



March 24, 2010

Medicare to Cover HIV-Related Facial Wasting Treatment

The Center for Medicare and Medicaid Services (CMS) announced March 23 that it will begin covering the cost of U.S. Food and Drug Administration (FDA)-approved facial wasting (lipoatrophy) treatments for Medicare beneficiaries who have facial lipoatrophy caused by antiretroviral drug use. Effective immediately, CMS will begin covering the cost of facial fillers for people living with HIV who are experiencing symptoms of depression related to the stigmatizing effects of lipoatrophy.

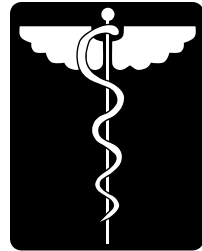
Lipoatrophy is a condition where fat just beneath the skin is lost over time. Lipoatrophy is a side effect caused primarily by the antiretroviral drugs Zerit (stavudine) and Retrovir (zidovudine). Though lipoatrophy can affect any part of the body, it is particularly noticeable and most often stigmatizing when it involves the face.

There are two temporary facial fillers for lipoatrophy: Sculptra (poly-L-lactic acid) and Radiesse (calcium hydroxylapatite). Both cost about \$1,500 per application, and people may require treatment more than once per year, a recurrent expense many people with HIV cannot afford.

One of the documented consequences from facial lipoatrophy is depression, brought on because of the stigmatizing nature of facial fat loss. Several studies have shown that treating facial

Client Services Newsletter

1966 Garden Avenue
Eugene, OR 97403
514-342-5088 | 1-866-470-3419



JOSEPHINE COUNTY HEALTH FAIR

May 20th
1-4PM

Josephine County Public
Health Dept
Grants Pass

FREE - Haircuts/Blood
Pressure Check/Limited
Dental Care/Pharmacy
Consultation
Care Packages (hy-
giene/cleaning supplies)
Healthy Cooking Info and
Food Baskets!

lipoatrophy reduces depressive symptoms in people with HIV.

CMS's decision "marks an important milestone in Medicare's coverage for HIV-infection therapies," said the agency's chief medical officer and director of its clinical standards and quality. "Helping people living with HIV improve their self-image and comply with anti-HIV treatment can lead to better quality of life and, ultimately, improve the quality of care that beneficiaries receive."

http://www.poz.com/articles/hiv_lipoatrophy_filler_761_18213.shtml

Spring 2010

March 25, 2010

European Researchers Patent Promising New HIV Compound

A team of French, Italian and Spanish researchers announced March 19 that they've developed a promising new type of antiviral compound that may work well as a microbicide to help prevent HIV transmission. The new agent, which is in the process of being patented by the academic scientists, targets an immune cell receptor on dendritic cells (DCs) called DC-SIGN.

DCs normally trap disease-causing microorganisms that manage to penetrate protective tissues, including mucosal tissues of the genital tract. Normally, DCs engulf and destroy the invading pathogen and present fragments of the microorganism to CD4 cells to jump-start a much larger immune response.

HIV, which DCs can pick up during unprotected sexual activity, circumvents this process. Instead of being broken down by DCs, HIV attaches itself to the DCs' receptors and is shuttled to CD4 cells in nearby lymph nodes. Once the virus is passed on to the CD4 cells by the DCs, infection is officially established.

France's Centre National de la Recherche Scientifique (CNRS), working in collaboration with other European researchers, has been searching for a compound that would bind effectively with DC-SIGN and prevent HIV from using DCs as a springboard to establish infection. In an article published March 19 in ACS Chemical Biology, researchers describe the nature of one such compound.

In test tube studies, the new compound effectively prevented HIV infection of CD4 cells. Furthermore, the researchers suggest, the new compound is unlikely to be toxic to cells in the

Continued Next Page

Housing



**Are you Receiving OHOP or on the Waiting List?
A message from your Housing Coordinators,
Jacole Calhoun and Amber Smith.**

Just a quick reminder, it is mandatory for OHOP recipients to apply for and actively pursue other housing resources like the section 8 Housing Choice Voucher Program. Here are some action items to keep you current:

- Update any contact information changes with your local housing authority (see below.)
- Call the local Housing Authority and check on your wait list status.
- You can also stop by the Housing Authority and ask for a list of existing and newly build affordable housing in your area.

Note: If you fail to update your

contact information you may miss your opportunity to receive your section 8 voucher. Section 8 is a more permanently funded source of housing support and if you don't cooperate with section 8 you can be terminated from you OHOP housing also. The lists for section 8 are often long so make sure you apply and always update your contact information.

Coos-Curry/North Bend Housing Authority

1700 Monroe, North Bend, OR 97459
Phone: 541-756-4111
Fax: 541-756-4990

Josephine County Housing & Community Development Council

1205 NE 7th St., Grants Pass OR 97526
Phone: 541-479-5220
Fax: 541-476-6120

Lane County Housing Authority

Eugene Office- Section 8, Development, Weatherization
177 Day Island Rd
Eugene, OR 97401
Phone: (541) 682-3755
Fax: (541) 682-3411
TTY: (541) 682-3412
Springfield Office-Public Housing, Resident Services, Maintenance
300 W Fairview Dr
Springfield, OR 97477
Phone: (541) 682-4090
Fax: (541) 682-3875
TTY: (541) 682-2565

CONTRIBUTE!

To this newsletter. See next page to find out how.
➔

**Compound
Continued from First Page**

body and should be cheap to produce, given its simple structure. Even more promising, the drug could potentially work against other deadly infections such as hepatitis C virus (HCV), *Mycobacterium tuberculosis* (TB), Ebola virus and others that use DCs.

Having patented the compound, CNRS is exploring potential partnerships to help develop the compound—notably as a microbicide—while simultaneously analyzing whether it has the capacity to develop the compound itself. In the meantime, researchers are refining the compound to make it more effective.

http://www.poz.com/articles/hiv_dc-sign_microbicide_761_18216.shtml

Exercise

It is not often that you find something that takes only 20-30 minutes a day that can help us in multiple ways. Many of us spend that amount of time laying in bed, hitting the snooze button after the alarm clock goes off. Or we spend 20-30 minutes flipping through the channels on the TV deciding what to watch. Did you know that you could spend 20-30 minutes a day, 3-5 days a week and improve your physical and mental health? Wow, what a bargain for our buck.

Regular, moderate exercise can help improve your physical health by:

- Improving muscle mass
- Build heart and lung endurance
- Decreasing cholesterol and triglycerides
- Decreasing fat around the abdominal area
- Increasing bone strength
- And help improve the way your body uses and controls sugar.

Exercise has also been shown to help improve mental health by:

- Reducing stress
- Enhance your sense of well-being
- Improve sleep
- Improve your energy level, decreasing fatigue.

So choose an activity today and start improving your health, both physical and mental. Take the stairs, dance around the house, get out and take a walk. Physical activity improves strength, and helps fight fatigue and depression. What a deal!

ANYONE WANT TO PLAY SOFTBALL?

Any size any age any gender it's all for fun anyway! We are trying to see if there is any interest in a casual softball team.

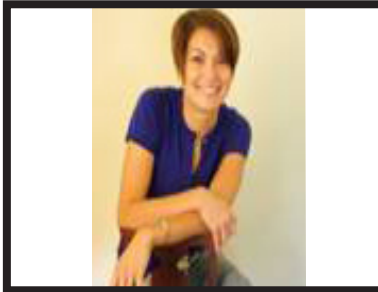
Anyone interested should send an email to the following:
familysoftballforthealliance@gmail.com

Staff Story

Pharmacist on Board

Lets talk about drugs. As a pharmacist, I am here to help you live your life to the fullest by helping you make positive changes and healthier choices. Your life doesn't have to revolve around your healthcare routine or the drugs you take for your HIV. Together, we will be working as a team to ensure that you have the tools you need to take your drugs, control that virus and minimize those nasty side effects. Our meetings will also aim to reduce viral resistance and maximize the effectiveness of the drugs you take by finding a consistent "game plan" that does not compromise your daily activities.

My name is Marie, and I will work as your pharmacist to help ensure you are getting the most out of your drugs and medical care. I am a true Beaver, having graduated from Oregon State University with an honors major in microbiology and a minor in chemistry. Working in a labora-



tory with a relative of the smallpox virus for two years helped me realize that my true passion was not working with the virus itself, but helping brave individuals living with illnesses like

HIV/AIDS. I then attended pharmacy school, and graduated with a Doctorate of Pharmacy Degree after studying for a total of nine years. Since graduating, I have had the opportunity to evaluate and provide drugs to a wide variety of hospital patients ranging from those who visit our emergency room to those who are dealing with long-term conditions.

One of the main reasons I became a pharmacist was to help people like you who are living with HIV/AIDS. By meeting and talking to you about the drugs you take, I can help you learn to live a healthier lifestyle, simplify your drug regimen and solve the various issues you deal with every day.

It is a privilege to interact and work with people living with HIV/AIDS, and I look forward to joining you on your journey to conquer the unique issues you face. Call The Alliance today to make an appointment, and take that first step towards improving your health.

HIV Alliance Sana Needle Exchange

We offer a one for one needle exchange at various locations in Eugene. One Monday and Wednesday night we are at the dead end of Blair Street from 6-7:30 pm. We are under the Glenwood Bridge every Thursday evening from 6-7:30 pm as well. On Fridays we offer exchange at the main office from 3-5pm. You can also stop by the office from 9-5 on weekdays to pick up a safer injection kit in the main lobby.

We offer HIV/HCV testing on Wednesday, Thursday, and Friday during the exchange times. There is also doctor available on Thursday night's exchange to help soft tissue infections and injection related injuries, like abscesses.

Needle Exchange is based upon Harm Reduction theory. This philosophy recognizes that addiction is a continuum and supports clients to make any change to be healthy, including using a new syringe every time. The Needle Exchange is important because it helps stop the spread of HIV and HCV. It is also a good place to get resources and referrals.

For any questions please contact Jeff Nichols at the HIV Alliance.

GOT A STORY YOU WANT TO SHARE?

Write your personal story of up to 800 words and submit it in an email. Good, bad or indifferent, we can all learn from each others experience. Use the subject line - CLIENT STORY -and send your work to Renée! We are also looking for small art pieces and/or poetry to use in future newsletters. We want to hear from you!

ryandel@hivalliance.org

Well Being

We at the Alliance want to touch on all aspects of the health and well-being of our clients. As such we are beginning a series focusing on the subject of stigma. Finding stories of it's effects is easy, finding how to deal with it, is not. It is this writers opinion that the only way to truly find answers is through education and honest communication. Following is a brief definition of stigma, an article in several parts about the effects on physical and mental health, and comments concerning stigma from people like ourselves.

Social stigma

From Wikipedia, the free encyclopedia
Social stigma is severe social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms. Examples of existing or historical social stigmas include mental illness, physical disabilities and diseases such as leprosy, about which leprosy stigma may also be called, [1], as well as illegitimacy, skin tone or affiliation with a specific nationality, religion (or lack of religion[2][3]) or being deemed to be or proclaiming oneself to be of a certain ethnicity, in any of a myriad of geopolitical and corresponding sociopolitical contexts in various parts of the world. The perception or attribution, rightly or wrongly, of criminality carries a strong social stigma. Stigma comes in three forms:[4] Firstly, overt or external deformations, such as scars, physical manifestations of anorexia nervosa, leprosy (leprosy stigma), or of a physical disability or social disability, such as obesity. Secondly, deviations in personal traits, including mental illness, drug addiction, alcoholism, and criminal backgrounds are stigmatized in this way. Thirdly, "tribal stigmas" are traits, imagined or real, of ethnic groups, nationalities, or religions that are deemed to constitute a deviation from what is perceived to be the prevailing normative ethnicity, nationality or religion. Stigma is generally based on stereotypical and uninformed impressions or characterizations of a given subject. Although the specific social categories that become stigmatized can vary

across times and places, the three basic forms of stigma (physical deformity, poor personal traits, and tribal outgroup status) are found in most cultures and time periods, leading some psychologists[citation needed] to hypothesize that the tendency to stigmatize may have evolutionary roots.

December 2009 POZ How Stigma Kills

by Regan Hofmann

People don't want us to: Cut their hair, Serve them food, Babysit their children, Marry them Or be their friend.* Why AIDS stigma is as deadly as the virus itself.

Defined as "a mark of shame, disgrace or discredit," stigma has long plagued HIV/AIDS. It is one of the defining characteristics of the disease, differentiating it from its biologically-parallel-but-socially-altogether-different retroviral kin: hepatitis, herpes and human papillomavirus (HPV). While we can chirpily discuss vaccinating our children against HPV as we choke down our Cheerios, and we can sit comfortably in front of commercials for herpes drugs, the mere whisper of the word "AIDS" often causes all polite conversation to cease.

We're not imagining this. In 2007, amfAR, the Foundation for AIDS Research, commissioned Harris Interactive to conduct a study among the general American public seeking their attitudes about women living with HIV/AIDS. The survey showed that the majority of Americans are uncomfortable around people living with the virus. More specifically, the study revealed that 59 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman providing them with child care; 47 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman serve them food at a restaurant, and 35 percent of Americans are somewhat or not at all comfortable with having an HIV-positive woman as their hairdresser. This study, which mined attitudes about HIV-positive women, flushes out that it is indeed the virus itself that makes people squirm. In other words, people don't fear HIV because (as some sug-

gest) they misperceive it to be a gay or a black disease; they fear HIV and the people living with it, period.

The study also revealed that the vast majority of Americans are not comfortable with the idea of having a romantic relationship with an HIV-positive partner.

Continued next page

Avert's HIV and AIDS quiz

Hard Questions

- Which normally rare cancer is often associated with AIDS?
 - Squamous Cell Carcinoma
 - Mesothelioma
 - Kaposi's Sarcoma
- After taking a rapid HIV antibody test, how long must the patient wait for a result?
 - 1 minute
 - 30 minutes
 - 24 hours
- In 2007, what percentage of people needing HIV treatment in lower- and middle-income countries received it?
 - 31%
 - 51%
 - 71%
- What does PEP stand for in the context of HIV prevention?
 - Prevention of Excessive Production
 - Prohibitively Exorbitant Prescription
 - Post Exposure Prophylaxis
- What does the standard HIV test identify?
 - RNA strands
 - T-cell count
 - Antibodies
- What is the leading cause of HIV infection in Russia?
 - Mother-to-child transmission
 - Sex with an infected person
 - Sharing of drug taking equipment
- In what year was the first World AIDS Day?
 - 1984
 - 1988
 - 1992

Answers on next page



RIVERWALK 2010

active awareness for HIV/AIDS

Bring your friends and family for this beautiful 2-mile HIV/AIDS awareness walk along the Willamette River. It's FREE to walk, although donations to HIV Alliance are always welcome. We look forward to seeing you there!

Saturday, May 15
Alton Baker Park

9AM Check-in

10AM Walk begins
register and learn more at:
www.hivalliance.org

Stigma Continued

Eighty-seven percent of Americans are somewhat or not at all comfortable dating someone who is HIV positive, and 89 percent of Americans are somewhat or not at all comfortable marrying someone who is HIV positive. One in five Americans said they would not be comfortable with having an HIV-positive woman as a close friend. Ouch.

STORIES OF STIGMA

The following are excerpts from some of the responses from readers to our anonymous survey about HIV-related stigma. We encourage you to post your stigma experiences as well.

I told a friend about my status while we were drinking coffee, and when I

was done with the cup, he threw it out saying, "I will never drink out of that cup again."

When I was first going on disability, I had a doctor who was doing the intake come in the room in full hazmat suit and mask and gloves. His nurse wouldn't even let me face her. I had to sit at the opposite end of the exam table to talk to her—and face away.

I told [one] employer [about my HIV status] because I was out sick for four weeks. I will never tell another employer because I work total white collar and there's no threat of blood [exposure]. I don't volunteer for CPR training or participate in blood drives at work.

More in the Summer Newsletter

Answers to Quiz

Hard Answers

1: c. Kaposi's Sarcoma is a rare form of cancer usually found in older people. A more aggressive form is associated with HIV, and causes dark lesions on the skin and a variety of locations on the body.

2: b. Results from a rapid test are usually available in approximately 30 minutes. Rapid tests are single-use and do not require laboratory facilities or highly trained staff. This makes rapid tests very suitable for use in resource limited countries.

3: a. In 2007, antiretroviral therapy coverage in less wealthy areas of the world was very low. Far greater investment and political will is needed to achieve universal access.

4: c. Post Exposure Prophylaxis involves taking antiretroviral drugs after HIV exposure in order to prevent infection. PEP should be the prevention method of last resort, be started no later than 72 hours after exposure, and is not guaranteed to work.

5: c. When HIV enters the body, special proteins are produced called antibodies, which are the body's response to an infection. The standard HIV test looks for antibodies in a person's blood, as this will mean they have been infected with HIV.

6: c. Of people in Russia who know their infection history, 83% of infections were caused by the sharing of drug taking equipment.

7: b. At a global health summit on AIDS in London in 1988, the World Health Organisation announced that it would promote an annual World AIDS Day on 1st December.

ATTENTION EMAIL USERS!

We are trying to update our email list. If you are interested in receiving news and information via email let us know!

Send an email to Nik:

ngall@hivalliance.org

Subject: EMAIL LIST

CONTACT US

HIV Alliance
1966 Garden Avenue
Eugene, OR 97403
Ph: 541-342-5088
1-866-470-3419
Fax: 541-555-1234
www.hivalliance.org
Email:
admin@hivalliance.org

Agency Calendar**RIVERWALK 2010****May 15th**

Alton Baker Park
 9:00AM Check-in
 10:00AM Walk

**JOSEPHINE COUNTY
HEALTH FAIR****May 20th****1-4PM**

Josephine County
 Public Health Dept
 Grants Pass

**CLIENT/STAFF MEET&GREET
June 18th The Alliance Office**

Come and meet the staff and your fellow clients of the Alliance.
 Informal setting. RSVP to Renée.

FRIENDS AND FAMILY

May 11th: Bowling - 3:30-5:30PM

Location to be determined.

June 8th: Berry Picking - 4-6PM

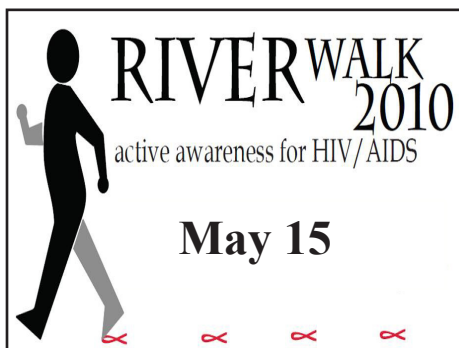
Location to be determined.

July 13th: Event details coming soon.

Please RSVP to Elynn(ext. 136) or Grace(ext. 124).

If you need a ride please arrive at The Alliance 20 minutes before the event begins!!

Do you have any ideas for summer activities? We want to know what you want to do. Talk to Elynn or Grace if you have any suggestions!

**FAQs****I just moved into town, how do I become a client?**

Contact a case manager at 541-342-5088 to schedule an intake appointment. Be sure to bring your photo ID, proof of income, insurance card and HIV verification to your appointment if you have them.

I was recently diagnosed with HIV and I don't have insurance, what should I do?

Although the Oregon Health Plan currently has limited enrollment, other options do exist. Contact a case manager for more details.

What does being a "client" of HIV Alliance's Client Services mean?

Once you are enrolled in our program you are eligible for case management, advocacy, financial assistance and our referral services. Since your enrollment is voluntary, you can discontinue services at any time.

Education and Social Support Opportunities

Friends and Family- Meets once per month. Bring your friends and family along! We do activities like bowling and crafts and eat a good meal.

POZ Group - For clients only. This group meets once per week at the agency. A meal is served and you can meet other clients. This is a great time to meet new people! Staff will give updates on what's new at the agency and in the HIV field.

Cooking and Fun! This is a four week class. We practice cooking techniques and learn about nutrition tips. The class offers delicious and affordable cooking options. Each participant goes home with a bag of food and a food gift card! Call Elynn Yandel if you are interested at 541.342.5088 x 136

Living Well With HIV- This Stanford developed course is offered in collaboration with Department of Human Services. It is a 6 week course provided by Stanford University trained RN and a person living with HIV. Each participant receives a text book and gift cards for attendance. It is a great opportunity to learn about ways of managing stress, nutrition, medication and to get the support of your peers. You will receive a Fred Meyer or Safeway gift card for attending! The class begins 3/18/2010, and will be 1-3:30. Please contact Renee Yandel at 541.342.5088 x 113 if you are interested.

About Client Services

Client Services provides support, advocacy, referral services and emergency financial assistance to people living with HIV/AIDS in Lane County.

Fortunately, living with HIV is not what it once was. HIV medications help people live longer, healthier lives. Client Services helps individuals create the healthiest standard of living possible by helping them develop a plan for living with HIV.

Care coordinators assist clients in assessing and prioritizing needs and accessing the necessary community resources to see that such needs get met.

Case Management is:

Holistic—Our ultimate goal is to help clients stabilize and maintain their health. We recognize that physical health is dependent upon emotional, social and spiritual well-being. We also understand that when basic needs such as food and shelter are not met, it is difficult to remain healthy. As a result, we look at health as a whole and help clients meet a variety of prioritized needs.

Client-centered—HIV Alliance is a safe place where clients can access services without judgment on the basis of their race/ethnicity, socioeconomic status, sexual orientation, gender identity, or past/current

drug use. Furthermore, our assistance is based on client-identified priorities. Individuals create their own plan for creating a healthy standard of living and Care coordinators help them meet their needs.

Client Services is funded through the Ryan White Care Act—federal dollars designated to assist individuals living with HIV/AIDS. In addition to Ryan White funds, the HIV Alliance utilizes grants and private donations to help clients stabilize and maintain their health.

Client Services Manager
 Deb McLaughlin

Care Coordinators

Angela Messeri
 Grace Boulester
 Elynn Yandel
 Mauricio Luján(bi-lingual)
 Brian Dunham (intake coordinator)

RN Case Manager

Cindy Dietrich
 Carol Hernandez