About Face

HIV-positive Americans are taking flight for better, cheaper facial fillers.

March 1, 2009 By Kat Noel

Last fall in San Francisco, nearly 850 health care professionals from more than 45 countries met to discuss one of the fastest growing trends in health care: medical tourism—the phenomenon of people traveling to other countries for care and treatment that's cheaper than those offered at home. It makes sense. With the cost of surgeries and insurance deductibles rising worldwide, not to mention that certain procedures aren't available in some countries, hundreds of thousands of people travel abroad each year in search of a wide variety of less expensive services—ranging from cosmetic procedures to heart surgery. Even in the wake of the current U.S. recession, an estimated 6 million Americans will seek medical care beyond our shores by 2010.

It says a lot about the state of health care in America that it's cheaper to skip town. But given the harrowing costs of AIDS meds, we wondered whether HIV-positive Americans were traveling internationally to buy their antiretrovirals (ARVs) at a discount. The short answer? No. This may be because more than 500,000 Americans get financial help accessing their meds through federal programs such as the Ryan White CARE Act and AIDS Drug Assistance Programs (ADAP). In addition, pharmaceutical companies' patient drug assistance programs help those who struggle to pay for them on their own.

But there is an HIV connection to medical tourism. An increasing number of HIV-positive Americans travel internationally to receive cosmetic surgery for facial lipodystrophy—and not just to pinch pennies. Some of the best solutions to rebuilding a healthy-looking face are not (yet) approved by the United States' Food and Drug Administration (FDA). Admittedly, this isn't happening in droves, but those who can afford it claim that traveling to mask the telltale signs of facial wasting—hollow temples and sunken cheeks—is well-worth the price tag of the trip, the stay and the procedure.

While lipodystrophy—a metabolic syndrome caused when certain ARV combos redistribute body fat and/or deplete fat in the face and limbs—is not life-threatening, it can be extremely stigmatizing. For some, it can take away the power of voluntary disclosure, which in turn can cause poor adherence and even lead a person to stop ARV therapy altogether.

"Our health is a personal issue, and it really does not need to be advertised," says Anna Love, founder and director of Clinic'estetica, an aesthetic medical clinic in Tijuana, Mexico, that specializes in facial fillers for those with lipo. "If we look in the mirror and see illness, we feel ill. If

we look in the mirror and see a healthy countenance, we feel better," she adds.

Matt Sharp, 52, can speak to this issue. Diagnosed in 1988, Sharp first noticed the gaunt appearance of his face and extensive buildup of fat around his stomach in 1996. "It was devastating for me," he told *POZ*. "[People like me] were seemingly healthy, but we had this deformity, for lack of a better word." Sharp knew of several temporary reconstructive procedures such as fat grafting, collagen injections and Sculptra, one of two FDA-approved treatments in the United States for those living with HIV. But Sharp wanted something long-term. So in 2004, he traveled to Love's clinic and received polyalkylimide, a permanent water-based gel filler not available in the United States. Almost five years later, Sharp is still pleased with the results.

With the advancements being made in facial fillers, *POZ*'s own David Capogna also wanted to try a nonsurgical permanent solution instead of Sculptra. "I spent a lot of money [for Sculptra], and now there's nothing to show for it," Capogna says of the injections that he received every six months. Diagnosed in 1993, Capogna has dealt with lipo for more than six years; it caused him to wear padded underwear due to the extreme loss of fat in his buttocks. He believes that the condition was brought on from liver disease and an ARV medication that has since been discontinued.

This past December, Capogna flew from Manhattan to San Diego and then took a 45-minute car ride to The Center of Reconstructive & Cosmetic Dermatology in Tijuana. Ironically, his trip lasted about six hours, while the procedure to inject PMMA (polymethylmethacrylate) only lasted two. "It was worth it to me because before I felt like a monster," he says. "I felt people noticed it when they looked at the side of my face and they wondered, 'What's going on with him?' For me, getting the procedure was a big improvement."

Given the gloomy U.S. economy and the fact that many people with HIV and lipo cannot jet-set to foreign lands and spend money to look better, medical tourism may seem more like a group outing for *The Real Housewives of Orange County* than a reality for the average HIV-positive individual.

Love doesn't see it that way. She believes medical tourism is not just for the rich or the vain. "It's about looking in the mirror and seeing the real you, not the new you living with the virus." Many who pursue corrective procedures for lipodystrophy in other countries are doing it to make themselves feel better. After all, as Love sums it up, "It's not about how others see [us], it's how we see ourselves."

SOUNDING OFF

We know that some drug combinations and the disease itself can alter our appearance, which in turn can wreck our self-esteem. The media's fascination with perfection doesn't boost any egos either. *POZ* asked you for advice on how to feel good about yourself, flaws and all.

Brenda Lee Curry
New York
Diagnosed in 1985

Many of us had low self-esteem issues before being diagnosed. So yes, now our bodies are

changing—your breasts may be too big, your face may not look the way it used to, or your stomach may be large—but the most important thing is that you are living and working to enjoy the rest of your life. If you concentrate on the flaws, then you are right back where you started.

David Capogna
New York
Diagnosed in 1993
If you decide to get a cosmetic procedure, do it for yourself. Yes, I am single, and I'd love to be in a long-term relationship—or at least have a few dates now and then—but the fact of the matter is my self-esteem was non-existent. I was so proud of my new face that I posted the before and after shots on Facebook. What I have learned is that AIDS is just another obstacle in life, but it doesn't define me.

Matt Sharp
Brisbane, CA
Diagnosed in 1988
Be happy with who you are, express yourself and don't give a f*** what others think. In our body-conscious society, especially gay men and youth, people with HIV should focus on their survival, which should eventually boost their self-esteem. Good looks manifest in what you project outward. Isn't that what your grandmothers taught you?

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