



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

805 Main Street, Grand Junction, CO 81501
(970) 243-2437 or 1-800-765-8594

January-February 2010

“There are endless possibilities in every present moment...”

Important Numbers:

WestCAP:
(970) 243-2437
1-800-765-8594

website:
www.westcap.info

ADAP program:
1-866-499-2879

HIV/AIDS Treatment Information Service:
1-800-448-0440

CDC National Hotline:
800-342-2437 (English);
800-344-SIDA (en español);
800-243-7889 (for people who have a hearing impairment)

Western Colorado HIV Specialty Care Clinic:
Lucy Graham: 255-1735, or
toll-free @ 866/448-8383

Office Hours
are
Monday-Friday,
8:30 AM-5:00 PM.

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BUSY, BUSY, BUSY!



Typically, this time of year is a time when we all sit back, relax, and start to recover from a busy holiday season. We take the next few months to rest a little more, hide from the cold temperatures, and hibernate until the first thaw. This time of year is a slow time as we lay dormant waiting for spring, preparing for the flurry of new growth, warmth, and the opportunity to enjoy the outdoors.

WestCAP has never been an agency that followed the “norm” and this year proves this to be true! There seems to be no rest for our staff and definitely no time to hide and hibernate. It is an understatement to say that we are busy! Busy with a steady increase of clients needing our help. Busy with changes in requirements designed to better serve individuals. Our agency seems to be bulging at the seams (not because of too much turkey) and it doesn’t seem to be letting up any time soon.

In the last three years, WestCAP has seen caseloads for case managers almost double, with less and less “down” time to be able to recover and prepare for the next busy time! The steady increase in clients needing assistance may be due to the economic crisis, the increase in HIV testing efforts on the Western Slope, or the desire for individuals to improve their quality of life and move closer to love ones. Whatever the reason, WestCAP is responding. We are in the process of hiring another part-time case manager so that we can meet the increasing demands of today. With this addition, clients will continue to receive quality care and case managers will have time to breathe and prepare for the “flurry” of our new growth.

In the meantime, there are some simple ways to work with your case manager that will help when accessing assistance:

- Please leave one detailed message with your need or concern—if you continue to call, it may delay your request;
- Send requested information to your case manager in a timely manner—in order to process any financial request, we are required to have updated information; and
- Plan ahead: this is a large geographical area and it can take days, not hours, to receive any type of assistance—from medications to housing.

These are just a few ways to make sure our case managers can help you with your needs. Help us in this time of growth so that come spring, we can all take the time to emerge from our caves and enjoy the beauty on the Western Slope.

—Mary Beth Luedtke, Executive Director

CLIENT SERVICES

“BLOWING OFF ADHERENCE”

When I was given the task to write this article on Medication adherence, I immediately began to think of all of the possible reasons why some patients do not adhere to their treatment, reasons like depression, high cost of medications, a belief that meds harm more than benefit, side effects, memory problems, etc... and found that if I was only going to ask you the readers to remember the importance of adherence to medications, I was not going to be offering you anything different.

Enter Paolo Freire (1921-1997) Perhaps the most influential thinker about education in the late twentieth century; Paulo Freire has been particularly popular with informal educators with his emphasis on dialogue and his concern for the oppressed. Ok but by now you are probably asking... what does all of this has to do with me and my adherence to treatment? Well... Mr.Freire is one who thought that adherence to treatment is influenced by the patient's social context and to improve adherence through identifying social constraints on adherence behavior was the way to go.

So in light of the importance of dialogue and its role in informally but respectfully exploring what are the social constraints that currently affect the adherence to medication of many of our readers? Westcap will like to remind you that we are here to assist our clients in addressing such constraints so that with our support, clients can begin to act in changing their social environment to best support their desire to achieve high levels of medication adherence. Ok... in other words... call, write or fax us if you believe that we can help you, even thou we have limited financial resources we can brainstorm with other providers, organizations, foundations and or institutions and move the dialogue into informed action.

If you need more information, please feel free to contact your case manager.

—Luis Ibanez-Dalponte

HERE IS A MOVIE

Often, people spend a lifetime chasing a goal, "Happiness," which can lead one to an uneasy cycle of when "I do or get then I will be happy."

Hopefully, the movie can enlighten us and help us realize that happiness is relative and that we can't wait until the end of our lives to do everything that we have a lifetime to do.

"The Bucket List" with Morgan Freeman and Jack Nicholson is a beautifully done movie about the gift of life. The story begins with Jack and Morgan's characters' being hospitalized. The two elderly men begin to talk about their illnesses and subsequently all the things they would want to do in the time they have left. The two begin a trip around the world looking at various wonders of the world and "finally" doing, living, tasting things that they have not been able to.

Morgan's character, being, the more loving and spiritual of the two sees the greatness in all and always keeps his loved ones in mind. Jack's character is very different and even estranged from his daughter. The movie takes you all around the world and right back where it started, and after it's all done... you see that what they've been looking for was right in front of them. And that money or fame doesn't make a great person, only leading a great life makes you great. "The Bucket List" reminds us that life is right now, and that it's ok to enjoy every breath and ray of sunshine, because if we wait, we could possibly wait too long. This is a great movie for anyone looking to see a happy ending, and spend sometime watching a meaningful show.

—Jenny Vargas

PREVENTION & OTHER NEWS

THE FIRST TERM USED to describe what public health officials were seeing during the HIV epidemic was GRIDS (Gay Related Immune Deficiency Syndrome). When more information about virus transmission was gained, the term became defunct. Some wonder if the same should not happen to the term AIDS (Acquired Immune Deficiency Syndrome).

A recent Associated Press article written by John-Manuel Andriote stated: "At least Hester Prynne's scarlet letter was only pinned to her dress. People living with HIV whose infection even temporarily progresses to the stage referred to as AIDS don't have the option of removing their own "A," as Nathaniel Hawthorne's fictional Puritan adulteress did each night when she undressed."

The Centers for Disease Control (CDC) classifies someone with HIV (Human Immunodeficiency Virus) as having AIDS if his/her T-cell count drops below 200, if T-cells comprise 14 percent or less of the total white blood cells, or if he/she has one of 26 "AIDS-defining" opportunistic infections. Once an individual is classified as having AIDS, the diagnosis will never change back to HIV.

In 1988, the Presidential Commission on the HIV Epidemic recommended replacing the term "AIDS" with "HIV infection," stating, "the term 'AIDS' is obsolete. . . . Continual focus on AIDS rather than the entire spectrum of HIV disease has left our nation unable to deal adequately with the epidemic." In 2007, UNAIDS recommended that one "avoid the term "AIDS-infected" and "use persons living with HIV or HIV-positive person."

In the early 1980s, many HIV-infected individuals advocated to be called "people with AIDS" rather than "AIDS victims" or "AIDS sufferers" given the helplessness those terms implied. Today, it is common for someone to say they are "living well with HIV."

Since it takes someone infected with HIV years to develop AIDS, some physicians say many patients would rather think of themselves as having virus than a syndrome. "We're in a different age," said Frank Oldham Jr., president of the National Association of People with AIDS. "Telling people they have an AIDS diagnosis and will 'always have AIDS' is going to devastate the person emotionally. So you need to have language that encourages people to stay in treatment and shows they can get better."

Regan Hofmann, the editor in chief of POZ magazine, wrote, "AIDS is a more frightening word than HIV. HIV is associated with a more modern era with people being able to be healthy on treatment."

However, the CDC does continue to use the term to facilitate the reporting and investigation of the virus. Sixteen states require providers to report only AIDS cases, not HIV diagnoses. Often funding for community based organizations (CBOs) providing HIV/AIDS services is based on the number of individuals with AIDS the CBOs have served.

The term AIDS can be useful epidemiologically in tracking the process of HIV-positive individuals entering medical care. In addition, it can aid physicians in estimating how long a person has had the virus.

The semantics around the epidemic do not change the fact that 14,000 world citizens contract HIV every day (UNAIDS estimates), and only 1.3 million of the 40 million who are infected with the virus can access treatment (according to the Kaiser Family Foundation).

—Rabeeha Ghaffar

OTHER NEWS

UNITED STATES: OBAMA LIFTS BAN ON US ENTRY FOR THOSE WITH HIV

Associated Press (10.31.09) - Monday, November 02, 2009

The order to repeal the ban against HIV-positive people traveling and immigrating to the [United States](#) will be finalized on [11/9/09], President Barack Obama has announced. The new rule lifting the restriction will be effective early next year, he said at the White House on [10/30/09].

"If we want to be the global leader in combating HIV/AIDS, we need to act like it," Obama said before signing a bill that reauthorizes the federal Ryan White HIV/AIDS program, which provides care, treatment, and support services for about half-a-million low-income HIV/AIDS patients in the United States.

The Department of Health and Human Services in 1987 added HIV to a list of communicable diseases that disqualified infected travelers from entering the United States on visas or seeking a green card. In 1991, HHS tried to repeal the decision, but the move was opposed by Congress. Two years later, Congress made HIV infection grounds for inadmissibility to the United States, the only medical condition so designated.

Since 1993, no major international AIDS conference has been held in the United States because HIV-positive advocates and researchers cannot enter the country.

Reversing the travel ban will help end stigma against people with HIV/AIDS, which makes some avoid testing for the virus and fuels its spread, said Obama.

The 22-year-old restriction also separated families without having a clear public health benefit, said Rachel B. Tiven, executive director of Immigration Equality, an LGBT/HIV+ advocacy group. "Now, those families can be reunited, and the United States can put its mouth where its money is: ending the stigma that perpetuates HIV transmission, supporting science and welcoming those who seek to build a life in this country," she said.

—from the 11/2/09 *CDC HIV/Hepatitis/STD/TB Prevention News Update*

UNITED STATES: WASHINGTON TO HOST INTERNATIONAL AIDS FORUM IN 2012 (Agence France Presse, 12/1/09)

Ahead of World AIDS Day, the Obama administration announced [on November 30th] that the United States will host the International AIDS Society's 2012 conference in Washington, D.C. The conference has not been held in the United States for decades because of the US policy barring entry by HIV-positive visitors and immigrants. In October, President Barack Obama announced that the 1987 ban would be overturned, effective early next year.

"Today, I'm pleased to announce that, with the repeal of the ban, the International AIDS Society will hold the 2012 International AIDS conference in Washington, D.C.," Secretary of State Hillary Rodham Clinton said. "This conference will draw together an estimated 30,000 researchers, scientists, policymakers, health care providers, activists, and others from around the world."

"On World AIDS Day, let us renew our commitment to ensuring that those infected and affected by HIV—the woman on treatment who is supporting her family, the child who dropped out of school to care for sick parents, the doctors and nurses without adequate resources—that all those who have joined together to fight this pandemic will someday live in a world where HIV/AIDS can be prevented and treated as a disease of the past," Clinton said.

Next year's International AIDS Conference will be held in Vienna, followed by Rome in 2011.

—from the 12/1/09, *CDC HIV/Hepatitis/STD/TB Prevention News Update*