WORK IN PROGRESS

VOLUME EIGHTEEN December 2005

State of the Office

by Billy Russo

October 1, 2005 marks the beginning of our twentieth year of service. It was that day in 1986 that we called to order the first meeting of the Roseburg AIDS Task Force at the Cutting Board Restaurant.

A local mill worker had recently been diagnosed with AIDS, and although there were half a dozen earlier cases in the Roseburg area, he was the first person to go public with his diagnosis in Douglas County. It was very hush-hush in those days. That's the way almost everyone wanted it. Even he was unwilling to use his real name. He had a son in the local school district and was afraid the boy would be harassed. The task force was a manifestation of his efforts.

Other communities in Southwest Oregon were also mobilizing 20 years ago. Klamath Falls, Coos Bay, Grants Pass and Ashland all formed community based organizations. We first came together as a region in 1988. It was the first Annual HIV/AIDS Conference in Southern Oregon called by Jackson County Health and Human Services. In those days, it was an interesting mix of health department nurses and gay men. For a few years there were five organizations serving the region.

The statewide leadership in Portland failed to work with rural communities in Southern Oregon. They consistently ignored program effectiveness in the funding formulas. A series of demonstrations calling for fair treatment in 1992 led to regionalized funding. Southern Oregon flourished under regionalization.

(Continued on Page 2)

Circle of HOPE

Janet Buchanan has been a part of our project since joining Mercy Medical Center in 1997. Janet left recently to take a job in Maryland, her leadership will be missed. She served as Mercy Liaison to Douglas County AIDS Council, playing a leading role during the transitions from Ruby House to HIV Resource Center in 1998. In 2000, she joined the Board of Directors and has been Board Chair since 2004. She also chaired Board Development, the policy making committee of the Board.

At Mercy Medical Center she served as Chief Mission Officer. She was responsible for the direction of the Spiritual Care Department and spiritual care service throughout Mercy organizations (Mercy Medical Center, Mercy House, and Mercy Home Health and Hospice.)

Prior to joining Mercy, she worked for Harris Methodist Health System doing strategic planning and product development. Her academic background includes: University of Dallas, MTS; University of Dallas and D.Min., MBA, Graduate Theological Foundation. She also served on many committees and boards in the community.

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Billy Russo

CAP Offers a Helping Hand

By Billy Russo

About a year ago, Thomas Bruner, Executive Director of Cascade AIDS Project (CAP), visited the HIV Resource Center. CAP is Oregon's primary AIDS service organization. Serving Portland, it is the oldest and the biggest agency of its kind.

We discussed how services are delivered in Southern Oregon and how we could work together. As a result of that meeting, we joined their Public Policy Committee. Meeting through the legislative year, the committee tracks and influences legislation on both the State and National level.

After spending a day with us, Thomas made a similar visit to the only other AIDS service organization in Southern Oregon, Grants Pass' AIDS Support and Prevention (ASAP). They also joined the Public Policy Committee.

Last spring the State pulled half of ASAP's funding, which significantly damaged the organization. They appealed to CAP for help. Thomas was able to call a regional meeting—the first in a decade—where Josephine, Jackson and Douglas Counties came together. As a result of that meeting, we have agreed to assume responsibility for prevention services in Josephine County after the first of the year.

Without CAP's leadership, services in Josephine County would have ceased.

State of the Office

(Continued from Page 1)

In 1998, the regions were dismantled and funding was dispersed through local health departments. Every year since, dollars have been shifted away from Southern Oregon in favor of programs in the Willamette Valley and local organizations lost funding and closed their doors.

As 2006 begins, HIV Resource Center is the only AIDS service organization remaining in Southern Oregon. Our prevention programs serve Douglas, Josephine, Coos and Curry Counties.

20 Years Ago

By Mary Murphy

This morning Billy came up to me and asked me if I would write a short article about what I was doing 20 years ago. Of course I moaned and groaned because how could I remember what I was doing 20 years ago when I can not even remember why I opened the refrigerator.

Anyway, I thought and thought and bingo I do remember what I was doing. I was working for FEMA and traveling all over the country helping people and families that had been affected by a natural disaster. In 2001, after I had been out in the field for 6 months, I decided it was time for me to stay home and not be traveling all over the country. Of course if I quit FEMA that meant I had to find another job. I started reading the help wanted ads, and one day there was an ad for part time work at the HIV Resource Center. I had met Billy before (although he does not remember that) and knew that he had opened Ruby House and I was aware of the work that he did there. I was very interested in the job and stopped by to drop off a resume. I got an appointment for an interview. The one thing I remember clearly about that interview is this: I was asked what my work background was and when I was explaining what FEMA was (working on disasters) Greg Chase said to me, "HIV IS a disaster!" Remembering this statement is what made me recall what I was doing 20 years ago. The interview committee explained to me what the HIV Resource Center was all about. At the end of the interview I told them I really wanted to work for this program, and I got the job.

There is not a job that I have done in the past that has meant more to me than this one! The staff, volunteers, board, clients and friends of the center are a family to me. For them and for myself I will go out and educate every one I can in the prevention of HIV. This is my goal!

Courage and Resiliency

By Lynn Sterchi, MSW

Last quarter I wrote about my belief in the frailty and fragility of our species. I also strongly believe in the courage and resiliency of humans. Courage is defined as the attitude or response of facing and dealing with anything recognized as dangerous, difficult, or painful, instead of withdrawing from it. The courage to do what one thinks is right. Resiliency is the ability to recover strength, spirits, and good humor quickly. Lately the word hero is tossed around for nearly any situation. I personally don't think hero should be used so lightly. I do believe that courage is a part of one's character that should be developed and at least self-acknowledged.

Remember when values education was the big fashion. I always wondered about that. Teaching people not to judge is counterproductive. Teaching to judge fairly is one thing, but to not judge is really impossible. We judge every minute of every day. Do I have time enough to run across the street before that car squashes me? Is Matilda a possible friend? Is that a good decision for myself? For others? We use courage to answer these and many other questions. It takes courage to state one's feelings. It takes courage to take a different course than others might. It takes courage to admit our frailties. It takes courage to live with chronic illness. Out of the situation of using courage comes the test of one's resiliency. After living through the death of a loved one, a person's resiliency is demonstrated by their ability to snap back.

I find demonstrations of courage and resiliency to be humbling, encouraging and dynamic. I see these traits very often in our clients. They are faced everyday with different and difficult challenges and yet have the character to respond with spirit and good humor. Everyone's life has challenges - the test of character is the response.

HAPPY HOLIDAYS TO ALL.

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Mary Murphy

Hello again! We are very busy as always and I for one am very glad about that. I am glad because it means that people are interested in education for the prevention of HIV. More and more schools and groups are calling me and asking for HIV presentations. This shows that we are working towards our goal in the fight against AIDS through education in prevention.

In the last two newsletters I wrote about HIV and teens. In this newsletter I am going to share information about persons over fifty. We are witnessing a new wave of infection in this age group, and it is time to take it seriously.

The following information is from an article published by AARP.

AIDS: A Multigenerational Crisis

Acquired immune deficiency syndrome (AIDS), caused by the human immunodeficiency virus (HIV), is a disease in which the body's immune system breaks down. Like other catastrophic illnesses, HIV infection and AIDS affect the entire family. Because HIV/AIDS is associated with sexuality, devastating illness, and death, it touches on many fears and taboos in our society. As a result, many older Americans are uncomfortable with the issue in general, and may feel a particular stigma when a loved one dies of AIDS, or if they themselves become infected with the HIV virus. AIDS is becoming a fact of life for older Americans as more people over 50, their children and grandchildren are infected.

When AIDS was first diagnosed in 1981, many Americans thought this disease affected only those outside of their family or social circle. We now realize that no family, community, or race is safe from this killing disease. The AIDS crisis affects older people in many ways—some are HIV positive; others are caregivers to partners, children, or grandchildren infected with the virus; and some may share long term care resources with people who have AIDS. All of us are affected emotionally and financially by this disease.

Parents and grandparents of persons with AIDS must cope with the tragic realization that they could outlive their child or grandchild. The loss of a child or grandchild to AIDS not only disrupts the normal life/death sequence but also contains the element of stigmatized grief, which compounds the mourning process. Many HIV positive older adults and their caregivers or families feel isolated. Fear surrounding public disclosure about HIV/AIDS remains a painful issue for affected loved ones as well as for those with HIV/AIDS.

One day, hopefully, there will be a vaccine, a cure and adequate treatment for HIV/AIDS. Meanwhile a world of tolerance and acceptance of HIV/AIDS as a lifelong, manageable, socially acceptable medical condition, like any other is a goal for which to aspire. EVERYONE is at risk for HIV/AIDS and by living with care for ourselves and others, there is hope for a healthier, happier world.

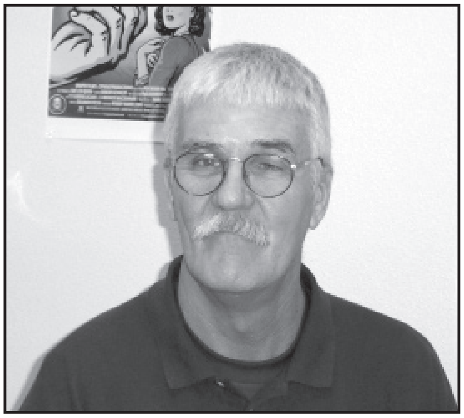
JUL–SEP 2005 IDU Program Narrative

by Mike Bunyard

During this past quarter we had 545 exchange contacts, about the same as last quarter. 210 of those encounters were exchanges for the individual and the rest were self and others. Secondaries exchange for as few as one other IDU and as many as 7 other IDU's. Most secondaries act as peer educators, providing safe behavior information to a population that I am unable to reach. They will often hand out rigs to anyone who asks, in spite of my strong suggestion that they get rigs back to keep at the one for one exchange I require of them. It is not a hard and fast rule, more of a guideline, albeit a necessary one. We gave out 9930 syringes and had 8556 returned. Between my program, the HIV Resource Center front desk volunteer, and our Women and Teen outreach worker, we distributed a total of 155 male condoms and 434 safer sex kits. Our safer sex kits consist of 6 male condoms and 2 ID Glide lube pillows along with a colorful instruction card. Many of the kits find their way into the hands of teens.

I handed out 356 pieces of educational material, mostly Straight Dope Series pamphlets and HCV Advocate publications dealing with hepatitis.

I want to report a little on an interview that Ann Shindo and I just did with the PBS radio station KLCC. The show is called Sunday at Noon. Ann is the Oregon Hepatitis C Coordinator. We spoke for an hour, about 1⁄2 that time talking about the disease, dispelling a few myths, how it is spread and more importantly how it is prevented. Then we took calls from listeners. I've reported on the work we do around HCV and it is heartening to know that we are making some progress. We had a good turnout at the first HepC presentation (*See page eight*). We continue to offer a hepatitis clinic here at the Resource Center (HBV and HCV screening and A & B vax.) Participation is still what I would consider light but I have little experience with these things. It is my hope that we are in it for the long haul and eventually we'll have a model HIV and Hepatitis integration program. I'm including a portion of the email Claude Offenbacher (host of the Sunday at Noon show) sent me:



Mike Bunyard

"Thanks so much for proposing last Sunday's show, and then for your moving personal and informative professional remarks. Ann was a great co-guest — credit again to you.

Judging from the flood of phone calls — there were seven at the end of the show we never got to — and the several requests for copies or transcripts since (which, unfortunately, we're not staffed or equipped to provide), the show was one of our most appreciated in the 15 months we've been on the air."

"It is heartening to receive comments like that. Just as it is to have the support of the Comer Foundation. Thank you."

Our community recently lost a great friend and advocate. Carol Fenton, nurse at Douglas County Health Department died suddenly on December 3rd. We will all remember Carol's smiling face and her enthusiasm. Our condolences to Carol's family and friends.

THE CORNER

A Heartfelt Thank You to our Legacy of Hope Supporters

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Red Ribbon Circle

continued

Barry Copilow
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Margaret Johnson
Fr. Elwin Schwab
Sharron Isaacs

Circle of Friends

Also, thanks to the many other supporters who are far too numerous to list.

Wish List

Thank You to all the people who take the time to read our Wish List. We've been very fortunate to be able to cut this list in half since introducing it six months ago. There are still a handful of items that would make our work a little easier at the HIV Resource Center. If you could provide—or know someone who could—any of these items, we would be grateful!

We still need:

...Computer System (computer lab)

...Laptop Computer (for the road)

...Projection Television **(HURRAH, donated!)**

...Proxima for PowerPoint

...Conference Room Chairs (30)

...Computer Chairs (2)

1985

At almost 60 years of age it is easier to remember what I was doing last week than what I was doing 20 years ago. That was the first thing that came to mind when Billy asked me to write on the subject for our newsletter. It was followed closely by “Oh, bother”, although I did not give voice to that thought.

So 20 years ago today. Long-time readers of this newsletter will be familiar with my struggle with addiction. November of 1985 I was 6 years clean, 4 years married to my present wife, 4 years the proud poppa of my daughter, Stephanie and 4 years the proud parent of Jan’s 2 daughters, Jennifer and Danielle.

We’d just purchased the house we still live in today. Had our 1st of 4 horses we eventually lived with. That year in 4-H Jen and Danny took turns with the pony, Lacey.

I was a roofing contractor and that year we reroofed several buildings at the fairgrounds, a post office or two in eastern Oregon, and residences too numerous to recall.

Looking back I’d have to admit I was pretty damn full of myself. I knew nothing of HIV and hepatitis C and frankly could not have been less interested. I was convinced that I had finally straightened out, and that I was being a productive member of society, a good husband and father, and fervent 12-stepper. I thought this would enable me to live the American dream I had yearned for as long as I could remember.

Today I am less sure of the outcome and much more comfortable with what comes my way each day. I work with a great group of compassionate and talented people, both the employees of the HIV Resource Center and our volunteers. I hope that I am helping to make my community a better place to live.

Peace Mike

UCC's Gay Group has Make-over

Umpqua Community College’s gay student union, in keeping with the times, changed its name to Gay Straight Alliance this year. The group established an email group and is active in the student body.

Ryan Monett, club president, is available in the Campus Center on Tuesdays and Thursdays from 11:30 to 12:30. For more information email Ryan at Umpquagsa@yahoo.com or call 440-4714.

ACTIVITIES
AT THE
HIV RESOURCE CENTER

832 N.W. HIGHLAND ST.
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Douglas County AIDS Council Board Meeting:
January 19th
at 11:00 a.m.

Gay Men's Potluck:
Last Friday of month
5:00 – 8:00 p.m.

HCV Support Group:
2nd Thursday
of each month,
6:00 – 7:30 p.m.

Gay Movie Night:
2nd Friday
of each month
6 – 9 p.m.

Club Queer
"a safe place for youth" scheduled through the school year, the youth activity will be offered again on the first Friday of the month. The first year was a tremendous success.

A Special Dedication
On Jan. 20th at 5:30 we will dedicate our conference room in memory of JR (James Holly Ross). Please join us.

AROUND THE CORNER

Modest Beginnings

Thursday, November 17th saw the culmination of the past 2 years of work by the Douglas County HCV Task Force. Maura Toole, Veterans Administration HIV and Hepatitis C nurse assisted by Carol Fenton, Douglas Health Department Communicable Disease nurse conducted the first public Hepatitis C awareness presentation. The event was attended by about a dozen people. Some came to gain understanding of the disease in order to assist clients. Others came to find out more about the disease and how it might affect them. For about an hour and a half we viewed an interactive presentation while Maura, Carol and I fielded questions from the audience. Printed materials from the HCV Advocate and other sources as well as our local support group information was available to take home.

The HCV Task Force plans to hold this event once every 3 months.

Mike Bunyard

HIV and Hepatitis Program

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