

## Quality Leadership Equals Results

by Billy Russo

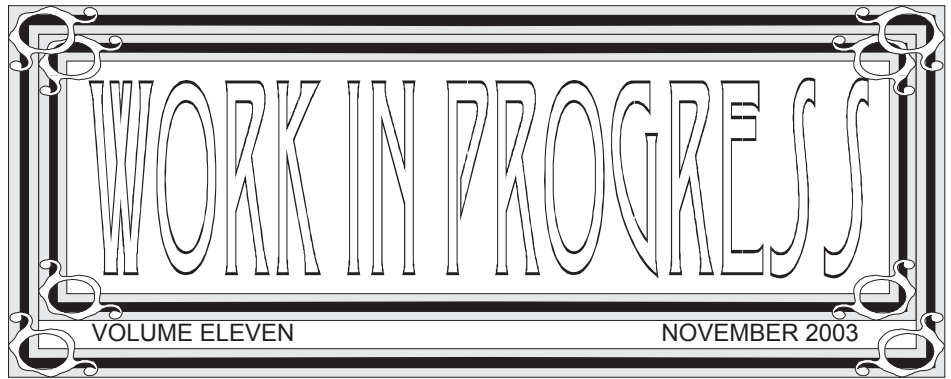
Under the leadership of Robert Furlow, our health department has taken public health into the 21<sup>st</sup> Century. By partnering with community based organizations, services are provided in a variety of community settings. Limited resources go further and more people access services.

The community further benefits from the blending of grassroots and bureaucracy: access and delivery are designed by the people who are likely to receive services; technical assistance and oversight are provided by the public health authority.

These partnerships extends beyond the delivery of services and into areas like the development of standards of service and funding streams. Working together, grassroots organizations and local health departments have a voice at the statewide level, an opportunity to influence outcomes.

This summer Mr. Furlow assigned a program manager to participate in a statewide planning group mandated to the control and prevention of the spread of HIV.

*(Continued on page 2)*



## State of the Office

by Billy Russo

During the last quarter we brought in \$36,862.93. Only five percent of that came from fund-raising and donations. The other 95 percent came from five Federal grants: three administered by the health department; one by the State; and one through UCAN.



Billy Russo

Five percent of our budget is what we raise annually through fund-raising. Another 18.5 percent comes from private foundations, and 81 percent is through Federal contracts. Depending so heavily on private and government grants is an issue our Board of Directors is looking at with a sharp eye. As this issue of **Work In Progress** goes to the printer we are applying for a technical assistance grant through Cow Creek Umpqua Indian Foundation to broaden our fund development efforts by conducting an organizational assessment.

Through this process we expect to develop a three-to-five year plan to strengthen the Douglas County AIDS Council by becoming more self-sufficient. During the first phase of this process we will look at board development, strategic planning, fund development planning, or some other specific organizational development work identified during the assessment process.

This is a new adventure for our 18-year-old organization, which has been solely focused on slowing the spread of HIV and providing case management for families living with HIV. We feel that we are courting disaster by relying so heavily on grants. As we continue to grow, we will also become more business-like. This should have little, or no affect on the grassroots model we have adhered to since the beginning. The staff and volunteers will continue to present ideas to the board. The board will continue to develop these proposals into working programs managed by the staff and volunteers.

## 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

E-mail:  
[dcac@hivroseburg.org](mailto:dcac@hivroseburg.org)

The web address is  
[HTTP://www.hivroseburg.org](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, Mary Murphy,  
Mike Bunyard,  
Lynn Sterchi MSW

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



# Gay/Bi Outreach

by Billy Russo

Gay Movie night began as scheduled. There were 25 men present for the kickoff in September. After gorging ourselves on a variety of homemade and store-bought desserts, we settled down for an evening with Devine in the John Waters movie, Polyester. We decided that the desserts were a bit too heavy and agreed to serve popcorn for the October presentation, the Harvey Milk documentary, which we preceded with a video on HIV testing.

November's movie is Fastbinder's, Quarrel. Visit our web page for times and dates of upcoming activities. Recently the State contracted with a national marketing company to promote safer sex practices among men who have sex with men. The strategy is to use locally recruited models to serve as spokespersons in their communities to encourage risk reduction through peer counseling and information sharing. The project will be largely on-line which makes it especially accessible to rural folk. For specific information about timelines and recruitment opportunities contact [Billy@hivroseburg.org](mailto:Billy@hivroseburg.org).



## Quality Leadership Equals Results

*(Continued from page 1)*

Counties, programs, and affected individuals are well represented. HIV Resource Center (HIVRC) also has a place at the table.

While the bulk of the money is used to serve the Portland area, there's a piece that is distributed to all health departments. Portland gets a big piece of this also. The "formula" that determines how those dollars are distributed was being fine tuned... something to the effect that the more money we spend in Portland, the more Federal dollars we'll get into the State.

That last statement was filtered out of what I sometimes affectionately refer to as bureaucratic goobly-gook. It was very confusing, and I was concerned because no one knew what the new "formula" would look like. Based on my 25 plus years experience working with statewide leadership, it didn't look good for the rural communities.

Mr. Furlow was also concerned and pulled together a team to discover the new formula. He was able to navigate the system of committees and subcommittees at the State level and shake loose an answer. Our funding will stay about the same (at least through next year).

This relationship enhances our work. Our voice is better heard over the urban din when our health department is by our side.

# Working Poor Benefits

by Lynn Sterchi

I have been working with our clients for about one year. It seems like the crisis situations go in an interesting cycle, and the ongoing needs stay pretty steady. There is one situation that flares pretty regularly that is very frustrating to the client and to me. The group I am referring to is the working poor.

The Ryan White services are based on the Federal Poverty Level guidelines. This policy lends itself nicely to the people who are on disability or other fixed income. If a client receives \$600 per month that is a literal "money in the hand" statement. However, if a person is working, the RW services are based on gross income. As most of us have experienced, what you get paid is not literally what you have in your hand. I suspect that most people don't really realize that the system punishes people that work. At the same time, people want people to work. The frustration comes when someone wants to work but because of eligibility policies, he/she cannot realistically continue to work. So this group of people hears "we want you to work" while the bureaucrats say if you work we won't help you.

Particularly in the Ryan White services policies, I would like to see some support for the working poor so they can continue to work and receive some support from the state system. The people who are working are aware that the potential to continue to work is tenuous at best. The side effects of the medications and/or HIV often create a health status that makes reliability of attendance and performance a challenge. Most employers are not able to accommodate these employee issues. For some of our clients their work life clock is ticking and I applaud their effort and enthusiasm to stay with it. I wish the Ryan White program would also see their strength.

# United Way Makes a Difference

by Billy Russo

Not many rural communities in Oregon have the level on community services available here in Douglas County. We are able to help one another because organizations coordinate and collaborate with each other. Greater Douglas United Way plays an important role in that process.

This year's campaign theme, "Come Together—Create Results," says it clearly. As resources are stretched thinner and thinner, United Way's role becomes more significant. Please support this important work with a donation or pledge.



# World AIDS Day

by Lynn Sterchi

World Aids Day is December 1<sup>st</sup>. Our community will be commemorating the day at the Open Door Christian Fellowship -2545 W. Harvard. The remembrance begins at 6:00 p.m. and includes the reading of names and candle lighting. We have made great strides but much more needs to be done. The public is welcome to come and join us in recognition of this internationally recognized day. Refreshments will be served after the event.



Lynn Sterchi

# HIV RESOURCE CENTER

832 NW Highland St.

Roseburg, OR. 97470

Phone: 541-440-2761

Fax: 541-440-9665

Web: [www.hivroseburg.org](http://www.hivroseburg.org)

Email: [mary@hivroseburg.org](mailto:mary@hivroseburg.org)

## Women at Risk Program

by Mary Murphy

In previous newsletters I have given information on HIV prevention and the goals of The Women at Risk Program. This time I am going to share with you the story of a HIV positive woman as it was told to me. She has given me permission to print her story in the hope that what has happened to her will help women to realize that they also may be at risk.

### Jane's Story

For years I held a steady job, was married and owned my own home. I was the person that people would label the middle class woman. In 1999 I had my stomach stapled and eventually lost 160 pounds. I was 320 pounds before I started to lose weight. For the first time in a long time I started feeling good about myself. The man I was married to at the time could not relate to me being thin. I wanted to show off my new look. We had conflicting ideas and he became very jealous.

In 2000 I had a breast reduction. It seemed the better I looked and the more self confidence I gained the worse my marital relationship became. Finally during the summer of 2000 my husband and I divorced. After the divorce friends moved in with me and said that they would help with the rent and utilities. As it turned out I ended up supporting everyone.

In the spring of 2001 I met George. He was a friend of the people living with me. I did not know anything about his background and because of my past negative experiences (physical and sexual abuse) with men my self esteem was too low to ask him about his past. To me he was very exciting. He was twelve years younger than me, good looking, charming and told me that he loved me. He was fun to be with and was very good to me in the beginning of the relationship. George moved in! It took me a while but I started to realize that I was supporting seven people. After several months I noticed that things were missing from my home.

During this time I knew George was taking medications. I believed him when he told me that he had fungal spinal meningitis and that is the reason he was taking meds. I was not knowledgeable about STD's, HIV, HEPC or how these bacteria and viruses were spread. I did not even think of safer sex and because of this we never did discuss how to practice safer sex.

During the summer of 2001 George was jailed several times. He was accused of driving without a license, expired tags, not paying fines, etc. When he got out of jail in December of 2001 we got married. Why did I marry him? He was still very exciting to me! We did things together, went places together, shared laughter and good times. All these things were new to me and because of my previous negative relationships I wanted to experience it ALL.

Within three months he was hanging around with his extended family members a lot. He also seemed to start up again with a woman from his past who said he was the father of her child. They would take off and leave me at home for two and three days at a time. It got to the point we never did anything together. During this time I lost my home, was homeless and living in the woods miles from anyone or anything. At this point I really did think of leaving George but started using drugs instead. He brought home pot and I would smoke it. I guess it made me feel wanted again. He always had it available.

In August 2002 (eight months into the marriage) I started snorting crack. I think I would have done about anything to keep him. Through everything he was still the only exciting thing in my life. After about a month I started getting really severe stomach pains and went to the ER. They could not find anything wrong. I was back in the ER within a week with stomach pain and the doctor admitted me. They thought I may have something wrong with my Pancreas. While in the hospital on a whim

(I don't really know why) I asked to be tested for HIV. I was discharged and started snorting crack four days later. My next trip to the ER was by ambulance, but I was discharged as the pain was gone by the time I got to the hospital.

The doctor called my message phone and said that I should call him ASAP. This call came 1 ½ weeks after my last trip to the ER. I called him back and he told me to come right in. When I got to the doctors office I was taken right back to an exam room and the doctor came in and told me that I was HIV positive. The first thing I thought was I have to bring George in so that he could hear from the doctor that I was HIV positive. He would not go in but said "I guess that means I have to be tested too." After being told that I was HIV positive, I had to have tons of lab work done. During this time George was partying, using, and sharing rigs. I started going to an infectious disease doctor and it was during this time that I learned that George had AIDS. I felt like a rug had been pulled out from under me or that I had fallen into a missile silo with no bottom. We had been staying in a trailer with no electricity, no water, and no bathroom. When I went back there, everything was gone. George was gone! I forgot to mention that when I confronted him about his condition he told me that I had probably gotten HIV from someone else.

I had to stay at the mission. I was really sick with a high viral load and had a t-cell count of about 300. I was referred to the HIV Resource Center and talked to a case manager. I reported to county law enforcement that I was infected by a person with AIDS and that he never told me that he had the virus. The District Attorney was working on the case but those charges were dropped, and he was picked up on other charges. He is now in prison for 20 years and will probably die there.

During all this I had suicidal thoughts but I just kept going. I am glad that they put him away for a long time. I started taking meds in December 2002 three months after my diagnosis. Some of the side affects of the meds are diarrhea, memory loss, dizzy spells, cognitive thinking damage, and my thinking ability dramatically slowed.

In December I moved in with friends who had a small apartment. In February I met a friend of theirs. I came to like him very much and before the relationship became intimate I told him my story. I did not want what happened to me to happen to anyone else. I said to him "I am homeless, I have no income, I am on meds and I am HIV positive." He said "I don't care, I love you." "Are you sure?" "Yes I am." I have been living with Charlie for eight months. He supports me every day. Maybe things are not perfect but they are so much better.



Mary Murphy

We practice safer sex when we have it which is not too often. However I have come to realize that there is so much more to a relationship than sex. Charlie gets tested for the HIV antibodies every six months. After a year of living with HIV I now have the strength to tell my story. Maybe after reading my story other women will become more aware of their risks. What happened to me could happen to others. Never trust what your partner tells you. Always get tested when entering a new relationship (both of you).

I have an 18 year old son. I told him everything that happened to me and he is very supportive.

I do not think that snorting crack is a good thing to do but I believe that if I had not used I would not have found out that I was HIV positive. Again I want to emphasize that I now realize that when entering a new relationship both partners should be willing to be tested for the HIV antibodies before becoming intimate.

Now I am taking my meds, am no longer homeless, have a good support group and am telling my story to women's groups.

All my life I have been a silent victim. I am not going to be silent anymore!

# THE CORNER

## Hepatitis C

by Mike Bunyard

It's been called the silent epidemic, most probably because there are usually no symptoms when a person is first infected. If symptoms do occur, they are usually mild flu-like symptoms which most of us are quick to dismiss. In fact, most people won't know they are infected unless routine blood work shows abnormal liver enzymes.

Of every 100 persons infected with HCV

- 75 – 85 persons may develop long-term infection
- 70 persons may develop chronic liver disease
- 15 persons may develop cirrhosis over a period of 20 to 30 years
- 3 (or fewer) persons may die from liver cancer or cirrhosis

HCV kills about 10,000 people every year and is the leading reason for liver transplant in the US. The CDC estimates that there are currently about 4 million people infected with HCV. HCV is spread primarily by direct contact with the blood of an infected person.

For example, you may have gotten infected with HCV if:

- you ever injected drugs and shared syringes, needles, water, cookers, cotton or any paraphernalia used to prepare and inject your "shot"
- you received blood, blood products or solid organs from a donor whose blood contained HCV (prior to 1992)
- you were ever on long-term kidney dialysis as you may have unknowingly shared supplies/equipment that had someone else's blood on them
- were ever a healthcare worker and had frequent contact with blood on the job, especially accidental needlesticks
- your mother had Hepatitis C at the time she gave birth to you. During the birth her blood may have gotten into your body
- you ever had sex with a person infected with HCV
- you lived with someone who was infected with HCV and shared items such as tooth brushes or razors that might have had blood on them

I'm going to step in here and say these last two risks of exposure are extremely low. I hasten to add that low risk is not the same as no risk. If you are in a long term relationship with a steady partner you probably don't need to change your sexual practices. If you are sexually active with more than one partner you should use a latex condom (or other barrier method)

*(Continued on page 7)*

## Hepatitis C

(Continued from page 6)

correctly every time. See Mary's accompanying article (Jane's Story) in this newsletter. Latex condoms are effective at preventing HIV, STD's and HCV.

If you discover that you are HCV positive, take some deep breaths (several), stop drinking alcohol and call or stop by and talk to me. I've had Hep C for at least 23 years, had a liver transplant 8 years ago and have picked up a little knowledge along the way.

I'm here to help.

## Comer Narrative July–September 2003

by Mike Bunyard

The NEX program continues to experience explosive growth in almost all of its activities. We distributed 17,000 syringes this quarter and are continuing to get about 85% of them back. We disposed of 140 pounds of sharps during the quarter. When I look at the number of syringes distributed in January (1450) and the corresponding number for September (7,000) I'm convinced we are on the right track. As IDU's become familiar with me and I gain their trust more of them come into the Resource Center to exchange. The program presently has 140 participants, almost 25 of them acting as secondaries. I'm working on establishing NEX sites in 6 of the remote communities. Travel expense (round trip mileage varies from 25 to 150 miles) will be the major obstacle to getting up and running. I continue to add supplies as the budget allows.

I made 12 presentations to in and out-of-treatment drug and alcohol program groups. 106 individuals attended these presentations and 45 took the OraSure HIV test. For the quarter we tested 179 at-risk individuals and continue to have almost 90% of those tested returning for results (exceeding the statewide average I might add).

I can't begin to thank you enough for your continued support.



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

## ANNOUNCEMENTS:

**Douglas County AIDS Counsel Board Meeting:** January 15th at 11:00 A.M.

**Gay Men's HIV Support Group:**  
every Friday 11:00–Noon

**Gay Men's Potluck:** last Friday of each month,  
5–8 P.M. BUT NONE IN DEC.

**Gay Men's Movie Night:**  
2nd Friday of each month, 6:30–9 P.M.

**Gay & Lesbian AA:** (open meeting) every  
Thursday at 6:00 P.M. at the HIV Center

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

### IMPORTANT NOTICE

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

SEND YOUR E-MAIL  
ADDRESS TO:

Mike Bunyard  
[mike@hivroseburg.org](mailto:mike@hivroseburg.org)

## **DCAC**

832 NW HIGHLAND STREET  
ROSEBURG, OR 97470

NONPROFIT ORG  
U.S. POSTAGE  
**PAID**  
ROSEBURG OR  
PERMIT NO. 54