2006: Making Resolutions That Stick

It’s time to pop the cork on those New Year’s resolutions—and work on keeping ’em from going flat the next day. POZ presents four resolvers who aren’t about to let HIV cramp their style.

January 1, 2006 By Diana Scholl

When Brian Morgan learned he had HIV, in 1998, he lived in terror of what he calls the “alien living inside me.” Then 29, the Columbia, South Carolina native says he could take life only about a minute at a time—he never knew what he was doing for dinner, let alone for the next year of his life. “I couldn’t even look in the mirror,” he recalls.

Eight years later, Morgan boasts the datebook of someone who plans to stick around for a while. He has a client advocate job at Palmetto AIDS Life Support Services and a 2006 New Year’s resolution to take an aerobics class every day of the week. He’s also planning to improve his diet. “I haven’t gotten sick yet,” he says, “but I don’t want to take that chance.”

At midnight on New Year’s Eve, Morgan and countless others living with HIV will join the hallowed American tradition of self-improvement—resolving, like their HIV negative counterparts, to find a job, drop ten pounds, kick an addiction, climb Kilimanjaro. Indeed, the benefits of setting goals and working to achieve them are hard to dispute, whatever your health. But in this era of improved HIV treatment and access, the simple act of resolving can say a lot about how radically times have changed for positive people. Not so long ago, merely staying alive would seem resolution enough. Now there are combos to adhere to, political offices to run for, travel plans to make—and stronger reasons than ever for people with HIV to exercise, quit smoking and hold the fries.

POZ interviewed dozens of people from around the country who are looking to 2006 with distinctly personal agendas. Here you’ll meet four of them up-close. You’ll also meet expert advisers, invited to help ensure that come January 1, the only ball that’s dropped is the one in Times Square. But first, our top three strategies for taking your passion and making it happen.

Strategy No. 1: Think Big

Imagine. “A lot of people with HIV feel their goals have been lost, so just finding the ability to dream again can be a big hurdle,” says Christopher Murray, a social worker and project coordinator at New York’s Lesbian, Gay, Bisexual and Transgender Community Center. “It’s important for people to understand they can make positive changes.” And dreaming big can also be a way to achieve other, smaller goals in incremental steps.

Felicia Lovett, for instance (see her story, right), plans to start a jewelry business of her own in 2006—relying not on any particular business savvy but on her obsession with rings and bracelets.

And Rachel Vazquez's dreams (page 24) were so big they could literally be measured in pounds. On May 7, she achieved her resolution of delivering a healthy, HIV negative baby. Now she wants to start a website for other HIV positive women. "I'd like to go back to school and learn page design," says Vazquez, already studying the software at home. After all, she says, "I'm an educated woman with HIV!"

Strategy No. 2: Get Practical

For most people, it's far easier to skip cigarettes for a few weeks than to morph into a nonsmoker. "There's not as much drama" after the first few weeks, Murray says. To keep up the excitement, he advises building in benchmarks. Smaller goals along the way that build lifestyle changes into your routine can amount to satisfying successes of their own.

Consider Rob Hadley, who resolves to start working again in 2006. He was a cop when he was diagnosed with HIV-related lymphoma in 1993 and had to quit. He gets a Social Security check every month, but it's not much—and he's mulling a part-time position, maybe at a local AIDS service organization (ASO) or even at the Walgreen's near his Chicago home.

Jacques Chambers, a benefits planner, suggests Hadley make sure the terms of his police pension don't nix his plan. But he also recommends a test run: "Practice, go somewhere, spend four to six hours a day doing something and see how you feel," he suggests. "Sometimes your body isn't as eager to go back to work as your mind is."

For more practical magic, Murray suggests writing down your resolution. "It doesn't matter how impractical it seems."

Strategy No. 3: Get Support

One of the epidemic's greatest lessons has been the strength that can come from reaching out to people of common experience. So once you're resolved, seek or form a peer group to help fuel your effort. ASOs make terrific starting points. "Act like Lassie and go find help," says Murray.

A 12-step program made all the difference for Maria Aboubaker, who resolved to quit a four-year drug habit last year in Atlanta. And it was an HIV support group in Orlando, Florida, that gave new mom Rachel Vasquez rides to the doctor and shoulders to cry on when she was pregnant. "Where I live now in Ohio, I don't have that," says Vazquez. "And I miss them."

No neighbors? No sweat. Try the Internet, says Maya Iwata, the executive director of Sisterhood Mobilized for AIDS/HIV Research and Treatment (SMART) in New York. Or build your own. "It just takes a small group to meet in whatever way they can." It's really a matter of having someone to call, says Murray—and then calling: "You need to get on the phone and say, 'I'm feeling shaky.' "

Let the countdown begin.

Resolution: Having an HIV negative baby

Rachel Vazquez, 34
Bettsville, OH
Diagnosed 2002

Goal: Vazquez gave birth last May to a healthy daughter, Maya, who has tested HIV negative three times.
Reality check: With treatment, the percentage of babies born HIV positive drops to under 2%—from 20-25% without treatment.
How she did it: She switched meds and followed the advice of supportive doctors.
Her story: "I knew Maya could be born negative, but no one—not my friends or family—believed me. So I went to an OBGYN who works with high-risk pregnancies, and I switched my meds to Combivir and Viracept, which all the women there were on. They gave Maya AZT for the first six weeks of her life, and she'll have to keep being tested for HIV until she's 18 months old, because she still has my immune system. But it's worth it if it means Maya doesn't have to live with HIV."
Experts say: Anne Statton at the Pediatric AIDS Chicago Prevention Initiative said Vazquez was right to disregard naysayers and surround herself with doctors familiar with HIV positive pregnancies. "There's a lot of misconception out there about transmission. Pregnant moms who are positive have their own stigma, even from doctors and nurses who should know better," says Statton. She also notes that women can greatly decrease the risk of having an HIV positive baby as late as the delivery room. "It's almost never too late," she says.
Learn more: National Perinatal HIV Consultation and Referral Service: 888.448.8765

Resolution: Starting a business

Felicia Lovett, 28
Midville, GA
Diagnosed 2004

Goal: Lovett wants to open her own jewelry store in 2006.
Reality check: After ten years, only one out of every ten small businesses is still afloat.
Her story: "I used to be a medical assistant, but since I had my daughter 15 months ago, I haven't worked. I'm a people person. I want the chance to get out and do different stuff, instead of sitting at home. I can see myself passing out business cards—with my bracelets and rings on."
Her plan: "I'm going out now, house to house—hustling. And advertising to as many people as I can. I've been working with Premier Designs, a jewelry company in Texas—I found out about it from a friend in Savannah who's been doing this for six years. People look in their catalog, see what they like. I already have some of the jewelry because I ordered it. I also put up fliers with my phone number on them—wherever I go. I've been saving little bit by little bit. And I've been writing down my business plan, step by step. It helps me visualize how to get there. I plan to start this business in my house and eventually get a building."
Experts say: Robert Sullivan, author of the Small Business Start-up Guide (Information International), says Lovett's passion for her project is a big plus. Now he advises that

she “read, read, read,” because, he says, “The number one pitfall is not understanding what you’re getting into—not educating yourself initially to recognize the problems you might be up against: competition, insurance, licensing questions.”
Learn more: The Small Business Adviser: 703.450. 7049; www.isquare.com

Resolution: Disclosing his status

Sean Lyons, 34
Louisville, KY
Diagnosed 2003

Goal: To fight HIV stigma by being more public about his status in the gay community in Louisville.
His story: Lyons moved to Louisville two years ago and was “surprised by the lack of respect for HIV positive people in the gay community—I had to change my number because I was getting [harassed].” Still, Lyons says he is embarrassed about his own lack of disclosure and wants to disclose both for his own benefit and for the community’s. “I want the burden of being dishonest to go away,” says Lyons, “The person who infected me in 2001 did so intentionally, so honesty’s very important to me.”
His plan: “I’ve started telling other people I’m positive, and it hasn’t gotten easier, but I’m doing it. I’m going to add it to my online profiles, too, and will definitely be voicing my status in conversations. I don’t want to be Mr. HIV Positive Louisville. I want to be a resource to people who are scared to say they’re positive. I want other people to be able to see me as an example of someone not getting cracked out every weekend.”
Experts say: Derrick Flowers, programming director at the National Association of People With AIDS (NAPWA), is impressed that Lyons has thought out the question of disclosure so carefully. Flowers, who is HIV positive himself and had a hard time disclosing in his native Belize, says Lyons has “identified the problem and wants to be part of the solution.” But Flowers warns Lyons to be careful. “Some situations aren’t safe to disclose,” he says, and you can get hurt—whether it’s emotionally, from a romantic partner, or physically, in a public place where it’s hard to gauge the risk.
Learn more: Global Network of People Living With HIV/AIDS: 202.332.2303; www.gnpplus.net; infognp@gnpplus.net

Resolution: Getting off crack

Mari Lewis, 41
Bath, NY
Diagnosed 1997

Goal: Lewis stopped using crack in October 2005—and intends to make 2006 the first year of a new, clean life. She started doing drugs in 1997, a few months before her HIV diagnosis, and has tried quitting several times before.
Reality check: Kicking crack is hard. But quitting crystal meth, heroin, alcohol—whatever it is—can

boost your body’s ability to fight HIV.
Her story: “When I first moved to Rochester in 1997, I didn’t know anything about drugs. The guy I moved in with ended up relapsing and I started using with him. That year, I took an HIV test, and it came back positive. Every time I use, I think, ‘Will this be the last time?’ I don’t want my health to go downhill. Will I have a heart attack or have my T-cell count go down? I’ve seen so many people in active addiction. I don’t want to look like that. In October, I decided I need to straighten up my life for my 12-year-old son. He knows ‘Mommy smokes crack.’ I want to live as long as I can for my son.”
Plan: “I used to go to meetings but never talk—now I’m talking. I’ve also been staying away from people who are using. My friend has an active addiction and asked me to get high with her. It was so hard, but I said no.”
Experts say: Christopher Murray, a social worker specializing in addiction among HIV positive people, says that Lewis is off to a great start by actively participating in support groups. “She’s recognizing that her ambivalence kept her silent,” Murray says. “Sometimes, the more public you are, the more likely you are to achieve goals.” Murray suggests Lewis surround herself with encouraging people outside the groups, too. “Some people piss on your dreams,” he says. “It’s important to know who supports you.”
Learn more: National Institute on Chemical Dependency: www.nicd.us/ tollfreehotlines.html

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