

## Circle of HOPE

### More than a pharmacist

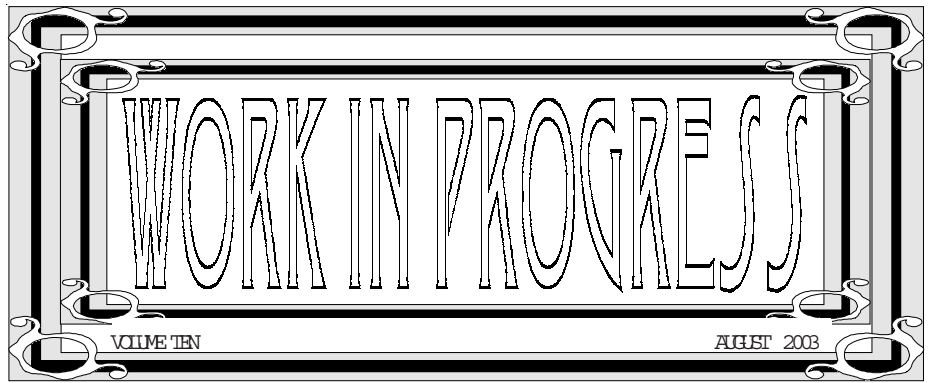
When Ruby House relocated to the Newton Creek area in 1993, we had a barbecue and invited all our new neighbors. Brent Neeley and his family were among the first to welcome us to their neighborhood.

Brent was no stranger to the HIV epidemic. As manager of a local pharmacy, he had been working with Ruby House and HIV clients since the late 1980s. He has always demonstrated a genuine concern for people, always making time for questions.

Part of our needle exchange program is to educate pharmacists about selling clean syringes to all who ask. Many pharmacies won't sell to Injection Drug Users, even though syringe possession in Oregon has been legal for anyone over the age of 18 for several years. Brent's does.

Last September Brent started displaying needle exchange flyers prominently in his store. When we were promoting National HIV Testing Day in June, Brent participated.

Brent's compassion and understanding has helped promote harm reduction and HIV awareness in our community. He leads through the example he sets.



## State of the Office

by Billy Russo

In the last newsletter I reported that we experienced a \$25,000 deficit over the previous three quarters, leaving us nearly broke. During this past quarter we received \$21,000 for the Woman's Program, money the State was holding until we met certain reporting requirements. We received another \$23,000 from private foundations. Our only fund-raiser this quarter, a garage sale, brought in about \$400. During the quarter we had a net gain of \$24,000, most of it committed to the Woman-At-Risk and Injection Drug Users (IDU) Programs for this coming year.

One new grant was obtained from the Comer Foundation in San Francisco. They provide support to not-for-profit organizations focused on needle exchange and other harm reduction strategies within the drug using community.

During the quarter we spent \$18,300 in our Client Services Program. The Woman-At-Risk Program spent \$13,400. Another \$12,600 was expended through our IDU Program. Gay/Bi Outreach spent \$1,300. Our general operating expenses and administration totaled \$7,600.

In April the Board approved a ten percent reduction in this fiscal year's budget (July to June). Program budgets were unaffected. The biggest change was combining the executive director and office manager positions. This administrative change results in a savings of \$20,000 a year. Our FY-04 budget is \$205,070.

According to our annual budget summary for FY-03 we're in good shape. The added income received the last quarter kept us in the black. Most programs operated within their budgets.

IDU overspent by \$3,000. The needle exchange program almost tripled in size during the last half of the fiscal year. More intravenous drug users turned to us for services. Where we were disposing of 30 pounds of dirty rigs a quarter through 2002, it has increased to 30 pounds a month this past quarter. That translates to about 4,800 syringes. We distribute 6,000 each month with an 80% return rate.

Client services were hard hit during the State budget problems last winter. While our caseload remains constant, needs within this population increased. We spent more money on medications, travel and emergency housing (rent & utilities). We overspent by \$5,000.

While we've experienced some ups and downs last year, we're starting the new fiscal year from a place of strength. All our programs are well run and meeting the growing needs of the community.

## WORK IN PROGRESS

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## Gay/Bi Outreach

by Billy Russo

Usually summer is a time when outreach to the gay/bisexual community slows to a standstill. This year's activities are increasing. The weekly support group continues to meet. The monthly potlucks are well attended, and new activities are planned.

In August a gay and lesbian AA meeting is starting at the HIV Resource Center. It's estimated that 20 percent of us have substance abuse issues. While traditional recovery programs try to welcome us, it is often difficult to open up when you feel you're the only homosexual in the room. The new meeting is scheduled to start in August on Thursday evenings at 6:00 P.M.

In the early 1980s, first at Mixed Company, then at the Gay & Lesbian Community Center through the early 1990s, we had regularly scheduled movie nights. Preceded by a dessert social, homophiles would come together to watch movies of common interest. In mid-September we will host our first gay men's movie night at the HIV Resource Center.

We still want a local gay newsletter. I've been moving toward it for the last year, my attention constantly diverted by one project or another. Now with Neil's (Work In progress editor) gentle prodding, it may actually happen this Fall.

### I DON'T GET IT!

By Geoff Alexander

Throughout my life I have always wondered why people hate people because of their race, religion, gender, or sexual orientation. I just didn't understand it. I've always just considered it one of those bizarre things that people do for no apparent reason.

That is until last week when I was walking in my neighborhood to visit a friend of mine, who unfortunately was not home. In the fifteen minutes that it took me to walk from my house to hers and back I was involved in five confrontations regarding my sexuality. I came to two conclusions why people yell at me from their cars, windows, and front yards. One being that they are jealous of my open life-style, and share the same feelings I do but are too ashamed to express them. And the other being that they don't understand me, and are acting out of their frustration and confusion of not understanding.

I was quite content on these opinions until a group of teenage boys yelled from their front porch "faggot." I turned to the group and replied rather proudly "Damn Skippy." When I looked into their face and eyes I saw a mixture of horror, and hatred. It was then that I realized why they were so angry. It was simply because I'm happy, that what they said had not bothered me at all, and that I am secure in who I am, and that their insult had actually turned out to be a compliment. That's when I came to the conclusion that people hate people because we are happy being different



## Case Management Update

by Lynn Sterchi

# NATIONAL HIV TESTING DAY

In April we began preparing for National HIV Testing Day, June 27<sup>th</sup>. We decided to put forth a maximum effort toward reaching as many high risk people as we could. The four of us would cover 5 testing sites. Our goal was 2-3 tests in Reedsport, Coos Bay, Curry County, and 10 tests in Roseburg. The local television and radio stations were contacted. Two television stations came over to the Center to film an interview and the radio stations did an excellent job of giving us coverage. We received quite a bit of feedback from people who heard or saw the interviews/announcements. Staff at the Bereavement Center in Coos Bay and the Health Departments in Reedsport and Curry County did the media work in their area. They do an excellent job and we really appreciate their help.

In June we put flyers out every place that we could imagine. Mary spent several days traveling in Roseburg as well as going north and south of Roseburg on I-5 to post flyers. After much effort by staff and volunteers, testing day arrived. Mary went to Gold Beach and Brookings and did 5 tests. Mike ventured to Reedsport and did 3 tests. Billy motorcycled to Coos Bay and did 8 tests. And Lynn stayed in Roseburg and did 17 tests.

As you can see we met or exceeded our goal in each location. Mary attended a training and mentioned that we had tested 33 people and everyone was impressed. We are very pleased with the number of tests as well as the added exposure via media and word of mouth.

A big thank you to everyone who helped make this a great success!!!



## DOC AND STAFF A BIG HELP

by Lynn

Roseburg is very fortunate to have gained Dr. Brad Robinson, an infectious disease specialist, as a resident. Dr. Robinson has a private practice as well as working at Mercy Medical Center. We appreciate his enthusiasm and expertise in working with our clients. Because Dr. Robinson is in Roseburg, a number of our clients have transferred from Eugene for more accessible service. Each one has been very pleased with his attitude and knowledge. Dr. Robinson's assistant, Luella, is an integral part of the care that our client's receive. I really appreciate the level of cooperation between our office and theirs.

In the course of doing my job, I contact doctor's offices nearly daily. I am in frequent contact with about 10 doctors. The staff and nurses in these offices are extremely helpful and make my job much easier. I would like to publicly thank each of these people for helping me coordinate our client's care.



## Ham Reduction in practice (How it Works)

Mike Bunyard

The following is an excerpt from a report that we file quarterly with the Comer foundation. They are located in San Francisco and provide grants to programs like ours. Our supply costs for the needle exchange program have risen from a first quarter average of \$325 a month to \$800 monthly at present. Perhaps you would consider making a small contribution to the cause?

During the first quarter of our award period we spent \$2,687.70. Our total program expenses for the quarter total \$12,608.26. Comer dollars paid for 21 percent of the services provided. This includes ten percent of a 1.0 FTE outreach worker position (4 hours per week). The amount billed to travel paid for 451 miles, delivering supplies to secondaries and one-on-one needle exchanges. Our IDU Outreach Program covers 2,000 square miles where 85,000 people live. The only supplies we bill to the Comer Foundation grant are exchange supplies (syringes, sharps containers, cottons, alcohol wipes, cookers and sterile water). All other supplies (condoms, brochures, educational materials, and HIV testing supplies) are expensed to our share of the HIV Prevention Block Grant administered by our local health department. We are billing the outreach worker's pager and cell phone to Comer. Other communications costs (DSL, basic telephone and long distance) are billed to the county grant.

Our primary outreach site is located in a storefront office open Monday thru Friday from 9 AM to 3 PM. Additionally, the outreach worker is available by pager after business hours and weekends. Our outreach model relies on secondaries, trained by the outreach worker to duplicate his services among IDU's who don't use the storefront or outreach worker. We presently have 17 active secondaries (the number fluctuates due to arrest, illness and/or cleaning up!). These secondaries exchange with 4 to 20 users with the average being 10.

During the second quarter of 2003 we distributed approximately 14,000 syringes, up from 5,500 for the previous quarter. During June 2003 we distributed 6,000 syringes with a return rate of 80%. There were 267 direct client contacts made during the quarter representing approximately 1600 exchange incidents. Our outreach is fairly evenly split between males and females although many of our secondaries claim their contacts are probably 75% female. Most are white, not Hispanic, and 30 or older.

The outreach worker also made 23 presentations during the quarter to 300 at-risk individuals in treatment, county jail, Wolf Creek Job Corps, Umpqua Community Action Network, Douglas County Health Department, and Douglas County Seniors and Disabled Services.

Four paid staff and three volunteers are certified to provide HIV testing and counseling. Routinely we test 100 high-risk individuals during a quarter.

For National HIV Testing Day (June 27<sup>th</sup>) we promoted testing at five sites in three rural counties and performed 33 tests that day. We are working on a database to provide demographics on testing.



Mike Bunyard

# HARM REDUCTION

## (OR WHY THE CHICKEN CROSSED THE ROAD)

Mike Bunyard

Several years ago Bill Padilla, the man who was the Injection Drug User (IDU) outreach worker before me, went to Billy Russo with some ideas he'd come across while surfing the internet. He found a site in England where a new way of dealing with the harm caused to individuals and communities by injection drug use was being developed and presented. Here are the principles of harm reduction that form the foundation of the work he started here in Roseburg and that I continue today.

Accepts for better and for worse that licit and illicit drug use is a part of our world and chooses to work to minimize their harmful effects rather than simply ignore or condemn them.

Understands drug use as a complex, multi-faceted problem that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful intervention and policies.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of program and policies designed to serve them.

Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual condition of use.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

These principles have been a lot for me to wrap my mind around. My personal history involves alcohol and drug abuse and addiction, prison, and most of the devastation that accompany those actions. I could write a book on the damage I've done to myself, my family and my community. Perhaps some of you could add a chapter or two from your own personal histories.

I could talk for a long time on the number of failures that I've had along the way as I've wrestled with my own demons. Today I live with HCV or Hepatitis C, a blood borne pathogen like HIV that is common among IDU's and their partners. Unlike HIV it is much less likely to be spread by sexual contact. About 7 ½ years ago I underwent a life saving liver transplant at OHSU. So far so good !. I can almost certainly say that had sterile syringes been freely and legally available to me while I was using heroin I doubt the transplant would have been necessary. I was fortunate in that I've been able to maintain health insurance and so the cost to the community has been largely born by the insurance company. (Cont. on Page 6)

# THE CORNER

(Cont. from Page 5)

So if you think your premiums are too high, I might be part of the reason for that. Not something I'm proud of, but I accept responsibility. It is part of the reason I do what I do.

Bill Padilla laid the groundwork in this community for what is considered by many to be a successful public health intervention. It has not been easy and it is not without its share of obstacles, one of which is a lack of understanding by some as to why it is necessary. Let me say it as clearly as I know how:

The HIV (and HCV) epidemic has killed hundreds of thousands of people in the United States and continues to rage on. Swift public policy changes two decades ago and the implementation of critical services could have prevented an untold number of deaths and infections, HIV and HCV, among injection drug users, their sexual partners, and children. Who could put a value on human life? In dollars and cents the annual cost of running my program is less than 5% of the lifetime cost of treating one HIV infection. I think that is a small price to pay, don't you?

Earlier in this article I said I'd like to talk to you, I mean that sincerely. Our office hours are 9am to 3pm Monday through Friday. We are located at 832 NW Highland in Roseburg. That is just south of the Wagon Wheel restaurant near Gaddis Park. Please call ahead if you are planning on a visit, I'd love to show you around but we do get busy. If you like you can email me at [mike@hivroseburg.org](mailto:mike@hivroseburg.org) and be sure to check out our website, in the very new future all of our newsletters will be available on-line at [www.hivroseburg.org](http://www.hivroseburg.org).

In closing I'd like to leave you with this thought which I'm sure you've heard

A PATHY IS LETHAL



## OUR GROWING COMPUTER LAB

Mike Bunyard fine tunes our growing network of computers. They are available to the community Mon-Fri 9:00 A.M. to 3:00 P.M

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## Donations

play an important part in sustaining the work  
of the HIV Resource Center

Please make your donation to:

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Mary Murphy