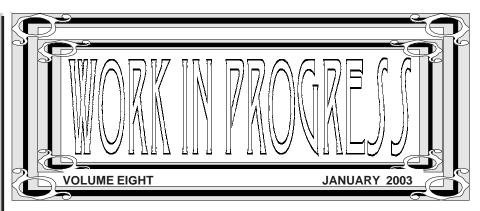
Circle of HOPE

Work in Progress, this quarterly newsletter was created and designed 2½ years ago by Neil Westen. This dedicated and talented volunteer has been actively involved in its production ever since.

Neil lives in Oakland with his wife Beth. Beth is a Manager at Senior Services and they lived in Ashland, Oregon for 13 years prior to their move here 3 years ago. They picked Oakland because of its charm. While in Ashland, Neil subcontracted with Microsoft and various Theatres in the Ashland area designing flyers, brochures, tickets and other printed materials. He has also been acting since he was 6 years old. This past Summer Neil directed a melodrama for the Oakland Community Theater.

In July, 2000, he learned about the HIV Resource Center through a coworker of Beth's, who set up a meeting at the Saigon Restaurant to discuss volunteering with Billy Russo. Neil was interested in helping to wipe out AIDS since he had lost two cousins and numerous friends to HIV/AIDS. He agreed to develop and act as compiling editor for the newsletter and has also been a Board Member for the past year.

Neil adds a very special perspective to our newsletter. His creative ability and energy are truly appreciated



PUBLIC HEALTH ROGUE(S?)

by Billy Russo

Shortly after we put the October newsletter to bed, an article appeared in Willamette Weekly. It began "Frontline activists often wonder whether people who are supposedly on their side are actually sabotaging projects behind their backs." This suspicion, a form of post-traumatic stress disorder born of prolonged exposure to political conflict, is often counterproductive. This week, however, we found proof of the adage "Just because you're paranoid, it doesn't mean they're not out to get you."

That accurately describes an element of my relationship with the HIV client services program at the State. The article, titled "Rogue of the Week," goes on to feature the program manager, Dr. Mark Loveless.

One of my colleagues in Portland, Steve Carroll, who is scrutinizing CareAssist with the same determination I am reviewing the Title II subcontracts, received an email Loveless intended for one of his subordinates.

The article states, "In an email, Loveless advised a colleague to 'generously flood' Carroll with "huge stacks of EXISTING data" in hard-copy form and to intentionally include redundant and irrelevant statistics. 'Let him try and sort it out, and if he is overwhelmed and he wants US to do the analysis, we can kindly refuse,' Loveless wrote. "

While Loveless apologized for "the momentary loss of civility." The article concludes that Loveless' apology, however apt, is misdirected. "Patients in need of medication are the real victims here."

I recently filed a Freedom of Information Act request to get copies of all the emails Loveless and three of his subordinates sent and received, citing a conspiracy to strategically slant data to their predetermined outcomes.



Outcomes that support diverting more and more of our resources into unneeded, expensive technical support, coalition development, quality assurance, and subcontracts that benefit the Portland area.

Neil Westen

(Cont. on Page 2)

WORK IN PROGRESS

This newsletter of the HIV Resource Center, is a project of the Douglas County **AIDS Council** and is published quarterly at 832 N W Highland Street Roseburg, OR 97470

E-mail: flo@hivroseburg.org

The web address is HTTP://www.hivroseburg.org

For subscription questions call (541) 440-2761 (Monday - Friday 9:00 a.m. to 3:00 p.m. PST); FAX (541) 440-9665

WORK IN PROGRESS is distributed free of charge

Chair: Penny Anderson Compiling Editor: Neil Westen

Staff:

Billy Russo, Flo Shively, Mary Murphy, Mike Bunyard, Lynn Sterchi MSW,

Notice: photocopying or reproduction is permitted with credit to WORK IN PROGRESS, except for material clearly copy written.



(cont. from Page 1)

I have filed a number of Freedom of Information Act requests since Loveless came to power in the late 1990s. I submitted them the to State Health Office in Portland. I have always felt that they were cooperative...until now. My October, 2002 request for emails was forwarded to Barry Kast, Assistant Director for Health Services in Salem.

In his response he informed me that "we have asked our Attorney General to review your request. You have asked us to waive any charges for production of this correspondence, however your letter does not indicate why you believe it is in the public interest to produce these docu-

It would be helpful if you could provide more information for our review of your request."

I took this as a denial and petitioned the Attorney General to order Mr. Kast to produce the records. The Attorney General respectfully denied my petition because Mr. Kast's office says that they are continuing to process my original request.

In closing the Attorney General's office says "(They anticipate) that a very large number of records are responsive to your request, and (they have) been working to identify and retrieve those records.... Additionally, once all responsive records are retrieved, they must be reviewed to determine whether they contain information that is exempt from disclosure under the Public Records law."

So the Attorney General won't take any action as long as the health division doesn't actually deny my request. State law requires that they provide the documents in a reasonable time frame. It's been three months since I requested the data. I have a feeling that I won't see these documents without going to court.

Mark Loveless and any other State employee who interferes with the public's access to information, should be fired. They broke the law. The person to whom his memo was directed, and other bureaucrats named in the infamous email, have made no effort to distance themselves from this attempt to obstruct access to public information. It's no big deal to them.

We're in the midst of the worst public health crisis of our lifetime and these people are treating federal funds earmarked to enhance access to medical services like a pot of gold, spreading it amongst themselves with little regard for the rural communities.

Gay Community Mobilizes

by Billy Russo

In November five men completed training to serve as peer counselors on the 24 hour Gay & Lesbian Switchboard. The focus of the five week training was HIV prevention. Callers can obtain referrals, peer counseling and HIV transmission information. In April the helpline will celebrate 23 years of uninterrupted service to the community. An HIV Support Group for gay men formed during the holidays.

While many gay youth have expressed interest in getting together regularly; confidentiality and access to transportation have been major obstacles. It's hard for youth to get out of their homes without explaining where they are going. They don't want to deceive their families, but they aren't ready to come out either.

The Gay/Bisexual/Transgender Local Planning Committee will address these and other issues on January 16, 2003 at the 6:00 P.M. meeting at the HIV Resource Center.

For more information, call (440-2761) or email (billy@hivroseburg.org).

Page 2



WORLD AIDS DAY

Flo Shively

The DCAC World AIDS day observance was held, Sunday, December 1, at 6:00 p.m., at the Open Door Christian Fellowship, 2545 W. Harvard Avenue, in Roseburg. The observance featured speakers, vocals by Larry Schoon, delicious refreshments provided by Open Door Christian Fellowship, and a candle lighting ceremony honoring Douglas County residents who have died of AIDS. The event was

attended by at least 75 persons.

Even with medical advances and the new wonder drugs, AIDS is still an epidemic in our country and in Douglas County where we have had four AIDS related deaths in the last few months.

This year's theme was "Live and Let Live" focusing on averting stigma and discrimination. "In many societies people living with HIV and AIDS are often seen as shameful. In some societies the infection is associated with minority groups or behaviors, for example, homosexuality, In some cases HIV/AIDS may be linked to 'perversion' and those infected will be punished. Also, in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes, HIV and AIDS are believed to bring shame upon the family or community. And whilst negative responses to HIV/AIDS unfortunately widely exist, they often feed upon and reinforce dominant ideas of good and bad with respect to sex and illness, and proper and improper behaviors.

Factors which contribute to HIV/AIDS -related stigma:

- HIV/AIDS is a life-threatening disease
- People are scared of contracting HIV
- The disease's association with behaviors (such as sex between men and injecting druguse) that are already stigmatized in many societies
- People living with HIV/AIDS are often thought of as being responsible for becoming infected
- Religious or moral beliefs that lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

Sexually transmitted diseases are well known for triggering strong responses and reactions. In the past, in some epidemics, for example TB, the real or supposed contagiousness of the disease has resulted in the isolation and exclusion of infected people. From early in the AIDS epidemic a series of powerful images were used that reinforced and legitimized stigmatization.

- HIV /AIDS as otherness (in which the disease is an affliction of those affected are set apart.)
- **HIV/AIDS** as punishment (e.g. for immoral behaviour)
- HIV/AIDS as a crime (e.g. in relation to innocent and guilty victims)



Flo Shively

(Cont from Page 3)

- **HIV/AIDS** as war (e.g. in relation to a virus which need to be fought)
- HIV/AIDS as horror (e.g. in which infected people are demonized and feared)

Together with the widespread belief that HIV/AIDS is shameful, these images represent 'ready-made' but inaccurate explanations that provide a powerful basis for both stigma and discrimination. These stereotypes also enable some people to deny that they personally are likely to be infected or in some societies, laws, rules and policies can increase the stigmatization of people living with HIV/AIDS. Such legislation may include compulsory screening and testing, as well as limitations on international travel and migration. In most cases, discriminatory practices such as the compulsory screening of 'risk groups', both furthers the stigmatization of such groups as well as creating a false sense of security among individuals who are not considered at high-risk.

Laws that insist on the compulsory notification of HIV/AIDS cases, and the restriction of a person's right to anonymity and confidentiality, as well as the right to movement of those infected, have been justified on the grounds that the disease forms a public health risk...."

"However, no policy or law can alone combat HIV/AIDS related discrimination. The fear and prejudice that lies at the core of the HIV/AIDS discrimination needs to be tackled at the community and national levels. A more enabling environment needs to be created to increase the visibility of people with HIV/AIDS as a 'normal' part of any society. In the future, the task is to confront the fear based messages and biased social attitudes, in order to reduce the discrimination and stigma of people who are living with HIV or AIDS.", www.avert.org



Flo Shively

According to the National AIDS Trust 2002 web page, www.worldAIDSday.org., "By the end of 2001 an estimated 40 million people were living with HIV. A further 5 million new infections are predicted by the end of 2002. Figures like these make it seem like AIDS is winning.

But all over the world, people like you are making a difference.

So wear the Red Ribbon. Ask us about HIV and AIDS.

Volunteer your time or make a donation, however small, however large, to your local HIV/AIDS organization. BECAUSE LIVES DEPEND ON IT...



by Billy Russo

I should say it's going to be a darker year for the disabled poor: all years are dark when one becomes dependent on our healthcare system and public assistance. Neither are user friendly.

Besides the problems previously reported regarding Care Assist and Ryan White CARE Act funding, the State recently announced that chemical dependency treatment and mental health services would be excluded from the Oregon Health Plan (OHP).

Approximately a third of our caseload accesses these important services routinely. Seven people have duel diagnoses. Five others receive mental health services. One client is in treatment. They depend on these services to keep the darkness away.

The Statewide strategy is to emphasis case management. What good is case management if all we have to say is, "there is nothing we can do for you?"

NEWS LETTER

Hello and Happy New Year to all!

I am very excited about the way the **WAR** program has expanded in the last few months. We are reaching women at risk in Coos, Curry, and Douglas counties!

After meeting with Deputy Buell, from the Douglas County Jail, times were set up for me and Mike Bunyard (IDU Program) to give HIV presentations and do ORA-SURE testing for the inmates. The presentations have been very well received and Mike and I really enjoy giving them.

I have regular monthly testing sites in Coos Bay and Reedsport. Members of my advisory committee, from the coast, were instrumental in setting up these sites.

I gave 28 presentations and provided counseling and testing to 42 women at risk. The presentations were given at high schools, alternative schools for youth, women's transition groups, and the jail.

Brookings High School and Gold Beach High School were two of the schools where presentations were given. These schools are in Curry County, the county that WAR took a little bit longer to serve. Now we are there and this expansion should continue to grow.

Volunteers are a very special part of the WAR program. Without them I could not have accomplished all that I have. They do presentations, pass out fliers and brochures, go to locations were they know they will encounter women at risk, and secure testing sites for me.

If you know of, or belong to a women's organization or group, and are interested in having a presentation by WAR contact Mary Murphy at 541-440-2761, toll free 1-877-440-2761.

HIV Testing is always available at the HIV Resource Center Monday through Friday, 9 to 3 pm.

I have been asked if I do not get tired driving back and forth between three counties. My answer is "Yes, sometimes at the end of a long day I am weary but I also feel so fulfilled because the job I am doing is so

meaningful to me" The longer the day usually means the more accomplished and that means more people are hearing about HIV and they are learning how to keep themselves out of harms way or where to go for support if they need it.

Mary Murphy
Outreach Coordinator/WAR



Mary Murphy



Try a little tenderness (with apologies to Otis Redding)

Mike Bunyard

I remember meeting Billy for the first time while I was fixing the roof on one of my sister's rentals, the original Ruby House. Sitting in the kitchen drinking coffee I felt uncomfortable and awkward around homosexual men who were obviously sick. I can't remember whether AIDS was talked about or not. If it was, it was in one ear and out the other, that's how threatened I felt, ashamed as well. A former hippie and liberal democrat is supposed to be more tolerant and understanding, right? My sister's husband, Ivan, had a son who was dying of the disease but we never discussed it. Whoever said; "Ignorance is bliss" was a damned liar. Ignorance is ignorance. And believe it or not, it can make you sick. It can even kill you!

I probably would have stayed ignorant of the causes and consequences of HIV, the virus that causes AIDS, if not for my own illness, hepatitis C (or hep C as most of us with the disease call it). Like HIV it is a blood borne pathogen that gets passed among injecting drug users who share their works – syringes and needles, cottons, spoons or cookers, and water. There are other ways of getting hep C. Transfusions and blood products prior to 1992, needle stick injuries among health care workers, tattoos and piercings using unsterilized equipment. The HCV virus, unlike the HIV virus, is able to live outside the body for up to 2 weeks in dried blood. There is even a slight risk of sexual transmission. Anything that allows blood to blood contact. I'm pretty sure I got hep C from years of injecting heroin into my veins. Like many junkies, I wasn't too concerned about my health.

Unlike a lot of injecting drug users I was able to get out from under my addictions. I met and married my present wife Janice. Together we raised her two daughters and one of our own. I went into business for myself as a roofing contractor and settled into a fairly stable life. As stable as a roofer can make it that is.

In 1992 I began feeling periodically ill and by 1994 I was on the transplant list at OHSU, my liver was shot. While waiting for my liver I enrolled in the Computer Information Systems program at UCC. The transplant came in 1996, interrupting my studies, and I graduated in the summer of 1997. A 51 year old computer nerd in a sea of twenty-somethings.

Enter Billy Russo into my life once again. I was working for a local software developer and Billy needed a PC for a young friend of his. He knew the man I was working for and came by to see if we could build him a system. I did and that was the beginning of a relationship that has turned into a friendship. I started stopping by the center and helping out from time to time with geek stuff. Every so often Billy would call and ask for my advice or help. I began showing up around lunchtime at the present Resource Center, over near Gaddis Park where I would let Billy or Greg beat me at cribbage. I met Bill Padilla and David Aerni. Along the way I discovered that not everyone in the world was in it for the money. Not everyone was looking out for number one. This was not a sudden flash of insight but something that developed slowly over time. Fortunately it did not seem to require much effort on my part. It just sort of grew into being.

This summer, Bill Padilla decided to leave his job at the Resource Center. I was already questioning my own way of making my daily food, clothing and shelter allowance so when Billy asked if I would take over Bill's job doing needle exchange I jumped at the opportunity. By the time you read this that will have been about 5 months ago.

NEW CASE MANAGER

Hi! My name is Lynn Sterchi and I am the new case manager at the Resource Center. I feel very fortunate to be working with Billy and the rest of the crew. I attended graduate school at the University of Nevada, Reno the last two years and I am very happy to be back in Douglas County. I was raised on a ranch in Glide and continue to live there. I ranched full time for 20 years and then decided to get back to working with people. Hopefully, I can reach a balance between working off and on the ranch.

Case management requires a diverse knowledge of client needs and community resources. Every day I am becoming more familiar with both. Thanks to all of you who have helped me get settled into the flow of the resource center.

Lynn Sterchi lynn@hivroseburg.org

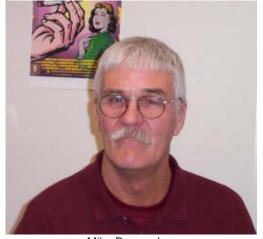


CARE ASSIST

During the months of November and December, a number of our clients received some disappointing news. It seems CareAssist, the Ryan White CARE Act, Title II has decided that people living above 100% of the Federal Poverty Level should be able to pay premiums for the assistance that they receive. So our clients are being asked to pay a premium for the financial assistance they receive.

Even worse is that people over the 200% FPL are being removed from CareAssist completely. This is without looking at how much of a burden is put upon a family/individual for astronomical medical and pharmaceutical costs. My saddest day at the resource center has been the day a client came in with his CareAssist letter of rejection and we had exhausted the options known to us. When asked what this meant to him, he simply stated he would quit taking his meds. I was heartbroken. This client, among others, is trying to remain a working member of the community. He cannot work, meet his financial obligations, and pay his copays. So I guess CareAssist gives him the option of either quitting his job and becoming completely dependent on outside aid or letting his health status deteriorate.

We have been gathering financial information and we are going to write a grant seeking assistance for 6 or 7 clients that have been seriously hurt by this new policy. In the meantime, I guess we will just have to do what we can.



Mike Bunyard

Donations

play an important part in sustaining the work
of the HIV Resource Center
Please make your donation to:
HIV Resource Center
832 NW Highland Street
Roseburg, OR 97470

AROUND THE CORNER I

ANNOUNCEMENTS:

Gay/Bisexual/Transgender Local Planning Committee meeting: January 16th at 6:00 P.M.

Douglas County AIDS Counsel Board Meeting: January 16th at 11:00 A.M.

Gay Men's HIV Support Group: every Tuesday 6-7 P.M.

Gay Men's Potluck: last Friday of each month, 5-8 P.M.

Lesbian Potluck: first Friday of each month, 5:30-9 P.M.

HIV TESTING is always available at the HIV Resource Center Monday through Friday, 9 to 3

IMPORTANT NOTICE

IF YOU WISH YOUR COPY
OF THE JANUARY
NEWSLETTER TO COME
TO YOUR E-MAIL ADDRESS

SEND YOUR E-MAIL ADDRESS TO:

Mike Bunyard mike@hivroseburg.org

DCAC

832 N W HIGHLAND STREET ROSEBURG, OR 97470 NONPROFIT ORG
U.S.POSTAGE
PAID
ROSEBURG OR
PERMIT NO. 54