Mailbox

April 1, 2003 By Staff

The Reproducers

I am an HIV positive mother who has a 3-year-old negative child ["Baby Love", December 2002]. I took HAART while pregnant - yet if I had known then what I know now, I never would have. I especially would have never given my daughter AZT after she was born. AZT has been shown to cause cancer and other fetal deformities in animals; children's side effects have included liver, kidney and bowel problems. I encourage pregnant women to look into alternative therapy.

--Melissa Woods,
Asheville, Nort Carolina

***POZ* responds**: *We respect every woman's right to choose but want to reiterate the point "Baby Love" made: Most experts agree that research shows that the benefits of HIV prevention greatly outweigh any risks to babies exposed to antiretrovirals in utero or after birth.*

I am an HIV positive mother. I agree it is necessary to celebrate the triumph of positive women who give birth to negative babies. However, nowhere in "Baby Love" are we told how these mothers conceived their children. You can't make a baby while wearing a condom. Serodiscordant parents often resort to unprotected sex during ovulation. Why didn't [HIV positive mothers] Dawn Averitt and Nicole Pitts say so? Was it because they were afraid it might tarnish their female-empowerment image? I know you were respecting your subjects' wishes. But shame on you for not stating "the women did not choose to discuss it." That omission has turned your piece into pure PR. Shame on you too, Averitt and Pitts, for valuing your reputations and privacy more than honesty. And you call yourselves activists.

--Paula W. Peterson,
Evanston, Illinois

Dawn Averitt responds:

"Baby Love" was about women with HIV choosing to become mothers, not a how-to on the personal decisions involved in conception. As an activist, I am acutely aware of the danger of publicizing one individual's experience in case it is construed as the "right way." As a mother, I believe the story of my child's conception is hers and hers alone. Women do have a right to know the options for conception—including the free, no-risk (for the male partner) insemination methods at home as well as other methods with varying degrees of risk. I hope POZ offers this information.

I never sought publicity for my pregnancy. I turned down most media requests because they were too sensational. POZ said this story would give others hope. Also, they were unable to find other women who would do it (gee, I wonder why?). More important, women who had shared their stories before me gave me hope, and I wanted to give back to my community.

The suggestion that Nicole Pitts and I were dishonest is outrageous. Must all activists (or HIV positive women) disclose every aspect of their personal lives? If we choose not to discuss how we conceived, do our stories become irrelevant? The HIV community should be open and safe for us all. Shame on you for perpetuating the hostile, judgment-laden, National Enquirer–esque environment that keeps so many people with HIV silent.

In "Adoption Option" [December 2002], a sidebar to "Baby Love," it was reported that a Florida judge "reversed an adoption by a married couple once he found out they were both HIV positive —and hadn't disclosed." We are that couple. We *did* notify the state that we were HIV positive. It was the child's caseworker who failed to notify the judge, though the judge had documentation of our HIV status before granting the adoption. In 1994, the *St. Petersburg Times* covered a study in which we participated. A journalist saw the child's picture and asked if she was my daughter. I proudly said, "Yes, we finalized the adoption in March." She then wrote an article with the headline, "Couple With HIV Adopts Girl." The judge annulled the adoption that December. The child's grandparents adopted her. We are still healthy and see the child, who is now 11, a few times a week.

--C.K. & M.S. Matthews,
Atlanta

The English Patient

I strongly object to statements in "An industry Insider Unloads" [MAILBOX, December 2002] on the British healthcare system. It took excellent care of my friends who died of AIDS and has provided me with high-quality care for 20 years. From what my American friends say, I am better off here with a system that—for HIV, at least—does not base access upon income. And yes, protease inhibitors were available here from the onset.

--John Stevens,
London

Artistic Vision

We are pleased that *POZ* chose to focus on Visual AIDS ["Artists With (out) a Cause," December 2002]. However, most of our supporters and Archive Member artists say the picture of a faltering organization does not match their experience. There are sentiments expressed by unnamed sources that I find hard to believe are issues that Visual AIDS faces —for example, any conflict in its two-pronged mission of creating AIDS awareness through visual art and supporting artists living with HIV. There are also a few misstatements. Visual AIDS' web-site is *www.visualaids.org*, not -*.com*. The Archive Project —the largest slide registry of artists with HIV, with more than 12,000 slides—is very much a living archive (deceased artists number around 74). Almost 300 artists are

represented. The traveling exhibition, “Lightbox,” includes two slides from each artist in the Archive Project, but there is no minimum or maximum slide count for any artist’s file.

--Amy Sadao Executive Director,
Visual AIDS
New York City

Organ Music

The December 2002 “Publisher’s Letter” really touched me. I have been fighting the “double whammy”—HIV with chronic hepatitis C co-infection. I am lucky, though—my hepatitis has gone into remission. I feel like I have a new lease on life and want to make a difference, so I called the HIV Research Program (HIVRP)to sign up for organ donation. I am also spreading the word about HIVRP in my community. Thank you—now I feel that one person really can make a difference!

--John Bowman,
Jacksonville, Florida

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