



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

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

April-May 2011

“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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JUST SO YOU KNOW...

As Executive Director, I have the difficult task of balancing resources for WestCAP. Resources include not only funds our agency secures but also the staff needed to do the work we have been charged to do. The need for our services on the Western Slope has grown considerably in the last few years and new intakes have close to doubled than in years past and funding has remained the same or decreased. This is a challenging time.

As WestCAP closes out the 2010-2011 fiscal year (our fiscal year ends March 31, 2011), we are very close to a new funding year, including funds we receive from Ryan White. As many of you are aware, Ryan White funds direct assistance to those living with HIV. As of the middle of March, WestCAP still does not know the level of funding that we will receive for April 1st. As the federal government considers a proposal to cut Ryan White dollars on the national level, and the state of Colorado continues to try to balance the budget, I am concerned about the level of funding that we will be awarded for the upcoming year. In my 9.5 years at WestCAP, I believe that this is the most questionable time in regards to the funding of our programs.

Over the last few years, the Health Resources and Services Administration (HRSA) has been defining how Ryan White funds should be best used and moving all case management services to reflect a medical case management model. *What does that mean?* WestCAP needs to demonstrate how assistance for our clients will increase their connection and retention to medical care. *What does this mean for our clients?* Now more than ever, WestCAP case managers will focus conversations on medical appointments and adherence and when clients request financial assistance, it will be linked to and dependent on whether a client is maintaining medical care.

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CLIENT SERVICES

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As we move through these difficult times where funding is scarce and funders are restricting how these funds can be used, WestCAP needs our clients to work with case managers and to be partners in care. Case managers are working with more clients than ever in our history. Client needs have increased and have become more complicated and expectations from funders have as well. Nothing seems to be simple or black and white and there are not quick and easy answers. **Talk** to your case manager about your needs and **work with** your case manager on how to best meet those needs. Now, more than ever, it will take us all to ensure services can continue.

~~Mary Beth Luedtke, Executive Director

PAIN BODY

Have a few minutes? Great! Because all it takes is a few minutes to release the internal emotional pain from your past that you hold within you! On Saturday, February 26, I went to a workshop on the “Pain Body,” presented by Sofia Chavez-Frederick, a holistic healer or curandera. In the seminar we learned that the pain body is the built up emotional and psychological trauma we have experienced throughout our lives. This Pain Body affects the ways in which we handle present circumstances that we face on a day-to-day basis. Recognizing that our emotions and mental stress affect our body and our entire being is the first step to begin the healing process. Self-awareness promotes immune system enhancement, and helps heal the mind, body and spirit. The healing process involving the Pain Body includes daily practices that promote mental health, as well as an understanding of the body.

Pain is often the first reason someone seeks out a physician or alternative medicine. Some people may choose to use traditional medicine while others choose to use alternative therapy or a combination of both when possible. In my experience, to understand the Pain Body, I had to acknowledge past experiences that had impacted me in a negative way to be able to get mental clarity. Many times people call these experiences “baggage” because throughout the day we remember these experiences and we never seem to leave them behind. One way we can enhance the ability to deal with bodily pain is to learn when we identify with it. Writing down a list of events that caused us emotional pain as we were growing up will help us expand our consciousness. Eventually, we can observe our feelings and thought patterns in particular situations and be able to get a better understanding about ourselves and begin the healing process.

Pain in some people is elusive; the source may be difficult to track down, acknowledge, and treat effectively. When dealing with the Pain Body, Meso-Americans use a technique called “Raspada”. La Raspada is associated with meridians, which are invisible lines that carry energy throughout the body. By working with these meridians through the Raspada technique, built-up emotional pain that is stored within our body is released. Using this technique, you can change the energetic patterns in the body and create a space of balance and harmony. The main goal of this technique is to unblock built-up energy and to propel energy flow by stimulating the meridians along the spine and both sides of the spine.

Another way to manage bodily pain is by focusing on what we do want in our lives, both physically and emotionally. Realizing that our thoughts are powerful, we can help create what we want. Every day, we spend a lot of time thinking about negative and stressful events going on in our lives. By becoming conscious of our thought, we can help to focus them on what we do want in our lives, rather than what we

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CLIENT SERVICES

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do not want. This idea recommends a technique where you write down in detail what you do want in your life. If someone is concerned about their health, relationship, finances, etc., it helps to write down on a piece of paper what they would like to change in those aspects. “Think it, feel it, speak it, see it.” For example, “I am healthy and beautiful.” By writing this down, and reviewing these statements on a consistent basis, we can begin to focus on the positive, and start to let go of all the “baggage” that we carry around on a daily basis.

—Jenny Vargas

YOU CAN HELP IMPROVE WESTCAP STAFF AND SERVICES!

As the new cultural competence coordinator, one of my main goals is to collect client stories. I hope to meet with clients individually to discuss their past experiences with HIV/AIDS, as well as with the services and staff of WestCAP. These meetings will take approximately an hour, are completely confidential, and clients will receive a gift card for their time and participation.

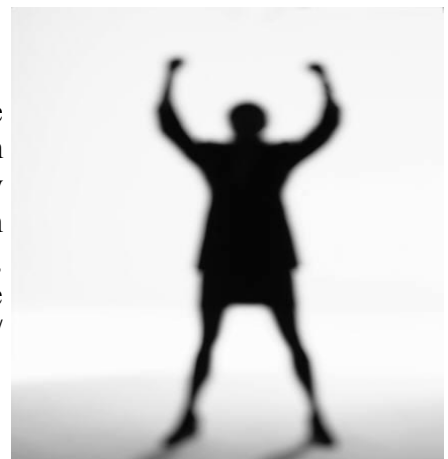
Through these client stories, I hope to improve the services offered by WestCAP, as well as to enhance the understanding and knowledge of WestCAP staff in regards to the feelings and needs of our clients. With a basic understanding of the trials and tribulations faced since becoming a client, WestCAP can provide the best services and support possible for our clientele.

I hope to meet with every client possible; I will be mailing letters with possible dates, and if interested in participating, the client can select the meeting location and time. Although the content of the conversations may bring up both positive and negative past experiences, I hope clients will choose to meet with me in order to broaden and improve the assistance available to them from WestCAP, as well as to enhance the knowledge and understanding of WestCAP staff.

— Catie Pitts

PREVENTION

National Women and Girls HIV/AIDS Awareness Day, a nationwide observance that encourages people to take action in the fight against HIV/AIDS and raise awareness of its impact on women and girls, was observed March 10th. This effort is coordinated by the U.S. Department of Health and Human Services' Office on Women's Health (OWH) to “offer support, encourage discussion, and teach women and girls about prevention of HIV, the importance of getting tested for HIV, and how to live with and manage HIV/AIDS,” according to the Office of National AIDS Policy.



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PREVENTION

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At the end of 2009 it was estimated that out of the 33.3 million adults worldwide living with HIV and AIDS, more than half are women. An estimated one in four Americans living with HIV is female, the United Nations reports. Every 35 minutes in the U.S., a female becomes infected with HIV, according to the OWH. Furthermore, women represent the fastest growing group of HIV-positive individuals in the United States. In 1985 only 8% of new cases of HIV were in women, but by 2005 that number more than tripled to 27%. HIV has become the leading cause of death among women 15-44 around the world, according to a 2009 report by the World Health Organization.

Females of color—especially black women—bear a disproportionately heavy burden of HIV infection. In 2009, for adult and adolescent females, the rate of diagnoses of HIV infection for black females was nearly 20 times as high as the rate for white females and approximately four times as high as the rate for Hispanic/Latino females, according to the Centers for Disease Control (CDC). HIV-related conditions are the leading cause of death among black women age 25-34 years.

The impact of the HIV pandemic on females has been exacerbated by perceived gender roles within society and a female's biological vulnerability. 85% of newly diagnosed HIV infections in American women and girls result from sex with an infected male partner, the CDC reports.

Biologically, women are twice more likely to become infected with HIV through unprotected anal or vaginal intercourse than men. In many countries and communities, women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex. Other concerns include settings where refusing sex or insisting on condom use is not an option because of cultural factors, financial dependence, power dynamics within intimate relationships, or even the threat of violence.

One major effort in response to the growing number of women infected by HIV has been to expand access to the female condom, the FC2. The FC2 is described by the manufacturer, the Female Health Company (FHC), as the “only female-initiated [and FDA-approved] prevention method that can be initiated and controlled by women. When used correctly and consistently, FC2 can prevent sexually transmitted infections, including HIV/AIDS, and unintended pregnancy.”

Another key to stemming the spread of HIV in females is increasing HIV testing. A study conducted at Jackson State, Saginaw State, and Central Michigan Universities concluded that only 39% of women aged 18 years and older had ever been tested for HIV in the United States. Increased knowledge of HIV status and earlier diagnoses would optimally lead to linkage to care and a decreased spread of HIV.

WestCAP offers free safer sex and injection supplies, including the female condom, in the lobby for the public during business hours, Monday through Friday. In addition, discounted HIV testing is offered twice a month at the WestCAP office: the second Friday of each month between 9 a.m. and 1 p.m. and the fourth Monday of each month between 12 p.m. and 4 p.m.

—Rabeeha Ghaffar