For Julie Barroso, it was watching a dietary aid cautiously push a food tray into an AIDS patient’s room with her foot.

For James “Les” Harmon, it was the compassion of caregivers he witnessed while volunteering at an AIDS hospice in San Francisco.

These dual epiphanies cemented the career choices of two Duke University School of Nursing faculty members.

In the early 1980s, during the peak of fear and anxiety about HIV/AIDS, they committed themselves to serving the suffering.

“There was such a need, and I knew I could actually make an impact,” says Harmon, NP’97, DNP’12, who left a career in architecture and graphic design for nursing.

Barroso, PhD, ANP, APRN, BC, FAAN, “saw how
people were being treated and decided I had to do something to help. I could not sit on the sidelines and watch,” she says.

The pair has established themselves as DUSON’s most active HIV/AIDS researchers and clinicians.

Barroso’s research in qualitative methods, HIV-related fatigue, and stigma reduction interventions for HIV-infected women, have led to more than 50 published articles and membership on the Board of Trustees of the International Association of Physicians in AIDS Care.

Harmon spent 10 years conducting HIV/AIDS drug research in the Duke Infectious Diseases Clinic before being named to the School of Nursing faculty in 2008. Since 1997, he has worked one day a week at an HIV/AIDS clinic in Henderson, N.C., that serves 250 patients from five counties. He is passionate about inspiring future nurse practitioners to work with the HIV/AIDS population.

Barroso and Harmon both say they are concerned that today the prevailing attitude in the United States, according to a recent national survey, is that HIV/AIDS no longer poses a significant health threat.

“HIV/AIDS is at the epicenter of so many things,” says Barroso. “HIV is about poverty, lack of access to care, stigma, and broken social structures. We can’t become complacent: New generations of people still need to be educated about it.”

STIGMA: NO EASY ANSWERS

Barroso recently completed data collection on a two-year NIH-funded project aimed at decreasing the level of stigmatization felt among HIV-infected women. Her co-principal investigator is Michael Relf, PhD, RN, ACNS-BC, AACRN, FAAN, associate professor and assistant dean of undergraduate education at the School of Nursing.

Stigmatization carries significant health implications. Women who fear being stigmatized if they disclose their condition to their families, employers, or sexual partners, are less likely to adhere to medication schedules for fear of being seen taking the medication. They suffer higher stress levels. They also are less likely to ask their sexual partners to use condoms for fear of being abandoned if their condition is known.

Barroso’s project involved giving 100 HIV-infected women iPod Touch devices, half of which were loaded with a 45-minute video in which actresses portray women with HIV infection and discuss the many facets of stigma and how it affects so many areas of their lives. The video was developed as part of a qualitative metasynthesis project that Barroso worked on from 2000 to 2005. The video is a synthesis of findings from qualitative studies conducted with women with HIV infection and was a way of trying to move the results of research directly into the hands of the people who need it most: the patients.

“This is not a prescriptive video,” Barroso says, “because there are no easy answers to how to deal with stigma. Above all, the women agonized about whether to tell their children their HIV status.”

The video shows how the women came to their respective decisions. They share their fears and life struggles—something Barroso said the viewers connected with on a personal level.

“There’s something about the notion that they are not alone that is comforting,” Barroso says. “One woman in the video talks about deciding to tell her mother and girlfriends but not her children because she doesn’t want her kids to worry or be stigmatized themselves. These are tough decisions. There is a calculus of disclosure that we talk about in the video to help women consider a number of different things prior to telling someone they are HIV-infected.”

The 50 women who received the video-loaded iPods were instructed when and how many times to watch the video. They were surveyed at the beginning of the project, after 30 days, and after 90 days when the project concluded. Data was collected on stigma, self-esteem and self-efficacy, how many people they disclosed their illness to, and how the video impacted them.

The qualitative data that has been analyzed thus far
show that the project was positive for most of the women.

“Some of them disclosed to family members and said it felt like a weight had been lifted off them,” says Project Manager Megan Williams, MSW, MPH. “They said that a veil had been lifted and there are now people in their lives who can support them.”

Barroso says that for some of the women the video confirmed that it was time to come out and tell others about their diagnosis. “It was time to stop letting HIV define who they are. For others the video reinforced that they were right not to tell anyone, and the video helped them think this decision through, carefully and thoughtfully.”

Barroso currently is conducting deeper analyses of the results and considering ways to advance the project.

**PERSONAL ATTENTION**

Harmon is considered a godsend to the HIV/AIDS sufferers that he helps to treat at the clinic in Henderson.

“He saved my life,” says a young African American man who receives treatment at the clinic. “I was at the very bottom when I first came here in 2003, and he’s helped to lift me up. He’s a good person.”

Harmon was among the first Duke clinicians to staff the Northern Outreach Clinic in Henderson when it first launched in 1997 as a joint venture between the Maria Parham Hospital in Henderson and the Duke Infectious Diseases Clinic. He has been providing care at the clinic one day a week since then. In 2011, it became a fully independent non-profit entity. Since it began it has been funded by grants from HRSA’s Ryan White Program and other donations.

“We have had very good patient outcomes,” Harmon says. “We’re small enough to give patients a lot of personal attention.”

Harmon has been pivotal to the clinic’s growth and success, his fellow clinicians say.

“Les means a lot to this community,” says Kara McGee, a physician assistant at Duke who works two days a month at the clinic. “His dedication to this clinic is astounding. He’s built very strong relationships with the patients.”

The clinic has grown from seeing patients one half-day a week to four full days. Its staff includes a full-time physician, Harmon, McGee, a registered nurse, a case manager, and a bridge counselor who follows up to make sure patients keep their appointments. The clinic also has adopted electronic medical records.

“Care is available to anyone with HIV infection, regardless of ability to pay,” Harmon says. “We’re able to access state-run programs for providing antiretroviral therapy.”

In addition to his clinical work, Harmon has worked with private practice physicians in Henderson and the North Carolina Rapid HIV Testing Program to expand routine HIV testing in the community.

“Working at the clinic has been very rewarding,” he says. “I’m still seeing some patients I saw the first year. It shows how far we’ve come.”

Harmon teaches full time in the School of Nursing’s nurse practitioner program. In the fall he teaches a basic course on HIV that gives a broad overview of the history of HIV, clinical management, and social issues.

And as both Harmon and Barroso point out, an HIV/AIDS population of about 1.2 million Americans exists, and 50,000 new infections occur each year.

“We’re an aging group of folks taking care of people with HIV/AIDS,” Harmon says. “I want to inspire the next generation to go into this work.”

JAMES ‘LES’ HARMON