



# WestCAP WORDS

## WESTERN COLORADO AIDS PROJECT

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

July-August 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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### The SOUL of WestCAP

Recently, I sat with a very wise woman also working in the non-profit sector who has been serving people for a long time. We were meeting to talk about a training opportunity, and a chance to brainstorm on some ideas. After we were finished, the conversation shifted and took on more of a philosophical tone. It was in that part of the conversation that two comments were made that were so simple and so true and yet so often forgotten. I have thought about these comments ever since and can't seem to shake them out of my head.

“We do what we do because secretly, we want to change the world!”

That was one comment. When I first heard that statement I balked at it because I have grown older and am no longer a young, 22-year-old out to make historical, global changes. I jokingly say that I am now a realist (I quickly distinguish between this and a pessimist) and visions of changing the world have been tempered by experience. Through age and “wisdom,” changing the world takes on a different meaning. As I thought about her comment more, I do believe that, yes, I am trying to change the world! We at WestCAP are trying to change the world! I believe the reach of our worldview today is a little smaller than at age 22 and instead of trying to literally change the global world, we now try to bring positive change closer to home.

At this ripe old age (I won't be sharing my actual age), “changing the world” has a specific focus and now, this phrase means making sure the needs of people affected by HIV are being met in our small corner of the world. Advocating for changes in services not only on a statewide and local level, but also constantly looking internally at our agency to ensure we are seeing and meeting the ever-changing needs of those we serve. Day-by-day, we try to change the world of HIV.

My colleague's second comment spoke to the “soul” of our agency. At first thought, I likened the “soul” to our mission. But it is so much more. The soul of WestCAP is truly our clients, their stories, their successes, and their challenges. Too often we get busy crossing the ‘T’ and dotting the ‘I’. We get sidetracked meeting shifting deadlines, busy ensuring that we follow guidelines and running to make important meetings. While all these things are necessary to help us change our world, we sometimes forget to sit down, breathe, and *see* the “soul” that brings us to work each day.

So, to all those who make up the “soul” of WestCAP, to all the clients we serve, you have helped us make changes—to change our world! By providing us feedback on surveys, participating in focus groups, and just by sharing your incredible stories and letting us walk with you on your journey—you have helped shape what we are today and the world is a better place for it! You are why we do what we do each day!!

—Mary Beth Luedtke, Executive Director

# CLIENT SERVICES

## CASE MANAGEMENT TIDBITS

ADAP (Aids Drug Assistance Program): Just a reminder that The Apothecary Pharmacy is no longer handling the ADAP prescription program. All new prescriptions and refill prescriptions through the ADAP system are now at Walgreens at Rose Medical Center, 4545 E. 9<sup>th</sup> Avenue, #100, Denver, CO, 80220. The contact number for refills is 303-333-4678. Please contact your case manager if you have any issues with getting your prescriptions. The Apothecary Pharmacy continues to work with clients on Bridging the GAP Colorado and The Insurance Continuation Program.

Client Survey: will be coming to you in the mail in July. Watch for it! Please complete it and be sure to return it by the deadline. There will be a drawing for City Market cards again this year.

Health Care Reform: Sign-up is beginning in July 2010 for High Risk Insurance Coverage. All the details are not out yet. Please contact your case manager for more information. We will try to stay posted on the upcoming changes.

Please Welcome: Scott Montgomery will be joining Client Services as our new Housing Coordinator for HOPWA (Housing Opportunities for People With AIDS). We are looking forward to having him with Client Services for part of his time.

CICP (Charity Indigent Care Program): CICP and/or a sliding fee scale is offered in many hospitals and medical centers for those people who have no access to insurance or are poorly insured. If you have hospital bills above \$500, please contact your local hospital to inquire about this assistance or speak with your case manager. With the current economy, many people are in need of this service, so the process sometimes takes time. However, if you have applied for CICP, have not received a CICP card, and/or are still receiving full-price bills, there may be an issue with your application. For St. Mary's, you may call the financial aid office at 244-7070 or you can contact your case manager for further assistance.

Reminder! Annual paperwork is due in your birth month. WestCAP, ADAP, and CICP all require renewal applications annually. If you need assistance please speak with your case manager.

Medication Assistance Programs: Many prescriptions are not offered through ADAP. There may still be assistance available, though. For more information speak with your local pharmacy, your physician, or your case manager. For those of you that have access to the Internet, a good resource is <http://needymeds.org/> They have a list of all prescription medications available and how to apply for assistance paying for these medications.

Get Involved! WestCAP is in need of volunteers for BINGO. Please call 970-243-2437 and speak with Scott or Rabeeha.

Social Networking: Strength in Numbers (SIN) is a web-based social networking site for HIV+ gay men. It is not endorsed by WestCAP but good feedback has been received. Check it out if you are interested.

*"I've learned...that everyone wants to live on top of the mountain, but all the happiness and growth occurs while you're climbing it. "*  
--Andy Rooney

## Check your adherence compliance by filling in the blank with the appropriate word.

Missing a dose of your medications causes \_\_\_\_\_.

Ordering your medications \_\_\_\_\_ ensures you won't miss a dose.

Drinking too much can make you \_\_\_\_\_ to take your meds.

Your doctor and \_\_\_\_\_ should make the decision when to start medications.

Medications should be \_\_\_\_\_ as directed.

Being \_\_\_\_\_ ensures a higher CD4 count.

Being \_\_\_\_\_ with your medication ensures a lower viral load.

If HIV is resistant, viral load will \_\_\_\_\_ and disease will progress unless \_\_\_\_\_ is changed.

Resistant HIV can be \_\_\_\_\_ to partners.

increase, on time, forget, you, transmitted, adherent, compliant, resistance, taken, treatment

—Jenny Vargas, Client Services Advisor

# ***CLIENT SERVICES***

## THE STRUGGLE OF HIV AND HUMAN RIGHTS

All too often when discussing Human Immunodeficiency Virus (HIV), we concentrate on the virus and immunodeficiency aspects and often forget the human element of the disease. At the end of May, a workshop on HIV and human rights was presented in Denver, Colorado. In many ways this workshop reinvigorated and reminded the listener why this work is so important.

According to the United Nations Programme on HIV/AIDS:

The risk of HIV infection and its impact feeds on violations of human rights, including discrimination against women and marginalized groups...HIV also frequently begets human rights violations such as further discrimination and violence. Over the past decade the critical need for strengthening human rights to effectively respond to the epidemic and deal with its effects has become ever more clear. Protecting human rights and promoting public health are mutually reinforcing.<sup>1</sup>

The Office of the High Commissioner of Human Rights states:

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination.<sup>2</sup>

These rights are all interrelated, interdependent, and indivisible. Governments should ensure that all people in a society have shelter, food, medical care, and basic education. The key human rights document and the cornerstone of the modern human rights movement is the Universal Declaration of Human Rights (UDHR). It is a common aspirational document, by and for governments, about what rights should exist for all people everywhere. A copy of the UDHR can be found at <http://www.un.org/en/documents/udhr/index.shtml>.

So how did we get to a point where human rights is a discussion in HIV struggles? In 1983, a group of HIV activists was asked to speak at an AIDS conference in Denver, Colorado; instead, they changed the shape of HIV care that was to come. The group took turns reading a document to the conference they had just created; it would be known as “The Denver Principles,” and it began like this:

We condemn attempts to label us as 'victims,' which implies defeat, and we are only occasionally 'patients,' which implies passivity, helplessness, and dependence upon the care of others. We are 'people with AIDS.'<sup>3</sup>

A complete copy of the “Denver Principles” can be found at [www.actupny.org/documents/Denver.html](http://www.actupny.org/documents/Denver.html). The conversations surrounding HIV and Human Rights did not end in 1983 and continues to this day. In 1991, the United States federal government passed the Ryan White Care Act, giving much needed services to persons

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# CLIENT SERVICES

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living with HIV. Though governments can take steps toward ensuring rights for persons with HIV, they can also create laws that take them away. Past policies concerning needle exchange and international funding of services have attacked the core of human rights. Such policies have made it clear that the struggle for human rights for “people with AIDS” is far from over.

People living with HIV/AIDS, their friends and relatives, their communities, national and international policy- and decision-makers, health professionals, and the public at-large all, to varying degrees, understand the fundamental linkages between HIV/AIDS and human rights.<sup>4</sup>

The struggle for human rights and HIV care go hand-in-hand and the work surrounding the care of the human strengthens those ideals. As we continue with the work on the prevention and treatment of HIV, let us not forget the human living with the disease and remember the first article of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”<sup>5</sup>

<sup>1</sup> <http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp>

<sup>2</sup> <http://www.ohchr.org/en/issues/Pages/WhatareHumanRights.aspx>

<sup>3</sup> <http://www.thebody.com/content/art56527.html>

<sup>4</sup> <http://hivinsite.ucsf.edu/InSite?page=kb-08-01-07>

<sup>5</sup> <http://www.un.org/en/documents/udhr/index.shtml>

—Crystal Luce, Client Services Advisor

## CULTURAL COMPETENCE IN THE WESTERN SLOPE “CHANGE AND CHANGING TIMES”

I read with a sad heart the events taking place off the coast of Louisiana, and I can't help to imagine how unpredictable life must feel to those who live there and who see all the environmental devastation. The ability of a community to be able to absorb change is directly linked to the resiliency of their social fabric. In times when the change is seen as an intrusion, when it is not aligned with the values and strengths of a community, this can stress the social networks to the point where they may not be able to caretake for each other. On the Western Slope, oil development is not a stranger, it is has been a changing element in society and has at times devastated the region economically.

The ability to be able to predict helps manage change, but when change is sudden, and when no one had predicted it, then people and agencies are caught in the game of reacting rather than following a plan. I see in dismay as all measures taken in the Gulf of Mexico have failed so far and leaves me questioning why the possibility of this disaster was not anticipated by both Industry and Communities.

Some communities of the Western Slope are not strangers to this type of mass denial, they choose to ignore the indicators of increasing teen pregnancy, STI infections. In many of these counties the rate surpasses that of the state and federal averages.

All fear causing subjects demand that we take a proactive role as responsible adults, educating ourselves on the subject that may be anxiety producing so that we can make better, well informed choices and address through it our own biases.

—Luis Ibanez, Cultural Competence Coordinator

# ***PREVENTION & OTHER NEWS***

**WestCAP would like to say...**



**.....THANK YOU to the town of Telluride for your 2010 Contribution to WestCAP!!!**

**TAB's partnership continues to significantly impact those affected by HIV throughout the Western Slope.**

## **LABELING IN PUBLIC HEALTH TERMS**

“Words can be powerful when used to inform, clarify, encourage, support, enlighten, and unify. On the other hand, stigmatizing words often discourage, isolate, misinform, shame, and embarrass...” -*“Substance Use Disorders: A Guide to the Use of Language”, Substance Abuse and Mental Health Services Administration’s (SAMHSA) and Center for Substance Abuse Treatment (CSAT).*

The excerpt above is from *“Substance Use Disorders: A Guide to the Use of Language”*, a handbook funded by the U.S. Department of Health and Human Services and developed by Substance Abuse and Mental Health Services Administration’s (SAMHSA) and Center for Substance Abuse Treatment (CSAT). One of the recommendations in this guide is that the term “substance abuse” be replaced by “substance addiction.” The term “abuse” is “stigmatizing because...it negates the fact that addictive disorders are a medical condition... [and] it feeds into the stigma experienced not only by individuals with addictive disorders but also family members and the addiction treatment field.”

Similarly, terminology used in the public health field may contribute to social and provider stigma as well as labeling of individuals based on behavior or health conditions. Some examples of acronyms in HIV prevention include IDU (injection drug user), MSM (man who has sex with men), PLWH (person living with HIV), PLWA (person living with AIDS), and HRH (high-risk heterosexual). Since these terms are utilized by the Centers for Disease Control (CDC), they are also often used internally by agencies and groups working in the field of HIV/AIDS.

However, the inherent risk in relying on these categories or labels of clients is not being able to see beyond the acronym to the individual. A crucial piece of a non-judgmental harm reduction approach, which most AIDS Service Organizations (ASOs) employ, is addressing the risk behavior as the concern, not the client him/herself.

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For this reason, recently, leading sexual health organizations have moved from the use of the term STD (sexually transmitted disease) to STI (sexually transmitted infection). The word “infection” not only more accurately describes conditions which are curable (as many common STIs are) but also carries less of a social stigma than the word “disease.”

In the same way, stigma can surround HIV prevention categories like IDU and HRH: are these individuals being defined by drug use or HIV risk? The term MSM may seem to simplify and condense one’s sexual orientation into sexual behavior. The acronyms PLWH or PLWA have their origin in the Denver Principles of 1983, a statement released by a group of individuals with HIV/AIDS outlining their rights and recommendations: “We condemn attempts to label us as ‘victims’...[or] patients, a term which implies passivity, helplessness, and dependence upon the care of others. We are ‘People with AIDS.’” (For more information and a link to the entire document, please see article in the Client Services section of this newsletter).

In 1983, this manifesto was applauded as progressive and historic. However, in 2010, as routine testing is urged by the CDC and HIV is classified by the AMA (American Medical Association) as a “chronic, manageable condition,” perhaps the expression “Person with AIDS” has become outdated. After all, phrases like “Person with Cancer” or “Person with Diabetes” are not commonly heard.

Similarly, although it makes sense to deliver targeted HIV prevention interventions to certain individuals (people who inject drugs, gay or bisexual men, persons with numerous sexual partners), perhaps the labels can be confined to grant applications and reports.

Discussions of terminology and semantics will doubtless continue but regardless of one’s opinion, it may behoove all to remember Ralph Ellison’s quote: “If the word has the potency to revive and make us free, it has also the power to blind, imprison, and destroy.”

—Rabeeha Ghaffar, Resource & Prevention Director

***TENACIOUS BROTHERS PUB*** is hosting an event to benefit WestCAP!

Join us on **July 23<sup>rd</sup>** and listen to the music of **Charles King!**

Enter for a special giveaway to be announced that night!

Come have some fun while supporting an excellent cause!

**Doors open at 8pm**

**All monies raised will be matched dollar-for-dollar by the Gill Foundation!!**

**No better way to make the most of your support!**

***SEE YOU THERE!***

*“Don’t cry because it’s over, smile because it happened.”*

*—Dr. Seuss*