When Doctors and Patients Become Colleagues

My patient exams routinely include a lymph node check. Photographic evidence that I saw Carolyn (left) at least once in 2006. *Photo by Bryan Meltz*

On National HIV Testing Day, one of your colleagues shares a first person success story with you. Here is that story, in the words of Nina Martinez.

National HIV Testing Day is an annual observance on June 27th that encourages people to learn their HIV status. Our National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) colleagues lead this effort for the US government, undertake a number of important activities each year to support this observance, and welcome your individual contributions to the effort. As a new contractor working in the Division of Healthcare Quality Promotion’s Immunization Safety Office, (DHQP/ISO), as of April, my contribution this year will be to share an HIV testing success story with you.

I was fighting my diaper in northern California (I turned 31 years old this week) while many CDC staff were responding to HIV and AIDS in the 1980s. Nobody knew that I too was fighting that retrovirus until my pediatric infectious diseases physician asked his new 8-year-old patient in January 1992, “Nina, you have the human immunodeficiency virus. Do you know what that is?” My lack of awareness at that age meant I never learned that HIV was supposed to be shameful. I had no problems telling classmates in elementary school that I had HIV. My childhood friends had no problems telling their parents either—although I cannot say that all parents shared our blissful enthusiasm for my six degrees of separation from Magic Johnson.

An unexpected adulthood in front of me, I was not at all prepared to learn what living with HIV meant. I flushed costly bottles of my single-drug regimen down the toilet when I was 16. A number of pediatric infectious diseases specialists refused to put me on combination HIV therapy, by then the standard of care in 1997. I finally earned the trust of my internal medicine doctor to adhere to a more complex three-drug regimen in 2002. I notably received a six-month supply of that same regimen from another doctor as a gift to mark my 2005 graduation from Georgetown University with a degree in mathematics.
I came to Atlanta that autumn as a new master’s student in epidemiology at Emory University, where my new infectious diseases physician at Emory Crawford Long Hospital (now Emory University Hospital Midtown), was Carolyn Gould MD, MSCR. Not long after, in December 2006, I received a letter stating that she joined CDC and the US Public Health Service and that I would get a new specialist. Part of me wondered whether being on the Roybal campus together now – she also works currently in DHQP – makes up for the fact that I went to my appointments only once or twice per year. So I asked Carolyn to share with readers her recollection of our time together and what it is now like to have a former patient in the workplace:

My first time seeing Nina in the clinic at Emory was memorable. An initial review of her chart made it clear she stood out as special—pages of labs and notes from National Institutes of Health (NIH) research trials she had voluntarily enrolled in to help us better understand HIV. Her clinic visits at Emory were not frequent (consistent with her history) but each visit was impressionable. We talked about her trips to NIH, upcoming exams for her graduate work at the school of public health, numerous road trips and activities to promote HIV prevention and awareness. It was with sadness that I told Nina I was making a move to CDC and could no longer be her doctor.

Fast forward about 9 years from our first clinic visit: We are sitting together outside having lunch across the street from the building where we both now work. Nina made an interesting comment to me: ‘I was thinking about how I am now about the age you were when you started seeing me at the clinic’ (I did a quick mental calculation—close, but who’s counting?). A lot of time has certainly passed and we have both grown personally and professionally. I am grateful and proud to be a part of Nina’s life; now, in different roles as colleagues (and friends) we talk about the larger issues of public health, but we also laugh about a lot of things. She continues to be an inspiration to me about living one’s best life.
I was in the Division of HIV/AIDS Prevention (DHAP) as an intern when I started my CDC career in 2009. Kenneth Dominguez, MD, MPH served on DHAP’s Hispanic/Latino Executive Committee, which focused the Division’s HIV prevention work around Hispanics and Latinos. He introduced me to my peers through data, those who have lived with HIV since birth or shortly after birth in the United States. I learned that thanks in large part to CDC’s efforts in HIV testing, care, support, and treatment, “AIDS babies” are not prevalent at the rate they used to be in the 1980s. Since Ken, a pediatrician, is a subject matter expert on HIV among mothers and their infants, I had to know what goes through his mind when he learns a former AIDS baby grew up to be one of his co-workers:

*It has been very gratifying to work with Nina, a very vibrant, intelligent and articulate young public health professional who also happens to be a long term survivor of pediatric HIV. She has served as an effective spokesperson for HIV-infected youth and young adults and she is passionate about her work. She is really a precious human resource here at CDC. We are very fortunate to have her working with us!*

The Division of STD Prevention (DSTDP) was my next public health assignment following that internship, first as an ORISE fellow, then as a public health analyst. I met Diane Dlouhy, MD, another DSTDP colleague, when she came to headquarters from Florida, where she had been a CDC field assignee. We worked together on various projects in the Division’s policy office. When my former Division, DHAP, asked me in the fall of 2012 to participate in the Spanish-language version of the *Let’s Stop HIV Together* campaign, I thought about which personal traits were important for me to express as someone living with HIV. Employment helps me afford my medications, get routine laboratory tests, get my vaccines, and stay in care. Everyone involved in the CDC campaign chooses someone to include – to let people living with HIV know they are not alone. I chose Diane, my co-worker, to appear in the campaign with me, and she reflects on the experience:

*Appearing in the campaign was an emotional experience for me. As I was interviewed for the public service announcement, I finally had a chance to reflect on the challenges that Nina has faced. I knew from the day we met that she was an incredible person but her grit and sense of humor continue to inspire me in more ways than she will ever know.*

Remember on this National HIV Testing Day that behind statistics of new HIV diagnoses are individuals who took an HIV test. My success story is an attempt to inspire others to move forward regardless of HIV status. I am proof that if you are diagnosed with this disease you can live a lifetime with HIV and definitely work at CDC. I look forward to learning about the stories my new DHQP colleagues and everyone at CDC has to share about HIV in the workplace.

This *Inside Story* by Nina Martinez was inspired by a recent article by Dartmouth School of Medicine’s Tim Lahey, MD, titled “When Doctors and Patients Become Friends.” Nina’s journey with HIV was chronicled last year in a May article for the *Washington Post*

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