The Power of Anonymity: HIV/AIDS in the Philippines and the Internet

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The stigma and discrimination associated with sexual orientation and gender identity complicate the struggles of those at risk of getting HIV and people living with HIV/AIDS. The ability to shift from real world identities to online anonymity becomes empowering for these individuals, as they are able to pursue their fight against the disease. Through the emails sent to and published by Pozziepinoy in his blog, "Living with HIV in the Philippines," we see how sexual orientations and gender identities are suppressed and ignored, allowing these individuals to face the conditions and confront other problems associated with this disease.

Keywords: HIV/AIDS, empowerment, Internet on-line anonymity, sexual orientation, gender identity

HIV/AIDS in the Philippines

The numbers are alarming. Two hundred ninety three (293) cases of the Human Immunodeficiency Virus (HIV) infection were reported for the month of December 2012. This was 9% higher compared to the same period of the previous year. Cumulatively, 11,702 cases have been reported since 1984. Between 2003 and 2004, the increase in reported cases was 3.11% while from 2011 to 2012, there was a 42.10% increase. In ten years' time, the change is equivalent to a 1,629.54% increase in reported cases. As of December 2012, the total number of reported cases is 3,338 for the year (see Table 1). The number of reported deaths due to the Acquired Immunodeficiency Syndrome (AIDS) in 2012 totals 353 (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2013). In an article in *Philippine Star* titled "The Philippines: HIV Cases Reach 'Epidemic' Level," Palaubsanon (2013) wrote that for every reported case of HIV/AIDS, there are 10 that are undetected or unreported. This means that there are potentially 110,000 individuals who are infected but unaware of their condition.

Table 1. Number of HIV/AIDS Cases Reported in the Philippines from 2003 to 2012 (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2013).

YEAR	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
No. of Reported Cases	193	199	210	309	342	528	835	1,562	2,349	3,338
1% Increase from Previous Year	4.89	3.11	5.53	47.14	10.68	54.39	58.14	90.54	47.64	42.10

Majority of those who have HIV/AIDS are males numbering 10,076. The main mode of transmission is through sexual contact: 31% from heterosexual contact; 42% from homosexual contact; and 27% from bisexual contact. Other modes of contact are through blood products, drug injections, needle prick injury, and mother to child transmission (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2013).

In 1998, when there were only less than 200 reported cases of HIV/AIDS in the country, the Philippine AIDS Prevention and Control Act of 1998 or Republic Act 8504 was enacted to promulgate policies and prescribe measures for the prevention and control of HIV/AIDS in the country. Among its provisions is the promotion of "public awareness about the causes, modes of transmission, consequences, [and] means of prevention and control of HIV/AIDS" (Sec. 2), policies against discriminatory acts, and the establishment of The Philippine National AIDS Council that is tasked to implement the law. Despite the implementation of the law and the presence of numerous non-government organizations (NGO), such as the AIDS Society of the Philippines, fighting against HIV/AIDS, it is apparent that efforts to curb the spread of the disease are ineffective as it has reached epidemic proportions. The Philippine Department of Health-National Center for Disease Prevention and Control (DOH-NCDPC) points out that the programs "towards care, treatment, and support to PLHIV [People Living with HIV/AIDS]" are "obliterated" because of stigma and discrimination (DOH-NCDPH, 2010). "They prevent PLHIVs access to needed services… Worries about family denunciation, denial in employment and public rejection hinder the effectiveness of HIV and AIDS prevention and care efforts. Impressions about the lifestyles of PLHIV contribute to the notion that HIV and AIDS are problems that affect 'others'…" (p. 73). "Others" in this sense represent those whose sexual orientations and gender identities differ from the "norm" of heterosexuality or heteronormativity.

These impressions are the products of myths on the disease. Tan (1997) enumerates some of these myths in his book *A Primer on HIV, AIDS & the Filipino: Shattering the Myths*: "AIDS 'only' affect mainly male homosexuals and sex workers (prostitutes)." "If HIV is spread more often by men to women

and from men to men, then men shouldn't worry about getting HIV if they stick to women." "Lesbians shouldn't worry about HIV," and "It is 'unnatural sex' that causes HIV infection." Because "unnatural sex" does not conform with the sexual orientation and gender identity of the majority and suggests promiscuity, the decay of morality, and the abandonment of traditional family values, these myths lead to stigma and discrimination. Especially vulnerable to this discrimination are homosexuals given that most of those afflicted with the disease are men who have sex with men (MSM). At the outbreak of HIV/AIDS in the 1980s, it has been called the "gay disease." Tan argued that views like these are "erotophobic: a fear, if not hatred, of sex… Sex is necessarily evil, the only permissible function being reproduction. Anything else, from masturbation to homosexuality, is wrong" (p. 114).

How then do those belonging to the most at risk populations (MARPs) and those living with HIV/AIDS negotiate this social and medical predicament? Specifically, given that the problems encountered by the DOH-NCDPC and the myths related to HIV/AIDS are the outcomes of stereotyped sexual orientations and gender identities, how do they fight against stigma and discrimination associated with HIV/AIDS and overcome the health issues of the disease? In order to answer these questions, I set out to find the sexual orientations and gender identities of these individuals, their experiences in managing the disease, and the struggles in their journey with HIV/AIDS. I will argue that by going online and concealing their identities, including their sexual orientations and gender representations, these individuals are empowered to take control of their medical condition and address the problems and overcome the struggles associated with the disease.

Online Research

For this paper, my stand is identical with Kendall's (as cited in Kennedy, 2006) BlueSky research conclusion that "despite prevailing claims about multiple and fluid identities in such [online] environments, BlueSky participants 'continually work to reincorporate their experiences of themselves and of others' selves into integrated, consistent wholes'" (p. 863). Kennedy contends that "online identities are often continuous with offline selves, not reconfigured versions of subjectivities in real life" (p. 861). As such, Kennedy—who was influenced by Deleuze (1973), Hall (1996), Hine (2001), and McPherson (2000)—proposed that the conduct of sociocultural research online should veer away from identity play and instead focus on the "politics and participation" of the players to understand their identities and their online and offline worlds.

> Rather than merely looking at whether or not participants are engaging in identity play, such as gender switching, we need to be cognizant of the meaning and salience of such behavior

> for participants. We should also contextualize these meanings in light of social and political realities both online and off. (Kendall, 1998, p. 130)

This is particularly relevant when I considered that living with HIV/AIDS could not be understood with the frivolity of identity play associated with the Internet.

Thus, I turned to the Internet, specifically Filipino-authored blogs to investigate the experiences of and give meaning to lives of MARPs and PLHIVs. Conducting an online search for these yielded several blogs (e.g., "Living with HIV in the Philippines," "Courage Philippines," "Positive Pinoy: Living Positively with HIV," "Blog of a Filipino with HIV," and "The Green Man Diary"). Among these blogs, "Living with HIV in the Philippines," created by Pozziepinoy was the first blog that appeared on the search engine. Also, this blog has the most current entry (dated 30 March 2013 when I started gathering data). It is also one of the most active blogs in terms of emails or reactions sent to the author. This blog has been viewed 518,088 times.

The creator, Pozziepinoy (2013), describes himself as "a PLHIV [People Living with HIV] from Manila, Philippines who shares his new life, his new journey, and his new mission in life to the world…" (para. 2). The author's reasons for putting up the blog are to:

> …give information about HIV/AIDS in the Philippines. It aims to provide information about the importance of prevention, early detection through HIV testing and treatment of HIV and opportunistic infections. It provides a venue for social interactions and discussions about the disease… (para. 2)

The blog includes a forum with topics such as "HIV Test," "HIV Doctors and Specialists," and "HIV/AIDS Awareness." It also has a chat room, a blog archive, and the following tabs: "Home," "Contact Me" (where email messages are sent to Pozziepinoy), "About My Blog," "HIV 101," "HIV Testing Centers," "HIV AIDS Treatment Hubs," "Contributors," and "Share your Story." The blog has links to Pozziepinoy's twitter, "The Love Fund" (a facility where readers can help "indigent and less fortunate people living with HIV/AIDS" through donations in kind or cash), information on getting tested at the Research Institute of Tropical Medicine (RITM) Satellite Clinic, "The Red Ribbon" (an online support group for PLHIV), and his videos.

As of 30 March 2013, 301 emails have been sent to Pozziepinoy since he started his blog on 27 September 2011. Only 295 of these emails were published on the blog. The author consults with several experts and solicits help from contributors to answer the questions that are beyond his expertise. Among those he consults is Dr. Rossana Ditangco, the head of the Research Institute

for Tropical Medicine-AIDS Research Group (RITM-ARG). I considered these emails and Pozziepinoy's replies as a reflection of the context of HIV/AIDS in the Philippines. I conducted a close reading of all the 295 emails and replies.

Anonymity, Sexual Orientation, and Gender Identity

To earn his reader's trust, Pozziepinoy hides the real names of those who send emails. He also withholds personal information to cover the sender's identity. When sending an email message to Pozziepinoy, the names and email addresses of the senders are optional. Upon posting one of the first email messages he received in his blog, Pozziepinoy (2013) had this to say:

> This is a love letter actually. This is so heart-warming so I am posting it in my blog and to the writer I hope you don't mind. I deleted some pertinent information to protect you guys' identity. I just think that other readers will learn something about your experience… (Email 8,[1] 2012)[2]

Below is a quote from one of the emails to show how Pozziepinoy uses "XXX" to block confidential information:

> I am XXX years old currently in XXX. I've been here since XXX. I had myself tested and this morning I was told that I am HIV positive. I'm currently at a loss right now and clueless as to what my next step would be. (Email 8, 2012)[3]

In his reply to Email 5 (2012),[4] Pozziepinoy used the pronoun "him," indicating that the email sender is male. But in subsequent replies, beginning in Email 7 (2012),[5] he uses "his/her" and similar terms, implying a conscious effort to hide the sender's identity.

Less than 50 of the emails exhibited the following markers that could lead to the identification of the writers in the offline world: age, location, sex, occupation, sexual behavior, and lifestyle. Fewer had any indications of their sexual orientation and gender identity.

The sender of Email 45 (2012)[6] wrote, "Good afternoon!! I'm XXX. I have partner newly diagnose [*sic*] HIV positive while I'm HIV negative" (para. 1). This suggests that the writer is a homosexual with the use of the term "partner"—a term that is usually used to describe homosexual relationships. The rest of the email gives no clues if the sender is gay or lesbian. Taken in context, the revelation was done to point out that the sender was writing in behalf of his/her partner. In Email 47 (2012),[7] we see an admission of sexual orientation:

> *By the way, I'm "Superman," XXX years old and I'm living in XXX. I must admit I'm gay, but only a few people ang nakakaalam ng sexuality ko, hindi ko masabi yun sa family ko, since my dad is a XXX and kilala ang pamilya namin; XXX din ako sa family, though may hint na sila that I'm gay, still wala pa ring confirmation from me about that, dahil natatakot ako sa maaring pwedeng mangyari o mabago pag inamin ko sa kanila what is my real sexuality since I know my father very well…* (para. 1)
>
> (By the way, I'm "Superman," XXX years old and I'm living in XXX. I must admit I'm gay, but only a few people know about my sexuality, I cannot tell my parents since my dad is a XXX and our family is quite well-known; in the family, I'm XXX, though they have hints that I am gay, still I have not provided confirmation about that, because I am afraid of what could happen or change once I admit to them what my real sexuality is since I know my father very well…)

This admission was given to describe his situation, his fears and anxieties, as a way of putting into perspective why he had to turn to Pozziepinoy. The admission also puts into context his sexual practices in order for Pozziepinoy to better assess his concerns.

Email 106 (2012)[8] indicates that the writer is bisexual. He suspects that he has been infected by HIV. He writes about his symptoms and then adds:

> *Natatakot ako kase im only 17 years old. Madami na kong sexual encounters both girls and gays. May anak na ko at this young age and she's just 9 months old. Natatakot ako na baka ilayo sken ng asawa ko yan pag nalaman na positive ako sa HIV. Andami ko na kaseng sexual encounters sa babae. (para. 2)*
>
> (I am afraid, because I'm only 17 years old. I have had several sexual encounters, both girls and gays. I have a child at this young age and she's just 9 months old. I am afraid that my spouse will take my child away once they found out that I am HIV positive. I have had many sexual encounters with women.)

This revelation of sexual orientation and sexual practices was done to explain his suspicion. The sender ends his email with "Please tell me what should I do :(" (Email 106, 2012, para. 3).[9]

In Email 87 (2012),[11] the email sender bared both his sexual orientation and gender identity by saying that he is "*a maria-clarang pa-girl*" (para. 1). This is gay argot for a feminine-acting and conservative male homosexual. The point of this exposition was to characterize his sexual behavior. He claimed that his first and last high-risk sexual activity was in 2009 and subsequently he only engaged in safe sex, the last of which was in September of 2011. His HIV/AIDS test in May 2011 was nonreactive but in October 2012 was reactive. He wanted to find out "if my HIV could advance to Clinical Stage III or IV asap. I found out, on the net, that Stage II lasts for about 8-10 years so how could I get to Stage III that fast?" (para. 4).

The non-inclusion and very limited presentation of identity markers in the emails manifest anonymity and pseudonimity. "Anonymity means that the real author of a message is not shown. Anonymity can be implemented to make it impossible or very difficult to find out the real author of a message" (Palme & Berglund, 2002, para. 3). In such conditions, Suler (2004) says that "people can hide some or all of their identity. They also can alter their identities. As the word 'anonymous' indicates, people can have no name or at least not their real name" (p, 322). This is pseudonymity, a type of anonymity wherein the author uses another name to hide their real-world lives (Palme & Berglund, 2002). This implies a single identity change: a shift from fluid real-world identities to a more stable anonymity devoid of sexual orientation and gender identity.

The HIV/AIDS Experience

The emails sent to Pozziepinoy on his blog provide a road map to a journey: the conditions that those vulnerable to the disease and those who are living with it go through. Aside from these conditions that the emails reflect, the various emotions that they feel while going through this journey are revealed. All the "journeys" are unique and are replete with a variety of emotions that, most often than not, are felt by PLHIV at the same time. The purpose of this account is just to provide, in broad strokes, the experience of these individuals in order for the reader to get a better understanding of what having the disease entails and not to simplify and reduce the experiences of MARPs and PLHIVs into a simple, linear narrative. As one reader puts it, this journey, the reality of HIV/AIDS in the Philippines is a "rollercoaster ride" (Email 16, 2012, para. 5).[10]

This rollercoaster ride begins with the realization that one might be infected with the virus. This comes with a gamut of emotions like anxiety, denial, fear, guilt, hopelessness, and concerns about finances, accuracy of tests, and the reaction of one's family and loved ones. The sender of Email 186 (2012)[11] exemplifies these with his message:

> I'm still afraid to take the HIV test. I don't know what to do if it turns out to be positive. I've been sexually active and last year (December), I had my unprotected sex. The day after, I feel sick

> then few days I have colds for weeks. This is the time I look back on what I've done especially when I found this blog and it [*sic*] really a big eye opener to everybody. (para. 1)

At this stage, some are hoping against hope that they are not infected while others just wish for the best given their predicament. For example, *"Ang tanging hiling ko lang pag nagpositive ako eh magkaron pa rin ako ng trabaho. Graduating student po kasi ako, at wala pang kakayahan financially* (If I turn out positive, my only wish is to still be able to find employment. I am a graduating student and I am still not financially capable.)" (Email 161, 2012, para. 2).[12]

There are different circumstances that lead to an HIV test. There are those who take the test upon the recommendation of their attending physicians after a bout with one or more opportunistic infections (OI) that are difficult to cure or are recurring. Opportunistic infections—like "tuberculosis, malaria, bacterial pneumonia, herpes zoster, staphylococcal skin infections and septicaemia… diseases that people with normal immune systems can also get, but with HIV they occur at a much higher rate" (Avert, n.d., para. 3), and may take longer to cure as compared to those with healthy immune systems—prompt medical professionals to advise their patients to take the HIV/AIDS test. Some are required to take the test when they undergo medical examinations for employment abroad or when applying for a loan. Those who donate to the Red Cross are tested as part of the protocols for blood donation. Those who feel that they are compromised because of their sexual behavior or who have partners who were diagnosed positive for HIV/AIDS may opt to take the test. Taking the test brings out the fear of discrimination, concerns for anonymity, and the horror of experiencing the stigma associated with the disease from those who will conduct the test.

A negative result prompts a big sigh of relief. They cherish this moment as much as they could, knowing that they have to repeat the HIV test because of the three-month incubation period before the virus can be detected. Some individuals doubt the accuracy of the test and continue to feel anxious.

A positive result leads the individual to the various stages of grief: denial, anger, bargaining, depression, and finally, acceptance. The sender of Email 19 (2012)[13] captures some of these feelings precisely:

> I just have known that I have HIV last June 28 but yet to be confirmed by my Western Blot test (hopefully this Thursday). HIV may not kill me at this time but depression does. From the moment those 2 lines showed up in the rapid test, everything fell apart. It was my darkest day. I don't know what to do, who [to] tell and what to tell. I can't eat, I can't sleep and I want to stop time. (para. 1)

Email 86 (2012)[14] had this to say:

> I tested positive sometime ago… I could not believe it as I am completely healthy. I threw and burned the paper carrying the bad news. I was in denial but was never at peace. I am still healthy but I'd like to get treated if it's the way to deal with this. (para. 2)

There are also the feelings of guilt:

> This is a confession, a very long one… I guess in our quest to make sense of what had just fucking happened to us, a sort-of reprieve to our "souls" or whatever lies beneath our HIV-infected bodies, we ask two things: 1. Who infected us? 2. Who are the people we have infected? (Email 18, 2012, para. 4)[15]

> …[t]his worries me and related to your post I should "be accountable" for. I've heard that tops [in anal sex, tops are the ones who penetrate while bottoms are the ones penetrated] who are not aware of their HIV status are the major spreaders of the disease. I know I am guilty of this… I feel sad writing this really :(The last thing I want to do in life is to hurt people. (para. 13)

And feelings of hopelessness that induce some to contemplate, attempt, or actually commit suicide.

At the point of acceptance, there is a feeling of being alone. An email sender from Cebu captures this emotion in his message, "Pozzie, I have no idea as to how you dealt with the stress and the acceptance part of this condition before but right now, on my own, I felt like I am being left alone" (Email 249, 2013, para. 2).[16]

After the rapid HIV test, one waits for the confirmatory result, which usually takes two weeks before it is released, longer if the result has to be delivered outside Metro Manila. This waiting period is filled with the anxiety of hoping that one belongs to the less than 2% whose confirmatory tests yield negative findings. This anxiety is compounded by frustration due to unexplained delays in the release of the test.

There is also the dilemma of disclosure. One is worried about the stigma of the disease, how one will be accepted by family and friends, and even the threat of losing one's job. We read this in Email 55 (2012):[17]

> I don't have Pozzie friends, no one knows in my family about my condition, not even my current partner, [we're] not having

> intercourse, there are times that I want to tell him but I don't think he is [as] strong as I am. It will destroy him. (para. 4)

Even choosing a treatment hub after getting hold of confirmatory results is filled with apprehension. One has to consider the best health care service, confidentiality, cheaper costs, among other things. This is as overwhelming as the steps that a patient takes after the initial consultation with a doctor of infectious diseases (ID) in a treatment hub. The patient has to get baseline examinations: blood, urine, stool, sputum tests, and X-rays. This is also the time when some patients are given prophylaxis like antibiotics to guard against OIs. And if the attending physician discovers an OI or other STIs, the patient has to commence treatment for this infection.

When patients are prescribed to start with the ARV therapy[18] fear and anxiety again take place because of the risks of the medication. First, there are allergic reactions to watch out for. Next, there is the possibility of acquiring the Immune Reconstitution Inflammatory Syndrome (IRIS).[19] Then patients are told that taking the ARV therapy is a lifelong commitment. They are also warned to take medication regularly (compliance) and on time (adherence). Failure to do so reduces the efficacy of the therapy. Also, there is the possibility of liver and kidney complications because of the drugs. Every three months, the patient should return to his treatment hub to get his supply of medications; every six months, for another reading of his CD4; and every year, for a set of medical tests to monitor the patient's health. The patient just hopes that he does not get any OIs and/or becomes resistant to his medications.

This becomes a way of life, a continuing journey, for PLHIV. This is the advice given to the sender of Email 218 (2013):[20] "I was ok but as the doctor advised me, that 'depression will come like ocean waves, that sometimes there's nothing, and [sometimes] it is there and sometimes it will hit you like a tsunami" (para. 6).

Online Questions: Emerging Problems and Struggles

True to Pozziepinoy's intention of providing information about HIV/AIDS in the Philippines, he answers questions from his email senders. The readers of Pozziepinoy seek facts about the disease, testing and the management of the disease, the existing infrastructure and systems for the prevention of HIV/AIDS and the care for PLHIV, employment and financial concerns affecting PLHIV, health, wellness, and other aspects of living with the disease. These questions reflect the problems and struggles linked to the disease.

Readers ask basic information about HIV/AIDS. Despite efforts by the government and non-government organizations working on the prevention of HIV/AIDS since the late 1980s,[21] the inquiries imply the non availability of quality basic information, the confusion that scant information creates, and the

general lack of readily available and accessible information on the disease in the country. Here are some questions that illustrate the amount and inadequacy of knowledge among those who are at risk of contracting the disease and PLHIV:

> I have a question. Can a person with HIV be eventually cured? (Email 123, 2012, para. 1)[22]

> …As far as I know ang tulo or gonorhea kapag hindi nagamot going to HIV na yun di ba? (As far as I know, doesn't gonorrhea, if left untreated, become HIV?; Email 94, 2012, para. 2)[23]

> I'm an RN by profession and a college instructor… I just had unprotected sex right now inside an old movie theater along Sta. Cruz Manila. I fucked the guy without any condom, and I really felt bad at the moment… Do you think I might have acquired the disease? (Email 239, 2013, para. 1)[24]

The last two questions are reflective of the current condition of HIV/AIDS awareness in the country and may lead one to ask if sex education is not part of the curriculum in our schools and what kind of instruction do medical health educational institutions give their students. Clearly, the absence of an adequate information delivery system in educational institutions presents a shortfall in the implementation of Republic Act 8504. The law (The Philippine AIDS Prevention and Control Act, 1998) stipulates that:

> The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: Provided, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and the TESDA shall design special modules on HIV/AIDS prevention and control: Provided, further, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally, That it does not utilize sexually explicit materials. (Art. I, Sec. 4.)

The shortfall probably comes from the words "appropriate" and "feasible." These words are vague and are subject to a variety of interpretations; therefore it can easily be used as an excuse in the non-implementation of the law. To date, TESDA does not have any module designed for the purpose stipulated by the law (personal conversation with TESDA Hotline operator, May 2013).

The questions asked by Pozziepinoy's readers on getting tested or getting treated range from simply asking directions on how to get to the testing sites and treatment hubs, and procedures involved in getting tested and availing of the treatment and medication. The sender of Email 237 (2013)[25] asks, "Are there requirements that I need to bring in RITM for me to get tested? Like a valid ID or something?" (para. 1). Another sender inquires:

> *Mag ask lng po sana me kung pde ba iship abroad ung ARVs* (I would just like to ask if ARVs could be shipped abroad)? …I'm diagnosed with HIV last XXX since I'm an OFW. I'm not eligible sa ARV in my host country and I'm wondering if I can outsource it from Manila? (Email 31, 2012, para. 4)[26]

What is more disconcerting are the inquiries on the interpretation of test results and the nuances of HIV/AIDS treatment and management.

For example, Email 219 (2013)[27] posted this question: "I am HIV positive and I am scared; (My CD4 is 364. What should I do? I was tested a week ago" (para. 1). This may imply that the results were handed directly to the email sender. This is in violation of the protocol that a doctor of infectious diseases (ID) should be the one to give the results to the patient so that this can be properly interpreted and explained. Or it may mean that the patient was not properly instructed and prepared by his doctor on what to do and what to expect from the disease.

The long message in Email 29 (2012)[28] details the sender's skin condition after taking anti-retroviral (ARV) and antibacterial medication. He has rashes covering almost 70% of his body. The rashes appeared on the 7th day after he started his medication. He asks, "Sa palagay mo, ano kaya tong rash ko (What do you think these rashes are)?" (para. 9).[29] The treatment protocol for this situation (which looks like an allergic reaction to the medicines at best and the potentially deadly Stevens-Johnson Syndrome at worst) is to stop taking the medication and see an ID doctor immediately. Obviously, the email sender was not familiar with this protocol. This may either be due to his ID doctor's failure to brief him correctly or he may not have understood the instructions well. Either way, this is reflective of a dismal condition of patient/doctor interactions. It is also indicative of the relationship between patients and doctors in the country, wherein patients are wary of asking their doctors questions or doctors' bedside manners do not encourage the patient to inquire.

This next email, aside from also indicating the communication condition stated above, points to the lack of ID doctors who can attend to the growing number of PLHIV and the length of time it takes before treatment can commence.

> *Kapag nakuha na po ba ang CD4 count kasama ba lagi ang viral count? Kasi mejo di gaano naexplain ng doctor siguro kasi madami kasi patient. RITM-ARG Alabang po kami pumunta. CD4 count is 77 then wait pa namin result sa sputum test 1week before magstart ng arv treatment.* (Email 45, 2012, para. 2)[30]
>
> (When you get your CD4 count, is this usually accompanied by the viral load? The doctor was not able to explain this well probably because there were so many patients. We went to RITM-ARG. My CD4 count is 77. Then we have to wait one more week for the results of the sputum test before starting the ARV treatment.)

Also, living far from a treatment hub is a barrier for quality health care since one cannot get immediate medical attention when needed. There are three government treatment hubs in Metro Manila: Philippine General Hospital (PGH) and San Lazaro Hospital (SLH) in Manila, and RITM in Muntinlupa. The other two hubs in Metro Manila are private hospitals: Makati Medical Center and The Medical City. This means that if one lives in Cavite or Batangas, the nearest hub for a PLHIV is in Muntinlupa. For the rest of Luzon, the hubs are in Pampanga, La Union, Baguio City, Cagayan, and Legaspi City. In the Visayas, these are located in Iloilo City, Bacolod City, Cebu City, and Tagbilaran City. In Mindanao, there are only two: one in Davao City and the other in Zamboanga City. The locations of the hubs trigger readers from far-flung areas to send in their questions.

Another unfortunate incident was when RITM did not have the reagent needed for the CD4 tests. As such, all tests were postponed. The sender of Email 35 (2012)[31] writes about his concerns:

> I already went to RITM for a check up but they don't have yet CD4 test back then. I was scheduled on Aug XX for the CD4 test, but I'm afraid that my CD4 will drop down by that time. I wish I can take ARV's by this time but sadly there's a cut off in CD4 count. (para. 2)

These system and infrastructure problems characterize the medical treatment facilities in a Third World nation and a medical community caught unprepared for an HIV/AIDS epidemic. It becomes understandable why the sender of Email 9 (2012)[32] asks, "Since HIV positive individuals are rising in our country, do you feel now the scarcity of ARV meds?"(para. 8). This is Pozziepinoy's reply: "I know that in some hubs, there are already problems with their ARVs being delivered late, but I think it is not the supply that is the problem but by the hubs themselves by not monitoring wisely their supplies" (para. 26).[33]

Another condition reflected in the questions sent to Pozziepinoy is the varying procedures and protocols used within the different treatment hubs. This creates confusion. For example, in some hubs, ARV medication is not given before all OIs are cured while in other hubs, this is possible.

This letter from Email 212 (2013)[34] is troublesome:

> Here is my question my CD4 count is very low as of now but my doctor doesn't want to give my medicines because her condition is to let my parents know my status first. Is that so? That is more important than my medication and health? I told her that we can start my medicine and she keeps on insisting her condition... I told her to give me more time because our family is still not yet fully recovered with our life and I don't want to burden them with my condition. Can you please help me with this? I really want to start my medications... I told her that at the end of the day I think that my condition won't kill me but the over thinking that my parents will get worried about my condition... (para. 2)

The situation is tantamount to the withholding of treatment. Although the law is vague on this point and possibly, the attending physician has a motivation that may benefit the patient, this email indicates the inconsistencies in the protocols used in the care and management of the disease, especially considering that the patient was advised by Pozziepinoy to transfer to another treatment hub where he would be given his medication.

Answers to the inquiries regarding the procedures needed to transfer from one treatment hub to another provide the readers with the steps necessary for the transfer. But what are more reflective of the current state of HIV/AIDS treatment are the reasons behind the desires to move to another hub. To wit:

> *My treatment hub is in SLH. But recently, I finally made up my mind na lumipat ng (to transfer to) PGH- SAGIP as my treatment hub. Hesitant kasi ako dati kasi I'm working and baka madaming requirements. Matagal kong gustong lumipat*

kasi di ako komportable sa doctor ko sa SLH (Dr XXX). Sobrang grumpy and moody nya kasi. Naoperahan kasi ako recently pero I chose to have it done in Makati Medical Center. Ayoko kasi sa SLH.

Di ako nagdisclose sa Makati Medical Center nung nagpaopera ako. so, nag skip din ako ng ARV ng 4 days. Di ako makapagopen up kay XXX kasi nanghihiya sya ng patients, minsan naririnig ko pa na sinisigawan nya yung iba. Narealize ko lang na sooner or later, pwde ulit ako maconfine, pero ayoko sa SLH. (my major reason is di ako comfortable sa Dr ko). I have nothing against her. Siguro ganun lang talaga sya. I don't want you to have a bad impression on her. Ganun lang ang "opinion" ko about her.

Can you give me an advise on what are the requirements of PGH-SAGIP para sa mga nagtatransfer ng treatment hub? Nabasa ko kasina super nice ang doctor mo. Saka ayoko na rin tlga sa SLH kasi sobrang dami na nila dun. Mas gusto ko pa rin yung discreet yung environment and di nagkakakitaan ang mga patients. (Email 195, 2013, para. 1-3)[35]

[(I dont like Dr XXX) (I was hesitant before because I am working and there might be a lot of requirements needed for the transfer. It has been a long time since I wanted to transfer because I am not comfortable with the doctor in SLH. She is so grumpy and moody. I had an operation recently but I chose to have it done at the Makati Medical Center. I don't like SLH. (I don't like Dr. XXX).

I did not disclose (my condition) at the Makati Medical Center when I had my operation. So, I had to skip taking my ARVs for four days. I could not open up with XXX because she embarrasses her patients. There are times I hear her screaming at other (patients). I realized that sooner or later, I can be confined, but I do not want it at SLH…. I have nothing against her. Maybe she is just like that. I don't want you to have a bad impression of her. This is just my opinion.

Can you advise me on the requirements needed to transfer to PHG-SAGIP treatment hub? I read that your doctor is very nice. Also, I really don't like it anymore at SLH because there

> are so many people there. I prefer a discreet environment where patients do not see each other (while waiting for their consultation).]

Another email sender had the same opinion of this doctor. His email mirrors the patience and perseverance that PLHIV has to endure. At the same time, it shows how this situation is rationalized to justify the doctor's dismal attitude towards patients. Here is an excerpt:

> Yes, like what your other readers say here, she came out to me as a little harsh and I even complained to my sister about the process and the doctors, but my sister just said, 'brother, don't complain anymore, everything is free here and it is best that she's strict because you will follow her orders!' She was really right, I thought, because if my doctor is not strict, I bet I would turn things around. I told myself that it is best that I have a 'warden in my jail'. (Email 218, 2013, para. 8)[36]

A recurring focus of information needed by the readers is about employment and the financial aspects of living with the disease.

Here are some of the questions on employment: "Can I still work?" (Email 60, 2012, para. 3);[37] "Will I lose my job when my company finds out that I have HIV?" (Email 124, 2012, para. 4);[38] "Do you have any known agency here in the Philippines that accepts HIV positive?" (Email 182, 2012, para. 2).[39] The first two questions point to the country's cognizance of the possible discrimination in the workplace against PLHIV or those suspected to have the disease. The law (The Philippine AIDS Prevention and Control Act, 1998) is clear: "Discrimination in any form from pre-employment to post-employment" (Art. VII, Sec. 35), is unlawful. The last question was posed by the sender of Email 182 (2012)[40] who lost his chance to work abroad. He writes,

> I am 30 years of age and was diagnosed HIV positive last May 2012. I only found out the status when I was applying for a job to work as a teacher in China. Just like many individual seeking for their future, it was a nightmare. I really wanted to work abroad to help my family. I know I can do great, I know my capacity... but all gone because of this disease. (para. 1)

There are restrictions for PLHIV who wish to travel or work abroad. The sender was referred to a website[41] to find this out for himself. The Philippine law considers these restrictions as discriminatory (The Philippine AIDS Prevention and Control Act, 1998).

Here are some questions on money matters: "…[W]ith regards [*sic*] to financial obligations how much should I prepare for the preliminary laboratory examinations?" (Email 12, 2012);[42] "I would like to know if it's free to have a cd4 test at (and) viral load at RITM? I paid 2k for cd4 and 6k for viral load at SLH" (Email 17, 2012, para. 2);[43] "I have a lot of questions but more important would be consulting…a doctor of HIV first and knowing my CD4 count for now. Do you know where can I take the test for a cheaper cost? And a doctor who doesn't charge that much?" (Email 54, 2012, para. 3);[44] "Are you under medication now? Are you getting it for free? If Yes, where?" (Email 55, 2012, para. 2);[45] "I would like to ask how much would it cost me if I'd had to be confined in ritm [*sic*]? Like how much is the room rate etc. thanks [*sic*]." (Email 252, 2013, para.1).[46] These emails reveal that the readers do not know that many of the costs for the treatment and care for HIV/AIDS come free at government treatment hubs. This implies that information concerning these matters is not readily available. This becomes very difficult for PLHIV and those who are at high risk for contracting the disease in terms of choosing treatment hubs and financially preparing for their treatment. The message regarding the amount charged for the CD4 test at San Lazaro Hospital (SLH) and the reply of Pozziepinoy that this test is free at RITM points to the inconsistent policies among different government treatment hubs.

There are also questions on the role of Philhealth and other Health Management Organizations (HMOs) in the management of this disease. The basic inquiry is on what these medical insurance institutions cover. Most HMOs do not cover HIV/AIDS in their policies. As for Philhealth, it was only very recently when the implementing rules and guidelines for HIV/AIDS coverage were hammered out even when Republic Act 8504, dated 1998, prescribed the implementation of an insurance coverage for PLHIV. Even the implementing rules and guidelines leave much to be desired as we can see in Email 198 (2013):[47]

> Good afternoon, I have a question regarding PhilHealth. My doctor asked me to have my CF1 forms signed by my employer. Now the problem is the person handling PhilHealth in our office is asking why I'm asking for a claim when I'm not yet in the hospital. (para. 1)

This situation becomes problematic for PLHIV. This can be a source of breaches in confidentiality. PositHIVe, a contributor to the blog, advised the email sender "to apply for a different PhilHealth [coverage] under voluntary contribution" (Email 198, 2013, para. 6),[48] to avoid this problem.

All these questions on employment and finance reveal a great concern for the cost of tests and treatment for HIV/AIDS and illustrate the financial difficulty of living with this disease.

Given the experience of Pozziepinoy with this disease, inquiries on health, wellness, and other aspects of living with HIV/AIDS can also be seen in the blog. For example, Email 27 (2012)[49] has this message: "Would you mind sharing to me your 'new normal' scheme? Like how's your sleeping schedule, things that you avoid doing, food that you eat. Do's and dont's. :) Again, I appreciate your help" (para. 1). Another reader wanted to know if there will be "airport problems due to my medications and I will be outed to my relatives (my immediate family does know my status and I'm lucky they are very supportive)" (Email 300, 2013, para. 2).[50]

The Power of Anonymity

Those seeking information and help in their battle against HIV/AIDS run the risk of identity exposure that may result in stigma and discrimination. Consequently, confidentiality becomes of utmost concern. The Internet provides the privacy and secrecy that lead those who are at risk of acquiring HIV and PLHIV to empowerment.

Hur (2006) in his analysis of the literature on empowerment defines it as both a process and the ability "to achieve a state of liberation strong enough to impact one's power in life, community and society" (p. 535). The process of empowerment includes "an existing social disturbance, conscientizing, mobilizing, maximizing, and creating a new order" (p. 535). The "state of liberation" in individual empowerment consists of several components: creating meaning, acquiring competence, self-determination, and impact.

"The existence of individual disturbances and/or social disturbances was the first step of empowerment" (Hur, 2006, p. 529). The situation of the email senders in Pozziepinoy's blog shows that HIV/AIDS is both an individual and social disturbance, especially aggravated by the stigma and discrimination associated with the disease.

It is evident through the emails that "[i]ndividual empowerment develops when people attempt to develop the capabilities to overcome their psychological and intellectual obstacles and attain self-determination, self-sufficiency, and decision-making abilities" (Becker, Kovach, & Gronseth, 2004 in Hur, 2006, p. 531). By asking questions and seeking help and peer recognition, the senders are attempting to make sense and give meaning to their situation and develop their capabilities to overcome their predicament.

Aside from providing information, which is already empowering because it mitigates these disturbances, the blog provides a site for the readers to become a part of a social support group. This becomes a venue for shared power that Page and Czuba (1999) say leads to the possibility of empowerment where the individuals are helped to "gain control of their lives" (Hur, 2006, p. 524), towards self-determination.

The blog, through the emails, has also become a site for asking and providing help to PLHIV. A reader sends this email, "I am hopeless, I need people to

explain what is going on... pls help me" (Email 13, 2012, para 13).[51] Aside from seeking information, readers request for referrals to testing sites, treatment hubs and offline support groups, counseling and advice, financial aid, and even prayers. Parnoidfreak writes, "[p]lease pray for me and the others like me who are worried and anxious and have been continuously suffering from annoying symptoms" (Email 7, 2012, para. 5).[52] Others offer prayers; one wants to become a motivational speaker for PLHIV; and there are those who give aid in cash and in kind. One of the readers sent an email asking for help. He was about to run out of medication for his tuberculosis. This was during the holidays and the treatment hub was closed. He was afraid that he would relapse and feared that he had to take the second line of medication, which is not given free, if this happened. The following day after Pozziepinoy mobilized the readers and contributors of the blog, they were able to give the email writer his medication. This is one example of impact in the components of empowerment.

The empowerment and support exhibited in Pozziepinoy's blog is again a mirror of what happens in real world. It confirms that there is a community of PLHIV who are empowered not to look at HIV/AIDS as a death sentence anymore. As an mail sender writes, "Thank you Pozziepinoy for educating us and for giving us light in what we thought is a dead end to our lives" (Email 41, 2012, para. 5)[53]

These capabilities are enhanced because of the "[t]he therapeutic value of writing about one's thoughts and feelings [as it] may alleviate depression and loneliness, and reduce pain and stress" (Smyth, Stone, Hurewitz, & Kaell, 1999 in White & Dorman, 2001, p. 703). The blog becomes a confessional. A number of testimonials about their PLHIV journey emailed to Pozziepinoy point to this therapeutic effect. This is one of them:

> *Nafufrustrate ako kc hindi ko pa din nakukuha ung confirmatory test ko from San Lazaro Hospital na nirequest ng XXX last September 10* (I am frustrated because I still do not have the results of my confirmatory test from San Lazaro Hospital that was requested by XXX last September 10). How I wish I would know my CD4 and start with my medication. I will be honest with you, I'm not financially well off, I am the bread winner of the family, my mom and my sister they depend on me. That's why when I learned about my condition I started planning, pero how fortunate I will be if there's an institution that will support me with my meds. *Why do I feel like a beggar after saying that...hahaha… Natutuwa ako may nalalabasan ako ng nararamdaman ko* (I am happy that there is a way for me to express my feelings." (Email 55, 2012, para. 8-9)[54]

The development of individual empowerment in this blog is made possible because of anonymity. As Kennedy (2006) claims: "[A]nonymous online settings are empowering because they facilitate identity exploration, or occupying identity positions which may be difficult to occupy in real life" (p. 864). Anonymity in Internet communication may allow "individuals to take greater risks in making disclosures" as compared to "a more traditional anonymous setting" (McKenna & Bargh, 2000, pp. 62-63), where real names or identities can be obtained from the Internet site. Amichai-Hamburger & McKenna (2006) point out the major advantage of anonymous Internet interactions: There is a leaning towards greater self-disclosure and more intimate exchanges as compared to face-to-face situations. "The Internet allows users to overcome these obstacles [of stigma and social norms] and to manifest aspects of their personalities and identities that might otherwise remain dormant" (Shaw & Gant, 2002, p. 169). Similarly, Joinson (2001) explains how individuals may openly discuss intimate details and disclose more information about themselves, such as sexual problems, by being anonymous participants online (as cited in Palme & Berglund, 2002). This is due to the reduction of anxiety that takes place through text-based exchanges on the Internet, as participants are able to "control over how they present themselves and their views online" (Amichai-Hamburger & McKenna, 2006, p. 832). As Bargh and McKenna (2000) suggest, the use of the "Internet involves a leap of faith" (p. 585), in trusting that online messages will remain confidential.

Evident in the emails sent to the blog is a leap of faith that allows senders to take greater risks of disclosure and overcoming the stigma of the disease. This situation in Pozziepinoy's blog is similar to the observations of White and Dorman (2001):

> …people with stigmatizing disorders like AIDS… may find online support a more welcoming venue to discuss sensitive issues. The anonymity provided by online groups allows discussion of potentially embarrassing topics or otherwise taboo subjects, increases the possibilities for self-disclosure, and encourages honesty and intimacy. (p. 694)

Anonymity, as earlier defined, is the removal of markers that would identify the author of the text. The anonymity in Pozziepinoy's blog is not merely a removal of information that can lead to the identification of the email senders, such as name and email addresses. The pseudonyms used, like "worriedabouthiv," are identity neutral. The emails were focused on the senders' concerns and problems in the diagnosis, treatment, and management of HIV/AIDS. There is hardly any evidence in the emails of sexual orientations and gender identities—the source of HIV/AIDS stigma and discrimination. Even if it was possible to deduce the senders' sexual orientation and gender identity in

some of the emails, it would be difficult to ascertain if the other email senders are heterosexuals or MSM; feminine, masculine or anything in between. Why are the sexual orientations and gender identities of the senders not evident in their emails if these characteristics would not lead to the identification of the sender in the real world?

First, as Kennedy (2006) declares, anonymity "is more complex than it seems at first glance—there is a distinction between feeling and being anonymous, and there are degrees of anonymity which are varied and situated" (p. 872). In other words, anonymity should be valued based on the context of withholding one's identity. Given the strong social stigma associated with HIV/AIDS, which is in direct relation to sexual orientation and gender identity, I posit that "feeling anonymous" includes withholding these characteristics. It can be said that the revelation of one's sexual orientation and gender identity creates the feeling of vulnerability in terms of being judged, or worse, ostracized by the readers of the blog. This feeling of vulnerability comes from the social pressures created by the myths on HIV/AIDS. Declarations of sexual orientation and gender identity, especially if these do not conform to the norms, are tantamount to admission of moral weakness. Also, talking about sex, sexuality, and gender identity is taboo in our culture—it is just not talked about.

But more importantly, as the evidence suggests, sexual orientations and gender identities were disclosed in the emails only because context had to be provided in explicating the point of the email sender. For instance, this type of identification was seen when the questions are about high-risk sexual activities such as "barebacking" (engaging in anal sex without condoms) or if "bottoms" are more at risk than "tops." Otherwise, exposing one's sexual orientation and gender identity becomes unnecessary and unproductive. This brings to mind the point of DOH's National Center for Disease Prevention and Control: stigma and discrimination—which, I deem, is partly a consequence of the myths generated by negative attitudes towards sexual practices—prevent access to the needed services for fighting HIV/AIDS. As the email senders go online and deliberately ignore their sexual orientation and gender identity because it is irrelevant to what they want to say and it will needlessly complicate and obscure the already difficult task of managing the disease, they are able to overcome the stigma and discrimination in the real world. This is a manifestation of Pertierra's (2006) point on how technology becomes a part of our "everyday life including our sense of self" (p. 17). But contrary to his claim that "[t]he proclamations of the cyber future is finally emancipatory, where class, gender, race, and other inequalities will vanish have proven to be as millenarian and illusory…" (p. 17), the email senders' empowerment is as real and liberating as what is virtually possible.

In conclusion, the power of online anonymity lies in empowering those who are vulnerable to the disease and those living with HIV/AIDS: the power that allows them to be able to make sense of and give meaning to their lives; to

seek information, help, and support in a community they can identify with; to determine for themselves the courses of action they can take to overcome their predicament; and to find solutions that lead to changes in their lives. In their struggles, there is no place for sexual orientation and gender identity as HIV/AIDS, its prevention and management, does not have any sexual or gender preference.

Other Journeys

There are other blogs and sites for PLHIV in the Philippines. There are those who do not have provisions for readers to send in messages. There are those who do not participate in these online communities or do not have online access. This means that the picture painted here is far from complete. There are questions that are not answered. For instance, what are the causes of this epidemic? What are the reasons for the shift of HIV/AIDS incidence in the Philippines from heterosexual to homosexuals? What is the role of globalization and the Internet in the rise of infections? Other journeys have to be investigated in the real world. As Kennedy (2006) puts it, it is "necessary to go beyond internet identities, to look at offline contexts of online selves, in order to comprehend virtual life fully" (p. 861).

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Notes

[1]The number inside the parenthesis indicates the email number of the message sent to Pozziepinoy's blog. The messages are unedited to preserve the voice of the senders of the emails.

[2]Email 8. (2012, March 27). Email 8: Clueless [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/03/another-email.html'

[3]*Ibid.*

[4]Email 5. (2012, February 24). Email 5: Another One [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/02/another-one.html

[5]Email 7. (2012, March 18). Email 7: Accuracy of Test [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/03/mail.html

[6]Email 45. (2012, September 7). Email 45: About CD4 and viral load test [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/09/email-45-about-cd4-and-viral-load-test.html

[7]Email 47. (2012, September 10). Email 47: Do I have HIV [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/09/email-47-do-i-have-hiv.html

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[10]Email 161. (2012, December 15). Email 161: Courage to take the test [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2013/01/email-186-scared-to-get-tested.html

[11]Email 186. (2012, January 3). Email 186: Scared to get tested [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2013/01/email-186-scared-to-get-tested.html

[12]Email 161. (2012, December 15). Email 161: Courage to take the test [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2013/01/email-186-scared-to-get-tested.html

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[15]Email 18. (2012, June 27). Email 18 [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/06/email-18.html

[16]Email 249. (2013, February 19). Email 249: Confused PLHIV [Weblog post]. Retrieved from http://www.pozziepinoy.blogspot.com/2013/02/email-249-confused-plhiv.html

[17]Email 55. (2012, October 1). Email 55: More questions [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/10/email-55-more-questions.html

[18]The ARV therapy is prescribed when a patient's CD4 count is below 350 or when he exhibits AIDS-defining illness (Avert).

[19]IRIS results from the partial recovery of the immune system. In some cases, this recovery leads the body to recognize OIs in the body of the patient triggering this OI to manifest signs and symptoms and in effect, worsening the condition of the patient (Murdock, Venter, Van Rie, & Feldman, 2007).

[20]Email 218. (2013, January 26). Email 218: My HIV journey [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/10/email-55-more-questions.html

[21]At the outbreak of the HIV/AIDS pandemic, the author witnessed how organizations, such as Reach Out Foundation and The Library Foundation, effectively spread the word on HIV/AIDS prevention among gays in Metro Manila and how these efforts became few and far between by the turn of the century. These efforts diminished when funding for HIV/AIDS- related organizations dwindled. From a conversation with a member of The Library Foundation:, I learned that money from global funding agencies was diverted to communication efforts on reproductive health.

[22]Email 123. (2012, November 15). Email 123: I'm still too young [Web log post]. Retrieved from http://www.pozziepinoy.blogspot.com/2012/11/email-123-im-still-too-young.html

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[29]It should be noted that Pozziepinoy is very careful in answering questions like this. In this instance, he begins his reply with, "[r]egarding your question about your rashes, I am in no position to tell you what the cause of your rashes [is] since I am no doctor." Pozziepinoy consulted Dr. Rossana Ditangco in order to answer this question.

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[33]The free ARV medication distributed at the treatment hubs come from The Global Fund, a "financing institution that provides funding to countries to support programs that prevent, treat and care for people with HIV and AIDS, tuberculosis and malaria" (The Global Fund, 2013). Round 10 of this funding ended in December 2012. The call for Round 11 had been cancelled. The Philippines ins now under a "Transition Funding Mechanism," which is not "funding for new programs—this is money which will enable countries to continue lifesaving treatment under existing program…" (Global Fund's reply to Pozziepinoy, posted

in his blog on 5 September 2012). After 2012, PhilHealth provides the HIV/AIDS treatment package to its members.

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