infant.

Deprived of oxygen and breathing rapidly, she received antibiotics through an IV for 21 days to treat a form of pneumonia that kills more HIV-infected babies than any other condition. Her viral load, which is the amount of HIV in the blood, exceeded 2.6 million copies - 130,000 times the

level at which someone is now considered "undetectable" and highly unlikely to spread the illness.

At the time, Lee was a bus driver and foster parent. The seventh of 12 kids, caring for children had been her life's purpose since her mother gave her responsibility over a baby brother when she was seven.

Lee, a stout woman with dark eyes and an easy laugh, raised three sons before fostering more than a dozen kids. She is stern but compassionate, not reluctant to raise her voice at a child but just as quick to wrap one in her arms.

Lee was already caring for one of JJ's older sisters when the foster agency called again. There was a younger sibling, the woman explained. An infant.

Okay, Lee said.

And the girl has pneumonia.

Okay.

And another thing: "She's HIV positive."

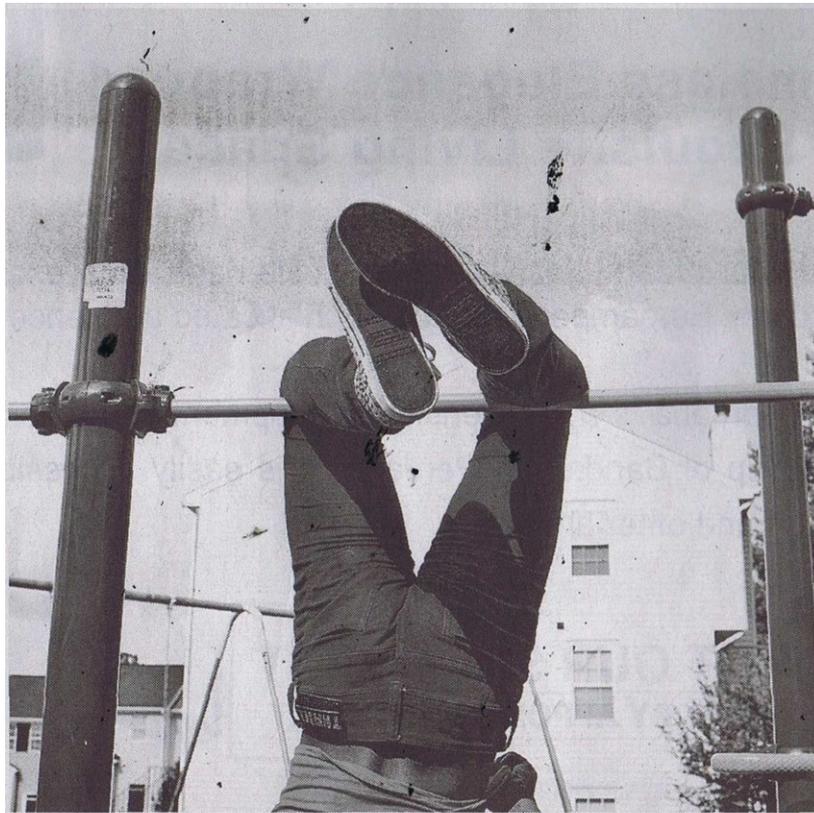
Back then, Washington was still struggling to control the disease's spread. Revolutionary drugs had reduced the risk of mother-to-child infections to less than two per cent if the virus was discovered before delivery. And yet, dozens of babies continued to be born with HIV in the nation's capital, where, at the time of JJ's birth and diagnosis, epidemic rates compared to those in parts of West Africa.

But the disease didn't frighten Lee. Her oldest son had contracted HIV as an adult, and an AIDS-related illness had killed her ex-husband, whom she cared for as his body failed.

Yes, she told the agency. I'll take the infant.

The girl was bald, underweight and wrapped in a tiny hospital gown when Lee first saw her. "Her eyes," she said, "pierced my soul." Days later, she clothed the four-month-old in a pink dress with matching socks, shoes, sweater and cap, then drove her home. — WP-Bloomberg

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JJ spends an afternoon playing on her neighbourhood playground. — WP-Bloomberg photo