



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

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

December 2008-January 2009

“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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WORLD AIDS DAY:

“The Power of Partnerships”



December 1, 2008 marks the 20th anniversary of World AIDS Day! In those 20 years, there have been significant changes and strides for those living with HIV. It is no longer a disease that has to devastate an individual and, with the continuing advances in the life-saving medications, people are living a long time.

But with these incredible developments over the decades comes a sense of complacency, as well. Too many people think that HIV is not a problem in their community or in this country, but new data shows differently. Recently, the Centers for Disease Control (CDC) revealed that the epidemic is worse than they thought and, because of a new way of collecting data, new infections are estimated at about 40% higher than previously expected. (For the full report, go to the CDC website at www.cdc.gov.) With this new information, now is not the time to think that HIV is not a threat!

World AIDS Day is a day when we can focus on the effects of this epidemic. It is a day to reflect on the past, on past successes, and the challenges in front of us and those yet to come. It is a day to educate yourself, your friends, and family that HIV is still a threat and there are still misconceptions that need to be talked about openly. It is a day to commit to learning about transmission and the ways to stay safe! And, it is a day to commit to take that information with you for the rest of the year!

This is why WestCAP is offering free HIV rapid testing on World AIDS Day, Monday, December 1, 2008. Our philosophy is “knowledge is POWER” and that includes knowing your HIV status. If you choose to join us for about an hour that day, you will not only receive an HIV test, but we will have staff here to answer any of your questions about things that put you at risk for HIV, how HIV is transmitted, and how to move forward in your life to stay healthy. WestCAP has over 15 years of experience in the HIV field and we want to share our expertise with you!

“Knowledge comes by eyes always open and working hands; and there is no knowledge that is not power.” **Ralph Waldo Emerson**

—*Mary Beth Luedtke,*
Executive Director

CLIENT SERVICES

CASE MANAGEMENT TIDBITS

Client Satisfaction Survey: is available at WestCAP. If you are interested in getting a copy please contact your Case Manager.

- World AIDS Day: On December 1st. WestCAP will be offering free testing from 10am to 4pm. *Please take a quiet moment on this day to remember the ones we have lost but never have forgotten.*
- Hepatitis C: Included in this newsletter is information from the Hep C Connection. It is important to let your Case Manager and physician know if you have ever tested positive for Hepatitis C. There may be treatment options available.
- Gasoline: Yeah! The prices are going down! WestCAP assists many clients with gas coupons to travel to their HIV medical care appointments. You may see a change in the amount you receive. The financial committee has agreed on a standardized amount based on the current prices at 20 mpg. This amount will be rounded up to the nearest \$10. Remember, you must request transportation assistance at least 1-2 weeks in advance.
- Holiday Party: Watch the mail for the flyer! It will be mid-December. Plan on attending.
- Holiday Gifts: The Canyon View Vineyard Church has offered to provide gifts for all the children of WestCAP. If your child is in need of gifts this holiday season, please complete the gift wish list that was mailed or contact Jenny at 970-243-2437.
- Psychic: Please remember that WestCAP does NOT have caller ID. Please leave us a message **WITH YOUR NAME AND NUMBER!**
- Volunteers: Always needed! Please contact your Case Manager for more information.
- Keep your Insurance: Please contact your Case Manager if you have an option of receiving health insurance but feel you cannot afford it. There is help available.
- Vouchers: Generally most WestCAP issued vouchers are good for 3 months. Please make an appointment if you have received a voucher for dental care, mental health, or other services. If it has been over 3 months since it was issued, contact your Case Manager to discuss options.

This came from a resignation letter by Christina Ells from the Beacon Clinic. I wanted to share her words with you because I feel like all of you have taught me more about life...

“Change is inevitable. Change is good. With every twist and turn, new possibility and hope emerge. The burden of the battle cannot rest solely on the shoulders of the willing. It must be evenly distributed among the general population lest we all burn out and leave chaos in our wake. Thank you for teaching me to live in the moment and to cherish each day. As I have heard quite often from one client, ‘Today is a good day because I woke up on the right side of the grass’. Live fiercely and passionately and above all, be healthy.” —Christina Ells

—Martha Monroe, Lead Case Manager

DECREASING YOUR ENERGY BILLS

As the winter months approach we often dread our utility bills; here are a couple of easy tips to decrease your utility cost.

If you are interested in learning more tips on keeping your home warm and utility bills low contact your case manager for tips and the possibility of energy-saving mini-kits and /or free energy inspections.

Turn off all lights when you are not in the room
Shut doors to rooms you are not using and turn off that room’s heat

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Set your thermostat at 68 degrees,
Switch to CFL light bulbs,
Unplug your toaster and other electronics when they are not in use,
Instead of turning up the heat, put on some warmer clothes,
Do not use a space heater,
Turn off vents, in the bathroom and above the stove, when not in use,
Turn off electrical equipment from the power source not the remote,
Open blinds to the east, west, and south of your house during the day and allow the sun to come in,
Seal any cracks, around windows and doors,
Have blinds or curtains over windows at night and to the north, to keep the cold out,
Take a shower rather than a bath,
Run your dishwasher and washing machine only when they are full,
Run your washing machine on cold,
Turn off the automatic heating option on your dishwasher,
When using a dryer, dry one load right after the other,
Turn off the water while shaving, washing your hands, and brushing your teeth,
Change your furnace filter once a month,
Drain the sediment from your hot water heater once a year, unless you have a plastic valve then do not drain.

If you are interested in learning more tips on keeping your home warm and utility bills low contact your case manager for tips and the possibility of energy saving mini-kits and /or free energy inspections.

—Crystal Luce, Client Services Advisor

CITIZENSHIP AND IMMIGRATION

Several clients have inquired about the immigration process. Here is a brief idea of the process. I was able to attend a presentation by Barbara Melton of the United States Citizenship and Immigration Services (USCIS). This is just a brief understanding and not meant to be advice.

Applications for citizenship and residency can be downloaded free online; make sure it is not a website where you pay. The application processing fee is \$670.00 and increases every two years. Assistance funds for fees are not available because becoming a citizen is a benefit not a right and participants must demonstrate they can live without government assistance. Answer truthfully when filling out the application because, usually, the interview is months after you have turned in the application. If you are caught lying, the immigration officer can stop the interview and say they had reasons to believe you were lying. Also, the officer would have a hard time believing the rest of the application if they believed you lied. A background check is completed before the interview with the FBI. It is recommended HIV positive persons hire a lawyer because there is more paperwork than the average person. They must disclose their status; otherwise face a Federal Offense and thus never able to apply again.

New immigration testing started October 1, 2008. Participants that sent their application before 10/01/2008 may choose to take the old test. However, if you have not yet applied, you will have to take the new test. The new test is updated with the intention that participants understand the United States system, history, rights and responsibilities, and culture. Sample tests and study guides, with audio CD, are available. Local libraries often carry these items. Mesa County Library has one-on-one tutoring; visit mcpld.org for more information. There is no limit to the times you can take the test, but you must pay the fee every time you take the test.

Ms. Melton emphasized unqualified people should not advise anyone with the application. For more information visit, www.uscis.gov.

—Jenny Vargas, Client Services Advisor

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CO-INFECTION WITH HEPATITIS C AND HIV

When a person has both human immune deficiency virus (HIV) and hepatitis C (HCV), it's referred to as "co-infection". The precise number of co-infected people in Colorado is yet to be determined. Studies estimate that of all people infected with HIV, approximately 30% are also infected with HCV.

HIV is transmitted through several bodily fluids that include vaginal fluid, semen, and blood, whereas HCV is only transmitted through blood. HCV is more easily transmissible than HIV. The HCV virus can live for a long time, up to 4 days if not longer, outside the human body on inanimate objects compared to HIV, which only lives outside the human body for a matter of seconds.

Risk factors for acquiring HCV can be similar to HIV. People who in the past or currently use intravenous drugs or "snorted" are at a higher risk of acquiring HCV. Blood that remains in or outside needles, water, cotton, or other "works" can transmit HCV. Other risk factors include receiving home-made tattoos or body piercings, manicures and pedicures with unsterilized equipment and/ or ink. Healthcare workers can be at increased risk due to potential occupational exposure, or exposure to blood while working. Persons that have received blood or tissue products prior to 1992 are at risk and should also be screened for HCV. Early detection means better treatment options and health outcomes. Thus, screening for HCV should be considered when an individual is known to have HIV, and vice versa.

Screening for HIV or HCV antibodies consists of collecting a small blood sample and answering a few questions from a health counselor. Screening is confidential and free. It usually takes 1 to 2 weeks to receive your results. The initial test for either HIV or HCV is *only* to screen for antibodies. The initial test should be done 3 to 6 months from risk. For any test that comes back positive, a second test to confirm is done. Your provider will answer any questions and walk you through "next steps".

Hepatitis C damages the liver. The liver is an essential organ that filters waste, bacteria, and poisons from your blood and also stores vitamins and sugars that your body uses for energy. A healthy liver is smooth and firm to touch. If there is progressive liver damage the presence of fibrosis exist, which is small scarring. Liver damage can also include some shrinking and hardening and formation of nodules. If cirrhosis exist, the liver may become small and hard, with extensive scarring and many nodules. The ability for the liver to function appropriately is compromised when an individual has one or both of these conditions. In these situations, the liver is not able to filter waste, toxins, and drugs from the blood. It can no longer produce the clotting factors necessary to stop bleeding. Fluid builds up in the abdomen and legs, bleeding in the intestines is common, and eventually mental functioning is slowed. At this point, a liver transplant is the only option. Liver transplantation is a drastic last resort, occurring in about 4% of persons who only have HCV. Persons who are co-infected may have lower priority to receive a liver.

Approximately 80 to 85% of persons, who only have HCV, can carry it chronically 30 years or longer. "Chronic" carriers usually have no symptoms because of the liver's ability to hide damage and the fact that the liver continues to grow fresh tissue, therefore maintaining its basic functions. Every person's situation is unique because of individual lifestyle choices.

Co-infection affects the impact of disease progression. The rate of hepatitis C disease progression appears to be more rapid in HIV-infected individuals compared to persons who only have HCV. It is not yet clear exactly how much more quickly acceleration occurs, but several studies have found that progression could be as much as 2-5 times faster. The longer a person has had both HIV and HCV, the more likely it is that HCV has progressed.

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Luckily, both HIV and HCV have treatment options available. In HIV, response to treatment may be better if treatment is started early. However, early treatment also has its downsides. HIV treatment may be lifelong. People who seek treatment may suffer from side effects associated with HIV medications, as well as follow often-complicated treatment schedules or regimens. HCV treatment may be more successful if also started earlier. Treatment for HCV typically lasts 6 to 12 months, often with significant side effects. Persons who are co-infected should work closely with their providers to weigh options and individual situations.

Whether a person is co-infected or only has HCV, many will seek alternative management options to improve overall health. These can include herbal treatment, emotional support, a fitness program, yoga, or specific diet choices. There are many options to adopt in one's life to achieve a balance of wellness and good health. Again, individual choices should be considered that are practical and realistic.

Hep C Connection offers information, national resources, and free support groups across Colorado that can help those who are infected or for loved ones who are challenged by HIV and/ or HCV.

For more information, hepatitis C testing, or support, please call our HelpLine at 800-522-HEPC (4372) to speak to a caring and knowledgeable counselor.

—article written by Stewart Thomas, Medical and Marketing Liaison,
stthomas@hepc-connection.org, Hep C Connection

So it is debate season for me and I finally broke down and watched “The Great Debaters,” with Denzel Washington. It’s not really a movie about debate, as much as it is a movie about people who struggle to not only be respected for what they love but to be treated as equals. The movie is about the true story of African-American college debaters, before the Civil Rights movement. The movie not only examines their debate career but also their personal lives. The debaters strive to not only be respected by other “Negro” colleges, but “Anglo” colleges, ending in a debate against Harvard College. The movie is good for an inspirational story and some of its great quotes.

For whatever reason, watching the movie reminded me of my grandmother’s “Macaroni Salad.” The recipe is not perfect. My family and I have tried to get the recipe the same as hers but we haven’t gotten it quite right; this is as close as we have come.

1 box of macaroni pieces (not the elbows)
4 eggs
1 small can of chopped olives
1 small jar of pimentos
½ of a red onion
½ cup of Miracle Whip
1 tablespoon of Dijon mustard

1. Boil the box of macaroni and the eggs. You can do this all in one pot.
2. Drain the macaroni and eggs and let cool.
3. Chop the onion and two of the eggs.

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4. Mix the Miracle Whip and mustard.
5. Add the macaroni, onion, eggs, jar of pimentos, and can of olives in a large bowl or pot.
6. Add the Miracle Whip/mustard mixture to the bowl of macaroni and stir until the Miracle Whip is equal throughout the salad. If the salad seems to need more Miracle Whip, add as you go; you do not need to add more mustard.
7. Slice the last two eggs and place them on top of the salad and serve.

—Crystal Luce, Client Services Advisor

The Culture of Health Care

Culture is all around us and—like everything else—health care has a culture all its own as well. It can be easier to navigate the health care system if a person is aware of the culture of health care.

The most prominent piece in the culture of health care is time. Time is seen very differently amongst a variety of people. For some people 10 minutes late doesn't seem like a big deal, but physicians tend to schedule patients in 15- to 30-minute increments. So, if a person is 10 minutes late and his/her appointment was only 15 minutes in the first place, then the doctor has a couple of options; he/she may do a brief visit where not much can be accomplished, or he/she can reschedule the visit. Otherwise the doctor would “go over”—making the next person wait, which in turn makes the third person wait, and so on. A good tip for the time component is to show up about 10 minutes early so that the paperwork can be filled out before the doctor's visit. It's better to be a lot early than a little late.

Another piece of the health care culture is asking questions. Inevitably a physician will ask if the patient understands what he/she has been told. Many times patients don't understand what the physician has just said, but because they don't want the doctor to think less of them, or because they don't want to bother the doctor, they say they understand. When asking this question, the physician really does want to know if the patient understands; the physician is not just asking “to be nice.” Doctors' visits can be expensive and sometimes hard to get to, so utilize the time while you have it and make sure everything is clear before you leave. A good tip to make sure that you get the most from your doctor's appointment is to make a list of questions beforehand so that something isn't forgotten.

Information is a key component of the culture. Physicians are sometimes like detectives, because they have to piece together the information given to them by patients to come up with the reason for the problem. So when speaking with a physician, a patient should try and be as open and honest as possible for the best outcomes. If physicians don't have all the information, they could make an incorrect diagnosis, resulting in additional trips to the doctor. Physicians are bound by confidentiality and can only repeat information if they feel that the patient is a danger to him/herself and/or others. So help your doctor help you by giving all of the information.

These are just a few important pieces of the health care culture. If you challenge yourself to become more aware of the culture of health care each time you go in to see your physician, you'll find that you get more and more from your doctor visits.

—Randalee Gates, Client Services Advisor & Cultural Competency Coordinator

PREVENTION

While the HIV epidemic grows in this country, other sexually transmitted infections (STIs) are even more common. Further, HIV risk can be increased when another STI is present. According to the Centers for Disease Control (CDC), there are about 19 million new STIs each year and almost half of them occur in people under the age of 25. According to the American Social Health Association (ASHA), more than half of all people will have an STD/STI at some point in their lifetime. As with HIV, communities of color are disproportionately affected as well; CDC surveillance shows higher rates of all STIs among ethnic and racial minorities (with the exception of Asians and Pacific Islanders). The estimated number of Americans living with a viral STI is over 65 million.

Many STIs increase the risk of becoming infected with HIV. HIV-positive individuals with STIs are three to five times more likely than individuals without STIs to transmit HIV during intercourse. This is due to the lesions on the skin that STIs like syphilis and Herpes can cause and the increase in immune system cells to which HIV is attracted due to STIs like chlamydia and gonorrhea.

Chlamydia is the most frequently reported bacterial STI in the United States. The latest U.S. National Health and Nutrition Examination Survey estimates more than two million people in this country are infected with chlamydia. Like any bacterial STI, chlamydia is easily cured with an antibiotic; however, 75% of women and 50% of men never show symptoms so often are not diagnosed with the infection. If not treated, chlamydia can be passed from mother to child and also cause complications like infertility and sterility.

Gonorrhea is the second most reported STI. CDC estimates that more than 700,000 persons in the U.S. get new gonorrheal infections each year. Only about half of these infections are diagnosed because—as in chlamydia cases—individuals with gonorrhea often have no symptoms. A major recent concern has been increased antibiotic resistance of certain strains of gonorrhea. Untreated gonorrhea can lead to infertility, sterility, mother-to-child transmission, joint problems, and—in rare cases—heart failure. Both gonorrhea and chlamydia can occur in the throat or anus, as a result of anal or oral sex with someone who is infected.

Herpes Simplex Virus (HSV) II, genital HSV, can be transmitted from an infected partner even if there are no sores visible. CDC reports that one out of five adolescents and adults have the genital herpes virus; unlike bacterial STIs, there is no cure for viral STIs. Herpes can be managed with anti-viral drugs to prevent or decrease outbreaks.

Another viral STI, HPV (Human papillomavirus), now has a vaccine recommended for females 13-26. There are 100 types of HPV, about 30 of which are sexually transmitted. Many people infected with HPV pass the infection on their own; however, the four high-risk types of HPV are linked to more than 90% of cervical cancer cases. Women can be diagnosed with HPV due to an abnormal Pap test; there is no test or vaccine for HPV in men, despite the fact that HPV can lead to penile and anal cancer.

For the sixth straight year, syphilis cases in the U.S. have increased, according to the CDC. Syphilis is passed from person to person through direct contact with a syphilis sore, which can occur on the genitals, anus, or on the lips and in the mouth. Many people infected with syphilis do not have any symptoms for years, yet can develop complications such as dementia, paralysis, blindness, and even death. The increase in syphilis cases is found mostly among MSM (men who have sex with men); the CDC documents between 20-70% of MSM diagnosed with syphilis in the last five years were co-infected with HIV.

Abstinence from sexual contact is, of course, the most effective prevention against STIs, as is a mutually monogamous relationship between two partners who have been tested for STIs. Latex and polyurethane condoms, if used

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PREVENTION & OTHER NEWS

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properly and consistently, reduce the risk of STI transmission; however, genital Herpes, HPV, and syphilis are some STIs that can be transmitted by contact around the area protected by the condom.

In a national survey of physicians conducted by ASHA, less than one-third routinely screened their patients for STIs. Fewer than half of adults in the U.S. have been tested for an STI other than HIV. Because many STIs do not exhibit symptoms, the only way a person can know their status for certain is to be tested.

—Rabeeha Ghaffar, Director of Prevention Resources

UNTIL THERE IS A CURE THERE IS PREVENTION

ANTIRETROVIRAL TREATMENT SHOULD START EARLIER, STUDY SAYS

People living with HIV should begin antiretroviral treatments earlier than what current guidelines recommend, according to a large new study presented on [the 10/26/08] *AP/Yahoo! News* reports. According to the *AP/Yahoo! News*, current guidelines by the international AIDS Society-USA and the government recommend that patients who are not showing symptoms of the virus delay treatment until their CD4 T-cell counts drop below 350 per milliliter of blood.

...For the study, researchers led by Mari Kitahata of the University of Washington examined information in the international Epidemiology Databases to Evaluate AIDS, a global network of HIV clinics from 1996 to 2005. Researchers looked at records for 8,374 healthy HIV patients with CD4 counts of 351 to 500 who had never taken highly active antiretroviral treatments. Thirty percent of the patients began antiretroviral treatment, and the remainder delayed treatment until their CD4 counts dropped below 350. The study shows that the patients who delayed treatments were 71% more likely to die during the course of the study period than those who began treatments early (*Reuters*, 10/26).

...“The data are rather compelling that the risk of death appears to be higher if you wait than if you treat,” Anthony Fauci, director of NIAID, said (*AP/Yahoo! News*, 10/26). He added that treatment guidelines committees are “certainly going to look hard at these data next time they meet” (Sternberg, *USA Today*, 10/27).

—from the *Kaiser Daily HIV/AIDS Report*, 10/27/08

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- *Call Vicki at WestCAP (800/765-8594 or 243-2437); OR*
- *e-mail WestCAP (vicki@westcap.info) and ask to be taken off the mailing list.*

(WestCAP can also e-mail it to you as an attachment.)

(THANK YOU!)