Circle of HOPE

by Billy Russo

Everyone who's been involved with our programs over the years knew James Holly Ross, better known as JR. He was active in the first HIV-Positive support group in Douglas County in 1990.

During the year-long transition of Ruby House from Winston to Roseburg, he helped staff Michael House and other ad hoc projects. When we boycotted the so-called statewide care coalition, he helped make protest signs and stood the picket lines relentlessly. He organized the Tree of Hope at the Newton Creek Ruby House. During the second transition, when we closed Ruby House and opened the HIV Resource Center, his leadership was indispensable. Once settled in at the Highland Street address, he beautified the grounds. By the end of the first year, he had beautified the entire block! He was a dynamo of energy and encyclopedia of information. Opinionated and obstinate, he led by example often dragging the rest of us, kicking and screaming, to complete the mission. No one was surprised when he wrote his own obituary. He said in part, "I was a fortunate man to have been able to travel the world and meet the most incredible, beautiful people. I saw the most spectacular scenery, plants and animals. I loved the world I lived in. I loved the people.

(Continued on page 7)

WORK IN PROGRESS

VOLUME SEVENTEEN July 2005

State of the Office

by Billy Russo

During the winter of 2003-04 we received funding from Cow Creek Umpqua Indian Foundation to start the process of board development. In the 15 years prior to 2003, the HIV Resource Center (HIVRC) relied almost exclusively on the leadership of the program founder.

The board contracted with Roi Crouch to facilitate the development process. During the first stage of board development we underwent an organizational assessment and identified five key objectives:

- Explore key issues identified in organizational assessment and begin to identify directions and strategies for addressing high priority recommendations.
- Identify board development and recruitment strategies to build a strong governing board with the capacity to meet its responsibilities and take a more active role in planning, establishing priorities, providing oversight and general accountability.
- Engage the board in assessing current program/ services and determining future program priorities.
- Identify new strategies for fund development and strengthen understanding of the Board's role in fundraising.

- Create organizational structure to support realization of vision, mission and new strategies.

(Continued 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 NW Highland Street Roseburg, OR 97470

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Chair: Janet Buchanan
Compiling Editor: Neil Westen

Staff: Billy Russo, Mary Murphy, Mike Bunyard, Lynn Sterchi MSW

Billy Russo

Three committees formed to develop goals, objectives, and action plans. The need to have an organizational structure with board committees that are engaged in addressing key issues was discussed. Board members agreed to continue working on a committee for a few months to set goals, objectives, action plans and recruit additional members that will agree to champion the cause represented by each issue. The committees are as follows: Board Development, Program Development/Evaluation, Fund Development.

Last Fall, with Ford Institute funding, we again contracted with Roi Crouch to facilitate a board session to review basic board roles and responsibilities, with emphasis on the board's role in financial oversight and fund development. Plus one two-hour planning session with each of the three committees/work groups agreed on during a planning retreat last March: Board, Fund and Program Development.

As a result of the board session, we established a Finance & Audit Committee to work directly with staff to participate in budget and grant development. This committee, chaired by the board treasurer, also reconciles the bank statement with Quickbooks each month.

At the Board Development Committee planning session we focused on recruiting new board members. We determined what skill sets, competencies, and interests will be targeted in board recruits to support this new role and what recruitment strategies will most effectively target new board members. As a result of this session we successfully recruited a retired banker, Ed Parker, and Brad Robinson, the Infectious Disease doctor who sees almost all of our HIV clients.

At the Fund Development Committee planning session we explored strategies to broaden fund development efforts, and ways to expand board involvement in fundraising. We successfully recruited Lisa Platt (Mercy Foundation). She has guided us in establishing a fund base in Coos & Curry Counties. We have provided services to these communities for a number of years. This is the first time we included fund development efforts with the services. At our annual fundraising and recognition dinner this year, all but three board members participated. We had our best year ever, raising over $4,800.

The Program Development/Eval Committee had been working on ways to measure our mission statement and goals. This proved to be a daunting task. In the end we decided that our name, mission statement and goals no longer accurately describe the populations or the communities we target. At the planning session we were able to resolve these issues. Coming up with a name that accurately describes the populations and communities we serve is next to impossible. Since we provide services to people living with HCV (Hepatitis C) as well as HIV, but not other infectious diseases, a descriptive name eludes us. We agreed that the name needn't describe target populations, we will simply add a tag line to the name, such as "serving people living with HCV and HIV." Having resolved that, we were able to adjust our mission statement and goals to better reflect what we do. Once approved by the full board in July, we will be able to apply the measurement strategies we developed last fall to the new mission statement and goals.

As a result of our effort, we now have an organizational structure with board committees that are engaged in addressing key issues. Each committee meets twice each quarter and presents their work to the full board, which meets quarterly.

Summer '05

By Lynn C. Sterchi MSW

I have an ongoing conversation with myself about the frailty and fragility of our species. I have a fascination with our decision-making and risk taking behavior. One area of interest is our shopping choices. For example, I was recently in California driving with my cousin on Hwy. 101 in her CTS. We ran out of gas because she wanted to get to Morgan Hill to save .06/gallon on gas. Hello! We are on a major freeway at midnight! No cell phone. Fortunately, a nice couple stopped to help us but really how dumb was that? We had played and partied all weekend spending a bit more than the .50¢ we were bound to save.

We are all aware that teenagers are particularly vulnerable to weak decision-making when there is risk involved. "No you can't because I said so" just doesn't suffice. We all need practice and thought to reduce our risk taking behavior and decision-making. So how can we help our teens? Guidance helps, lots of talking with options for decision-making for themselves, and example.

So where is Lynn going with this, you ask? I am attempting to express my concern for some very obvious risk taking behaviors. A number of clients have expressed concerns about negative people wanting to have unprotected sex with them

These folks are not reckless, unreasonable people. I think they are victims of our mind's ability to make unreasonable, yet rationalized decisions. I don't know one person who does not have at least one area where their decision-making is completely in a rational realm.

A particular area of concern related to Mary's article is the current trend to consider oral and anal sex to be something other than having sex. Anal sex is very high-risk sex. Our youth are particularly subject to this unreasonable thinking and it is our responsibility as parent,

Lynn Sterchi

aunts, uncles, and friends to dissuade this myth. In male/female sex, this particular choice is rationalized by "it is not sex" or "the girl won't get pregnant". Anal sex is very high-risk sex. Our guidance needs to come in the form of making wise decisions and reducing risk-taking behaviors. Even if a condom is used, it is much more likely to break than it is with vaginal sex. We need honest, forthright conversations with our youth and with our sexual partners. Anal sex is being practiced among our youth and we need to dispel the myths surrounding the safety of this practice!

POTATO FEED GREAT SUCCESS!!

Hooray for all of us – the Recognition Dinner was a great success. This year we had two styles of auctions and had fun with both of them. Billy got so excited about the whole thing, he auctioned off a table decoration! Money from the tickets, auctions, and donations totaled $4800, which is twice what we usually net. Many, many thanks to all the people who helped in the various ways to make this event a success. In addition to helping our program financially, the event has inspired many of us to have new ideas and enthusiasm for next year. If you have thoughts about the event please share them with the staff.

HIV RESOURCE CENTER

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Women & Teen Outreach Program

by Mary Murphy

Hello to all of you. The last several months I have been giving a lot of HIV presentations at the high schools in Coos, Curry and Douglas Counties. The kids tell me all kinds of things. Today I am going to share with you the ideas that many of the teenagers have about oral sex! They tell me that they practice oral sex because it is safe, because they can't get pregnant, because they will remain a virgin and that oral sex isn't really sex at all. The following article is from "The Rational Enquirer", published by the Oregon Teen Pregnancy Task Force.

You may have noticed this apparent trend on national news, in public health journals, sociology reports, teen magazines, or conversations with youth. A New York Times article of April 2000 quoted a psychologist as saying that oral sex is 'like a good-night kiss to middle school students. Last January, on "Dateline NBC," four teens from California and New York agreed that oral sex among their peer group is "recreational" and within the scope of "making out." For some, making out may now mean everything but intercourse.

Recent national studies suggest that oral sex among adolescents is increasing. An Alan Guttmacher Institute report of December 2000 found that one-half of teenage males say they have engaged in oral sex with a girl. Some experts believe these trends are exaggerated, born out of media interest and increased general comfort with the topic. Certainly, there's a lack of consensus, yet "many experts do believe that in this era of HIV/AIDS and abstinence promotion, many teenagers perceive oral sex as safer and less intimate than intercourse." Perhaps the national focus on abstinence-only education has led some teens to define "sex" only as vaginal intercourse. Perhaps public figures have defined oral sex as "not a sexual act." Perhaps it is an indication of new definitions of sexuality and expression.

While oral sex can't produce a pregnancy, it does put people at risk for sexually transmitted diseases, including HIV/AIDS. STDs can infect a mouth and throat as well as genital areas, whether one is performing oral sex with a male or female. STDs can be transmitted during contact with saliva, semen, vaginal secretions, blood, sores, and even tissue that may appear healthy. Adolescents can reduce their risk of STD infection by protecting themselves from their partners' genital fluids.

Mary Murphy

Finally, it is one of the goals of the HIV Resource Center to encourage young people to talk about and explore options for staying healthy. Some suggestions are: Choose to say no to oral sex altogether. Explore the use of flavored condoms, flavored dental dams, and plastic wrap to provide barrier protection when engaging in oral sex. Encourage communication with your partner, particularly if someone has had an STD. Learn to have an oral culture when visiting a physician if your engaging in oral sex. Request an HIV test, Generate other options for intimate contact with no exchange of fluids.

HIV/HCV Intergration in Douglas County

by Mike Bunyard

In the summer of 2003 Oregon learned that we would be getting a hepatitis C Coordinator to address the viral hepatitis epidemic here. I first heard from Ann Shindo, HCV Coordinator in response to an email I sent to her introducing myself. I talked briefly about my personal history with HCV and offered to lend a hand anyway she could use my help.

In November of 2003 the Harm Reduction Coalition (NY, NY) sent Paul Cherashore out to Oregon to offer an HCV training targeting providers of services to IDU's (Injection Drug Users). At that time I met Ann and the following day participated in a community meeting with her, several members of Douglas County Health and Social Services staff and community partners. We discussed current HCV services statewide and talked about what we'd like to see here in Douglas County.

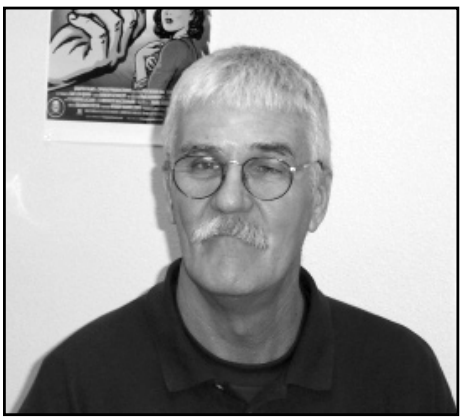
In December I was asked to join the Statewide Viral Hepatitis Planning Group. The SVHPG was convened to address a legislative mandate to design a plan for statewide education efforts concerning Hepatitis C, and for prevention and management of the disease. Our first meeting was held in Portland in January of 2004 and monthly thereafter until September. The SVHPG was composed of members from every segment of the Oregon population concerned with HCV from doctors to patients and everyone in between. We broke out into 5 subgroups; Education, Prevention, Management, Surveillance and Research, and Legislation, Policy and Grants. The Acute and Communicable Disease Program within the State Department of Human Services was responsible for drafting and finalizing the plan that was presented to the legislature in 2005.

In March of 2004 local community partners convened a task force to address HCV in Douglas County, Oregon. Participants included representatives from the Douglas County Health and Social Services Department, Mercy Medical Center, local pharmacists, Umpqua Community Health Center, ADAPT and Serenity Lane (drug and alcohol treatment programs), CAM (Complementary Alternative Medicine) practitioners, a county commissioner and the chief of police of Roseburg (county seat) and the HCV nurse at the VAMC.

During the course of this past year the Douglas County HCV Task Force developed a public information presentation. The purpose of the presentation is to inform the public (and at risk individuals) of the basic facts about HCV, how it is acquired, how it affects a person's health, the long term consequences of the disease, how it is treated, and how to prevent its spread. At these meetings we will be providing a PowerPoint presentation, handouts, and referrals to local services and physicians treating the disease. We expect to have participation from the health department, the VA and local A&D providers at these presentations.

In May we presented the first of these presentations to the nursing assistant students at UCC, our local community college. Presenting was Maura Toole, HCV Nurse Coordinator at the Veterans Administration Medical Center, Roseburg assisted by Carol Fenton R.N., Communicable Disease Nurse at Douglas County Health and Social Services and myself, Mike Bunyard, HCV Task Force Coordinator and Harm Reduction Outreach Worker.

(Continued on Page 7)



Mike Bunyard

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A Heartfelt Thank You to our Legacy of Hope Supporters

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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

...Proxima for PowerPoint

...Conference Room Chairs (30)

...Computer Chairs (2)

(Continued from Page 5)

We distributed fact sheets on HCV prepared by the HCV Advocate staff. These fact sheets represent the most thorough, accurate and easy to understand information available for general circulation. In addition we provided brochures published by the Harm Reduction Coalition targeting IDU's. Our next presentation will be at UCC in early June. We'll be presenting to the 1st year nursing students. We've developed a survey instrument to help us measure the effectiveness of our presentation and will be continually refining and updating our presentations based on feedback from our audience. As new scientific information about HCV becomes available we will be incorporating that information as well. Right after we finish the UCC presentations we will begin scheduling regular public information presentations here in central Douglas County.

With the help of funding from the State and staffing from Douglas County Health and Social Services we've begun an HCV clinic here at the HIV Resource Center on Friday afternoon from 2-3 PM. High risk individuals (IDU's) can get a hepatitis B and hepatitis C screen and HAV/HBV vaccinations free of charge. The clinic is also offered at DCH&SS during certain clinic hours or by appointment.

The cooperation and work of the HCV Task Force in conjunction with the state has put us right where we need to be. We've shown what can be done when we put our hearts and minds together. It is especially rewarding to see all this happen in a time when many programs are seeing funding cuts.

(Cont. from Circle of Hope Pg 1)

" I loved music from opera to the music that flowers and trees made as they danced in the wind. I loved the magical music of ocean waves and thundering waterfalls"

Recently our Board of Directors recognized his many contributions by declaring our much used conference room be named in his honor.

HCV Screening is available to high risk individuals.

Call 440-2761 for more information.

ACTIVITIES
AT THE HIV RESOURCE CENTER

832 N.W. HIGHLAND ST.
(541) 440-2761

Douglas County AIDS Council Board Meeting:
October 21st
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 in September. The first year was a tremendous success.

HIV Testing
is always available at the HIV Resource Center
Monday-Friday
9:00 a.m. to 3:00 p.m.

AROUND THE CORNER

Love

LOVE your Mother and Father, for they are your Past

LOVE your Life Partners, for they are your Present

LOVE your Children, for they are your Future

LOVE your Neighbor, for all Mankind are Brothers and Sisters

LOVE all the Animals, for they are other parts of your Self

LOVE your Planet, for it is your Home

LOVE your Work, for it is your Opportunity

LOVE your Play, for it is your Child expressed

LOVE your Self, You are the only You there will ever be

LOVE Change, for it makes all these Loves possible.

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