

# HIV+ KIDS ADOPTION PROGRAM



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# HIV ADOPTION PROGRAM

## INTRODUCTION

Many families are surprised to learn that adopting a baby or child living with HIV is now a possibility, and may be a wonderful option for their family. Since the 1980's, the public has been inundated by the media with scary sounding statistics about the HIV/AIDS pandemic, shown graphic images meant to spur us into action/donations, and have been exhaustively educated on how to "protect" ourselves from the risk of contracting HIV. While this "education" can, at times, serve its purpose of raising funds for vaccine research, provide antiretroviral drugs (ARV's) for individuals in under-resourced settings, or provide food and shelter for children affected and/or infected by HIV/AIDS, the media often doesn't tell the whole story of what living with HIV can look like for children and adults in North America. For many of these children and families, HIV now has another face.

It can be difficult to move past some of these images or imbedded fears surrounding HIV – but as more and more people realize what HIV looks like in many developed countries today - adopting a child living with HIV begins to look more and more feasible to many adoptive families.

If you are considering adopting a child living with HIV, it is important to take the time to consider all the factors involved in this decision before proceeding. Parenting a child with special needs (whether it is HIV or *any* other special need) is not a decision that should be taken lightly. It is a decision that will impact many facets of your family's life – for the rest of your life. That being said, the adoption of any child should be carefully considered, whether or not that child has special medical needs!

This booklet was designed to give you an overview of some issues to consider before making this significant decision. It is meant mainly as a guide and as a resource manual, but is by no means an exhaustive resource. Please feel free to contact the HIV Program Manager, Karyn Bakelaar at [karyn.bakelaar@childrensbridge.com](mailto:karyn.bakelaar@childrensbridge.com) if you have questions, would like additional resources, or would like to see a resource added to this booklet.

## **BASIC FACTS ABOUT HIV:**

- 📌 “HIV” is an acronym that stands for “Human Immunodeficiency Virus”. HIV is a virus that attacks healthy immune system cells – the virus requires cells of a living (human) organism to survive and reproduce.
- 📌 “AIDS” is an acronym that stands for “Acquired Immunodeficiency Syndrome” and can result if the HIV virus is left untreated. AIDS is diagnosed if the HIV virus has significantly weakened an individual’s immune system.
- 📌 “HIV” does NOT equal “AIDS”. They are not the same. Although HIV *can* progress over a person’s lifetime to AIDS, *not everyone with HIV has AIDS*.
- 📌 HIV is **not** transmitted through sweat, tears, nasal mucous, saliva, feces, urine, shaking hands, kissing, insect bites, sharing cups, utensils, plates or food.
- 📌 HIV **is** transmitted through sexual fluids, blood and breast milk.
- 📌 The common cold virus can survive outside the body for **up to 72 hours**. Comparatively, the HIV virus can survive outside the body **for mere minutes**, or at the very most (in a controlled laboratory setting), for up to **two hours** (The Centre for Disease Control).
- 📌 From clinical experience at this point, the average lifespan of a North American child who is HIV+ and is receiving quality medical care is roughly the same as an uninfected child/adult in North America.
- 📌 As Sir Elton John has said: “Everyone deserves compassion, everyone deserves dignity. Everyone, everyone, everyone deserves love. The AIDS disease is caused by a virus but the AIDS epidemic is not. It is fueled by **stigma.**”
- 📌 “HIV stigma” refers to the HIV-related shame, fear, prejudice, discrimination, guilt, and lack of knowledge that exist in the world at large. The public perception of how HIV is transmitted has not changed since 1987. (<http://www.thestigmaproject.org/#!/hiv102/ct8p>)
- 📌 HIV is a disease. It is not a judgement, a curse, or a moral deficiency. It does not solely define who a person is. A child living with HIV is first and foremost **a child**.

## **WHY ADOPT A CHILD LIVING WITH HIV?**

- 📌 40 million people around the world are living with HIV; 28 million of these people reside in Sub-Saharan Africa; 60% of these 28 million are women, and 90% of these women are in their reproductive years.
- 📌 At the end of 2009, there were 2.5 million children around the world living with HIV/AIDS.
- 📌 In 2009, over 400,000 children became newly infected with HIV. Approximately 1,000 children are newly infected every day.
- 📌 Of the 2.1 million people in the world who died of AIDS in 2008, 1 out of every 7 was a child under the age of 16. Every hour, approximately 30 children in resource poor settings die as a result of AIDS.
- 📌 In Western countries, mother-to-child-transmission (MTCT) has been virtually eliminated. A single dose of nevirapine (an ARV) at time of delivery can decrease transmission rates by 50%. Effective ARV's taken throughout an entire pregnancy can reduce transmission rates by over 99.9%.
- 📌 90% of children infected with HIV in resource poor settings are infected through mother-to-child-transmission (MTCT). In 2009, this accounted for over 400,000 new infections in Sub-Saharan Africa.
- 📌 In resource poor settings where ARV treatment is unreliable or unavailable, 1/3 of babies who are born HIV+ will die before they reach their first birthday, and a full 50% will die before their 2<sup>nd</sup> birthday. Almost all will die before they reach the age of 5.
- 📌 In Western countries, HIV/AIDS is now considered a manageable disease by most health care professionals.
- 📌 The rates of international adoption are slowly declining around the world. Some countries are now able to care for their vulnerable children domestically, while others morally oppose the idea of intercountry adoption. Many adoptive families choose to adopt to provide a family to a child who wouldn't otherwise have one – the reality is that children who truly are in need of a family are older (above age 5), and/or have special needs such as HIV.
- 📌 All people who are living with HIV deserve to be treated with love, respect, support and acceptance; as all people do. Children living with HIV deserve love, respect, and a family . . . as any child does!

## HOW WOULD I BEGIN THE PROCESS OF ADOPTING A CHILD LIVING WITH HIV?

### GETTING STARTED

1) Attend an Information Session hosted by The Children's Bridge on Adopting a Child Living with HIV in your area (if possible): (<http://www.childrensbridge.com/pages/infoseminars.html>)

2) Become a Member of The Children's Bridge:

If you would like to receive more information about *The Children's Bridge* and the programs and services we offer, you can subscribe as a member for \$50.00/year or \$130/3 years. Upon receipt of this membership fee and the completed Membership Form, you will:

- ✂ Receive a detailed adoption package for the country(s) you have indicated interest in;
- ✂ HIV+ Kids Adoption Program booklet and resources (upon request);
- ✂ Receive our Monthly Program Updates via email;
- ✂ Be placed on The Children's Bridge Quarterly Newsletter distribution list;
- ✂ Gain access to The Children's Bridge members section of the website. As well as gaining access to a wide variety of adoption related information and resources, you will also find newsletter archives, pre and post-adoption support and community resources, as well as gain access to our Families-in-Waiting (general) chat line (instructions on how to register for this chat line can be found on the website).

**Please note:** Obtaining a membership with The Children's Bridge does NOT commit your family to completing an adoption, but simply provides you with further information, support and resources.

3) Read, research and make connections! If you would like more information or additional resources regarding adopting a child who is living with HIV, please complete the Membership Form, and then contact the HIV Program Manager, Karyn Bakelaar, at [karyn.bakelaar@childrensbridge.com](mailto:karyn.bakelaar@childrensbridge.com) .

4) Choose a country/adoption program that you would like to adopt from and that your family meets the criteria and/or requirements for.

5) Set up a time for a consultation phone-call - all families considering adopting a child with special needs must complete a consultation appointment with the Program Manager from the country from which they wish to adopt, and/or the HIV Adoption Program Manager. The purpose of this consultation call is to:

- ✧ To discuss the implications of adopting a child with special needs;
- ✧ To ensure adoption, and more specifically special needs adoption, will be a good fit for your family;
- ✧ To provide you with additional resources and information you may require before choosing to proceed.

***The purpose of a screening phone call is to screen families in, not to screen them out!***

To begin the screening process you must:

- ✧ Obtain a current membership with the Children's Bridge;
- ✧ Ensure you meet the requirements for:
  - The country from which you hope to adopt;
  - Citizenship and Immigration Canada;
  - Provincial requirements your province of residence has for prospective adoptive parents;
- ✧ Receive and read the required reading and make an appointment for your screening appointment/conference call;
- ✧ If you are adopting as a couple, **BOTH** members of the couple must take part in the entire screening process. The phone call will take approximately 20-30 minutes. If you are in the Ottawa area, an in-person appointment is *highly* recommended.

**Please note:** This appointment is for a **screening appointment only**. We will not be able to provide you with a *Client Service and Retainer Agreement*, nor guarantee you a spot in the adoption program of your choice at the time of your call or visit. If you have any questions or would like clarification, please email or call Karyn Bakelaar, at [karyn.bakelaar@childrensbridge.com](mailto:karyn.bakelaar@childrensbridge.com) or by calling 1-613-226-2112, Ext. 2.

## **WHAT COUNTRIES DO THE CHILDREN'S BRIDGE WORK IN THAT I CAN ADOPT A CHILD LIVING WITH HIV FROM?**




Currently, of the countries from which The Children's Bridge is licensed to facilitate adoptions, the following are open to families considering adopting a child with HIV:

- 1) India
- 2) Thailand
- 3) Zambia


However, The Children's Bridge is happy to support families throughout this process regardless of which agency or program you are hoping to adopt from. Please feel free to contact us for additional information.

## **COMMON QUESTIONS AND ANSWERS (Q & A)**

**1) Would I be placing myself at risk of transmission by adopting a child with HIV? What about my other children, caregivers, nieces, nephews, etc.?**

-  Remember, the HIV virus is only transmitted through sexual body fluids, blood and breast milk. Cases of HIV being spread through everyday household contact are **extremely** rare – and are often the result of isolated cases of unusual circumstances (haemophiliacs who are HIV+, etc). There is not a single documented case of HIV being transmitted through household contact in over 15 years (Centre for Disease Control - CDC).
  
-  It is more likely that a child living with HIV is at risk from contracting various illnesses from you! As the HIV virus can result in a weakened immune system, caution should be taken not to needlessly expose an HIV+ child to others who have colds, flu, or other easily transmitted viruses, etc.
  
-  When a child is on effective ARV's, the viral load in their blood is negligible, and can even be undetectable. That means that the chance of transmission, even by blood, is almost impossible. The HIV virus is very fragile and doesn't survive out of body temperature range.

**2. If I adopt a child who is infected with HIV, should I prepare for heartache?**

-  Well, no more than the heartache of watching any child grow-up! With the advancement of new medications and medical discoveries, children living with HIV (in North America and other Western

countries) can grow up to lead “normal”, healthy lives – get married or form partnerships, have children, and grow up to dance at their own grand-children’s weddings!

**3. We are adopting a child living with HIV. We feel like the right decision for our family is not to disclose our child’s HIV status to anyone due to stigma and discrimination, but family members and friends have suggested this would be irresponsible. They believe that for everyone’s safety, I should tell the child’s school/coach/babysitter, etc. Who is right? Who must we disclose to?**

📌 “Disclosure”, or telling others about a child’s HIV status, is a very personal choice. Some families opt for openness, while others only tell trusted family members and/or close friends. This is a big decision, as once a child’s HIV status is disclosed, it is “out there” forever.

📌 There is no legal, moral or ethical responsibility to disclose a child’s HIV status to *anybody*, as a child living with HIV poses no more risk or danger to the public than any other child. Even amongst health care workers – the risk of being infected after a needle-stick is less than one percent. An infectious disease specialist/ pediatrician in the USA has said "Even in an untreated patient with HIV, an accidental needle stick in the medical setting has a less than 0.3% chance of transmission<sup>1</sup>. It should be scarier to live with someone with the flu virus than someone with HIV!"<sup>2</sup>

📌 “Stigma” is defined as disgrace or reproach, leading to ostracization, devaluation, and rejection - towards people living with HIV is still very common. Telling too many people, or the wrong people, can lead to isolation, discrimination and social rejection for the child. Once a story is told, it cannot be untold.

📌 HIV stigma is defined as “the HIV-related shame, fear, prejudice, discrimination, guilt, and lack of knowledge that exist in the world at large. It affects the health and well-being of both HIV-positive and HIV-negative individuals” ( <http://www.thestigmaproject.org/#!/hiv102/ct8p>)

📌 Legally, parents are **not** obligated to disclose their child's status to caregivers, family members, schools, sports teams, child-care centres, etc. Universal precautions should always be taken and schools, day cares, sports teams, etc. can be anonymously reminded that they must exercise

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<sup>1</sup> [http://www.ccohs.ca/oshanswers/diseases/needlestick\\_injuries.html](http://www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html)

<sup>2</sup> <http://thehappyneills.blogspot.com/2011/01/blood-was-everywhere-hiv.html>



universal precautions when cleaning wounds, etc. Chances are very good that every day you come across several people with various blood-borne pathogens – you just don't know it!

📌 The National HIV/AIDS Strategy admits that “addressing stigma and discrimination is perhaps the biggest challenge we face” – this may be a very heavy burden for a child to bear.

📌 Whether or not a family decides to disclose their child's HIV status is completely at their discretion. They are **not** legally nor morally obligated to do so. Respect their choice. It is not your story to tell.

#### 4. What special precautions will I need to take? Will I need to treat this child differently?

📌 Please remember: HIV is not spread by sharing cups or eating utensils, by air, water, or food, or through bodily fluids such as feces, urine, nasal mucous, saliva, sweat, tears, or vomit, unless those fluids have blood in them.

📌 If the child gets a cut or scrape, clean it and then cover it with a bandage, as you would any cut. You can use thin latex gloves to handle cuts, or any barrier to protect your skin such as a paper towel or gauze. Clean up any remaining blood on surfaces with a household disinfecting wipe. **Remember: once blood has dried (is dead), the virus is dead as well.** The virus cannot survive without a living host.

📌 At the end of the day, a person with HIV is a person living with a chronic, but manageable, disease. They should be treated like any other person. The reality is that you probably already know someone living with HIV who has chosen not to disclose their status. You should not let the knowledge that someone has HIV change the way you treat them.

#### 5. What about child care? Do I need to make special arrangements?

📌 The Canadian Child Care Federation has published an excellent up-to-date manual on HIV/AIDS and Childcare which can be found here: <http://www.challengingbehavior.com/hiv.html>

📌 A Resource Sheet on HIV/AIDS published by the Canadian Child Care Federation can be located here: [http://www.cccf-fcsge.ca/docs/cccf/rs033\\_en.htm](http://www.cccf-fcsge.ca/docs/cccf/rs033_en.htm)

📌 Excerpts from this document: “Children infected with HIV have the same right to attend child care as other children...child care plays an important role in the lives of children infected with HIV, offering them peers, stimulation, stability, and the chance to learn new skills...Child care staff probably will not know if a child is infected with HIV...If the parents know, they have no obligation to tell the centre. Because they may fear discrimination, they may keep the information to themselves. If they decide to tell an educator, he or she has an ethical obligation to keep the information confidential. There is no need for the parents of other children to know **since a child with HIV poses no danger.**”

## 6. I’m still not sure about all of this. Where can I get more information?

📌 Please see “additional resources” at the end of this booklet.

📌 For a comprehensive list of terms and definitions, please visit:  
<http://sinethemba2010.wordpress.com/definitions/>

## **“POSITIVE” ADOPTION LANGUAGE**

Words not only convey facts, they also evoke feelings and emotions. For example, when a TV program or movie highlights a "custody battle" between "real parents" and "adoptive parents," society gets the wrong impression that only birthparents are “real” parents and that adoptive parents can never be “real” parents. It also connotes that most adoptions are "battles", with clear “winners” and “losers”. Words can also contribute to pervasive stigma and lead to discrimination.

Positive and accurate adoption language can help stop the spread of misconceptions such as these. By using positive adoption language, we educate others about adoption. We choose emotionally "correct" words over emotionally-laden words. We affirm our child’s place in our family, as well as the place for other family members which may include birth family. We speak and write in positive adoption language with the hopes of impacting others so that this language will someday become the norm.

When using words to describe our children’s special needs in addition to their adoption story, it is also important to use positive terms and accurate language that conveys *the condition* the child lives with, and does not attempt to label the *child as a whole*. Your child’s challenges or medical conditions may be a *part* of who they are, but they do not solely *define* who they are. For example, instead of saying “an HIV+ child”, a better use of language would be “a child who is living with, or is affected by, HIV”. In the second

example, the child comes first, and the medical condition is secondary. It may seem small, but the words we use are extremely powerful!

| <b>POSITIVE/ACCURATE LANGUAGE</b>               | <b>NEGATIVE LANGUAGE</b>          |
|---|-----------------------------------|
| Waiting child                                   | Available child, Adoptable child  |
| Intercountry Adoption                           | Foreign Adoption                  |
| Child born in country X,Y,Z                     | Foreign Child                     |
| Child with special needs                        | Handicapped child, Disabled child |
| Child living with HIV, Child affected by HIV    | HIV+ Child                        |
| <b>Birth parent affected by/infected by HIV</b> | HIV+ birth mother                 |

## **ADDITIONAL RESOURCES**

### **BOOKS – GENERAL KNOWLEDGE**

- 🔗 100 Questions and Answers about HIV/AIDS – Joel Gallant
- 🔗 Wise Before Their Time: People With AIDS And HIV Talks About Their Lives – Ann Richardson
- 🔗 The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS - Elizabeth Pasani
- 🔗 Sundays are for Funerals – Unity Dow and Max Essex
- 🔗 Nkosi’s Story – Jane Fox
- 🔗 Race Against Time – Stephen Lewis
- 🔗 28: Stories of AIDS in Africa - Stephanie Nolen
- 🔗 HIV/AIDS: A Very Short Introduction - Alan Whiteside
- 🔗 The Naked Truth: Young, Beautiful, And (HIV) Positive – Marvelyn Brown
- 🔗 Impacts and Interventions: The HIV/AIDS Epidemic and the Children of South Africa – Jeff Gow and Chris Desmond
- 🔗 HIV/AIDS and Childbearing: Public Policy and Private Lives – Ruth R. Faden and Nancy Kass
- 🔗 HIV/AIDS in South Africa: 25 years on - Poul Rohleder, Leslie Swartz, Seth C. Kalichman, Leickness C. Simbayi

- 🔗 HIV/AIDS and Sub-Saharan Africa: Politics, Aid, and Globalization – Adrian Flint
- 🔗 African Americans and HIV/AIDS: A Community in Crisis - Donna H. McCree, Kenneth T. Jones, Ann O'Leary

### **BOOKS – HIV AND PARENTING**

- 🔗 Disclosing HIV/AIDS to Children: The Paths We Take – Dale DeMatteo
- 🔗 How Do I Tell My Kids? A Disclosure Booklet about HIV/AIDS in the Family Published by The Teresa Group: [https://teresagr.ipower.com/publications\\_secure.html](https://teresagr.ipower.com/publications_secure.html)
- 🔗 HIV/AIDS in Young Adult Novels: An Annotated Bibliography – Melissa Gross
- 🔗 Warrior Princess – Princess Kasuni Zulu

### **MEDICAL ASPECT/TREATMENT**

- 🔗 Nutrition and HIV: A New Model for Treatment – Mary Romeyn
- 🔗 Children, Families, and HIV/AIDS: Therapeutic Issues - Nancy Boyd-Franklin, Gloria Steiner
- 🔗 Handbook of Pediatric HIV Care - Steven L. Zeichner, Jennifer S. Read
- 🔗 Interface Between Pediatrics and Children's Mental Health, an Issue of Child and Adolescent Psychiatric Clinics of North America - Sandra L. Fritsch

### **PARENT A CHILD WITH SPECIAL NEEDS**

- 🔗 Adopting and Advocating for the Special Needs Child, A Guide for Parents and Professionals - Bergin and Garvey
- 🔗 Working with Families of Children with Special Needs - Nancy M. Sileo, Mary Anne Prater
- 🔗 Successful Adoptive Families, A Longitudinal Study of Special needs Adoption - Groze and Paeger
- 🔗 Adopting the Hurt Child: Hope for Families with Special Needs Kids - Keck and Kupecky
- 🔗 Beating the Adoption Odds, Using your Head and your Heart to Adopt - C. Martin and D. Groves
- 🔗 The Sibling Slam Book. What it's really like to have a sibling with Special Needs - D. Meyer

📌 Growing Up Strong: What Every Parent Should Know About Self-Concept In Children With Long-Term Illnesses – Mary Burkett

📌 [http://projectark.wustl.edu/childrens\\_books.html](http://projectark.wustl.edu/childrens_books.html)

## **YOUTH AND ADOLESCENTS**

📌 Living with HIV/AIDS: Living With the Diagnosis (Helping Youth With Mental, Physical, and Social Challenges) – Kenneth MacIntosh and Ida Walker

📌 Youths Living with HIV: Self-Evident Truths - G Cajetan Luna

📌 Teenagers, HIV, and AIDS: Insights from Youths Living with the Virus – Maureen Lyon

📌 AIDS & HIV: Risky Business (Teen Issues) - Daniel Jussim

📌 Frequently Asked Questions about AIDS and HIV: A Teen Life – Richard Robinson

## **CHILDREN**

📌 Brenda has a Dragon in her Blood – Hijltje Vink

📌 Hi...I'm HIV Positive (South Africa) – Fiona Khan

📌 Caribbean Resource Readers: The Secret – Carolyn Codd - \$6.25

📌 Hopes, Wishes and Dreams: A Book of Art and Writing by Children Living with HIV/AIDS in their Family – Published by The Teresa Group - \$14.95:

[https://teresagr.ipower.com/publications\\_secure.html](https://teresagr.ipower.com/publications_secure.html)

📌 Bye-Bye Secrets: A Book About Children Living With HIV or AIDS in their Family Published by The Teresa Group - \$14.95: [https://teresagr.ipower.com/publications\\_secure.html](https://teresagr.ipower.com/publications_secure.html)

📌 Myths and Facts about HIV and AIDS – Anna Forbes

📌 HIV/Aids Information for Children: A Guide to Issues and Resources – Virginia A. Walter and Melissa Gross

📌 Alex, the Kid with AIDS – Linda Walvoord Girard and Blanche Sims

- 🦋 AIDS & HIV: The Facts for Kids (Kids' Guide to Disease & Wellness) – Rae Simons, Elise DeVore
- 🦋 What Happened to Monday? (HIV/AIDS Action Readers) – Uloma Hafstad
- 🦋 Be a Friend: Children Who Live With HIV Speak – Aprille Best, Philip A., M.D. Pizzo, and Lori S. Wiener
- 🦋 David Has AIDS (In Our Neighborhood Series) – Doris Sanford and Graci Evans
- 🦋 What's AIDS Mom? – Judy Bruce-Brand, Merewyn de Heer, and William Sinclair Winship
- 🦋 HIV Positive – Bernard Wolfe
- 🦋 I Have a Secret – JB Terry-Smith
- 🦋 The Gathering Tree (Canadian) – Chee Mamuk

## **ARTICLES**

- 🦋 HIV/AIDS, Stigma and Children, A Literature Review. H. Deacon and I. Stephney. HSRC Press. 2007. (<http://www.ovcsupport.net/s/library.php?id=906>)
- 🦋 Programs and Services Booklet – Teresa Group – Ontario Based organization that supports children and families affected by HIV/AIDS  
[https://teresagr.ipower.com/publications\\_secure.html](https://teresagr.ipower.com/publications_secure.html)
- 🦋 Factors Associated with Distress Among Support Seeking Adoptive Parents, G. Bird, R. Peterson, S. Miller. Family Relations, 51, 215-220.
- 🦋 HIV/AIDS, Stigma and Children, A Literature Review. H. Deacon and I. Stephney. HSRC Press. 2007.
- 🦋 Disclosing HIV/AIDS to Children, the Paths we Take. D. DeMatteo and J. Roberts. Detselig Enterprises Ltd. Calgary, Alberta. 2001.
- 🦋 Factors Contributing to Family Functioning of Adoptive Children with Special Needs: A Long Term Outcome Analysis. S. Erich and P. Leung. Children and Youth Services Review, 20 1&2, 135-150. 1998.
- 🦋 Outcomes of Adoption of Children with Special Needs, J. Rosenthal, Adoption, Vol. 3, No.1.

## **VIDEOS AND OTHER MEDIA**

- ✂ Tiny Tears – HIV epidemic and how it affects children around the world – Narrated by Danny Glover  
[www.tinytearsdocumentary.com/TinyTearsDocumentary/Welcome.html](http://www.tinytearsdocumentary.com/TinyTearsDocumentary/Welcome.html)
- ✂ [www.tinytearsdocumentary.com/TinyTearsDocumentary/DVD.html](http://www.tinytearsdocumentary.com/TinyTearsDocumentary/DVD.html)
- ✂ Various Publications from CATIE (Canadian AIDS Treatment Information Exchange)  
<http://orders.catie.ca/index.php?language=en>
- ✂ CATIE: Treatment Update – 7 issues per year – print copies
- ✂ CATIE: The Positive Side – Health and Wellness magazine for people living with HIV – 2 issues a year
- ✂ HIV to HOME – HIV Adoption Webinar: <http://www.fromhivtohome.org/parent-resources/hiv-adoption-webinar/>
- ✂ HIV and Children – AIDS Map - <http://www.aidsmap.com/files/file1000886.pdf>
- ✂ We Are Dad (documentary about a family who adopted 7 children, 2 of whom are HIV+):  
<http://www.decaproductions.com/index.html>
- ✂ Bethany Adoptions – HIV Toolkit: <http://www.bethany.org/HIVresources>

## **WEBSITES AND BLOGS**

- ✂ Pediatric Guidelines and Care: <http://www.thebody.com/index/treat/children.html>
- ✂ Baylor AIDS - Children/swallowing pills: <http://bayloraids.org/resources/pillprimer/>
- ✂ Riley Children’s Hospital – A Family’s Guide to Living with HIV: <http://iuhealth.org/riley/infectious-diseases/hiv/>
- ✂ CDC: <http://www.cdc.gov/hiv/resources/factsheets/>
- ✂ Yahoo Support Group: <http://groups.yahoo.com/group/hivadoption/>
- ✂ Children with AIDS Project: <http://www.aidskids.org/>
- ✂ Kids Health/HIV and AIDS: <http://kidshealth.org/parent/infections/std/hiv.html>
- ✂ WACAC: <http://www.wacap.org/FamilyFinders.asp>

- ✂ Chances by Choice: <http://www.adoption-link.org/chances-by-choice-program.aspx>
- ✂ AHope: <http://www.ahopeforchildren.org/>
- ✂ Caring for Children with HIV/AIDS:  
<http://www.nyhealth.gov/diseases/aids/resources/child/index.htm>
- ✂ Women, Children and HIV: <http://www.womenchildrenhiv.org/>
- ✂ AIDS Info: <http://www.aidsinfo.nih.gov/>
- ✂ World Health Organization: [http://www.who.int/topics/hiv\\_aids/en/](http://www.who.int/topics/hiv_aids/en/)
- ✂ UNAIDS: <http://www.unaids.org/en/>
- ✂ Trillium Foundation (Medication):  
<http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html>
- ✂ CATIE: <http://www.catie.ca/eng/Publications/drugaccess/ontario.shtml>
- ✂ Hopkins HIV Guide: <http://www.hopkins-hivguide.org/>
- ✂ Pub Med: <http://www.pubmed.org>
- ✂ Positively Adopted: <http://www.positivelyadopted.com/>
- ✂ Sinethemba - Adoption and HIV: <http://sinethemba2010.wordpress.com/>
- ✂ Project Hopeful: <http://projecthopeful.wordpress.com/about/>
- ✂ Given Much Mom: <http://www.givenmuchmom.com/p/hiv.html>
- ✂ Precious and Positive: <http://preciousandpositive.wordpress.com/>

The Children's Bridge Resource Lending Library has many titles and other resources available on HIV and other topics related to adoption and parenting. Please contact Kayden Cullum ([kayden.cullum@childrensbridge.com](mailto:kayden.cullum@childrensbridge.com)) if you would like to borrow any of our titles.