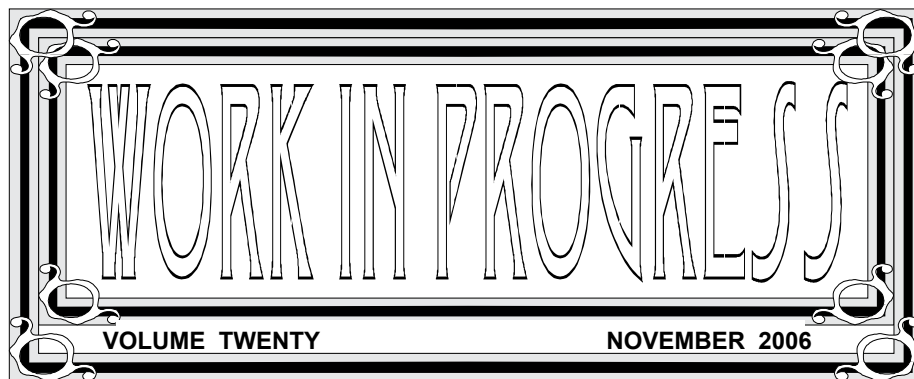


Barbara Roberts, former Governor, co-hosted a Chamber event with HIV Resource Center this summer. We organized a "Business After Hours" event that Mercy Medical Center sponsored. It was an exciting evening filled with surprise visitors. State Representatives Bruce Hanna and Susan Morgan, joined about 60 Chamber members in touring the HIV Resource and learning about our work in the community.

Roberts began her years of public service as an advocate for disabled children as she fought for the educational rights of her autistic son. While Roberts was Governor (1991 -1995), Oregon was recognized by Financial World Magazine as the 7th best-managed state in the nation.

While Roberts was Governor, Oregon won the prestigious Innovations in Government Award from the Ford Foundation and the Kennedy School of Government award in recognition of the nationally acclaimed Oregon Benchmarks Program.

During her term, we operated Ruby House, the first home for people living with HIV outside the Portland area. Governor Robert's personally contributed to our efforts to provide housing to people living with HIV/AIDS and advocated for services around the State.



Defunding Rural Oregon

By Billy Russo

When I first got wind of the rationale behind the State's proposed changes to HIV prevention funding late last year, I was appalled. I fired off an email to the prevention program manager at the State... told him they should all be ashamed of themselves.

After months of confusing suggested scenarios—smoke and mirrors—the State adopted a funding formula in 2006 that delivered a serious blow to the remaining AIDS Service Organizations outside the Willamette Valley. Citing a CDC (Centers for Disease Control & Prevention) mandate, The Advancing HIV Prevention Initiative of 2003, the State leadership generously increased Portland's level of funding by \$100,000, over \$75,000 of which was pulled from Southwest Oregon. They shifted funding around the rest of the State willy-nilly, in every case penalizing counties that had the capacity to deliver prevention services in favor of counties that have little or no capacity. Besides making the richest part of the State a little richer, they disrupted HIV prevention services to their rural neighbors.

In its rationale, the State claims that it has made "it's (SIC) first big step towards meeting this federal mandate with an HIV Prevention formula change in late 2004." That formula change crippled programs in Benton, Tillamook and Josephine Counties. The rationale claims to be retargeting resources for HIV counseling, testing, and referral services and other prevention services in order to meet the federal mandate and program needs. No one, including the drafters of this rationale believes that the mandate to reduce new cases by half by 2008 will happen. The State's rationale is just a ruse to divert more funding to Portland. And the cuts won't end here. They'll need to cut another \$180,000 for the upcoming funding cycle (FY-08). The State, joined by other mid and low level managers from Portland Organizations which share in this funding are planning ways to insure that they won't suffer from the upcoming cuts.

Our program is the only AIDS Organization outside the Willamette Valley which still receives a small amount of the CDC Prevention dollars. You can bet that the State will continue to target us until there are no services available in rural Oregon.

(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: 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: Ed Parker
Compiling Editor:
Neil Westen

Staff:
Billy Russo, Mary Murphy,
Mike Bunyard,
Shena Schriener

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



Billy Russo

(CONT from Page 1)

In this article, I repeatedly refer to “the State.” In this case the State is Oregon’s, Portland based, HIV/STD/TB Program and two State Committees comprised of local health department officials. One committee (CLHO-HIV), comprised of mid-management health department employees and co-chaired by Portland’s Multnomah and Washington Counties, created the Rationale. The other committee (CLHO-EXEC), comprised of upper management health department employees, has the authority to implement the Rationale, which they did with little comment. Oregon’s HIV/STD/TB Program provides technical assistance to the committees.

We are gearing up to do battle with the Portland leadership over distribution of these funds. As this issue of “Work In Progress” goes to the printer, all five of the Southern Oregon members of the so-called Statewide Planning Group, a CDC mandated HIV prevention planning body, have resigned. The members from Southern Oregon are forming alliances with other disenfranchised groups in rural Oregon, planning ways to effectively reverse the anti-rural tide. HIV Resource Center has posted many of the documents that the State recently generated to justify defunding rural Oregon. To review those documents, go to our website www.hiv-roseburg.org and click on the tab “Portland’s Shame”.



HAPPY HOLIDAYS

By Neil Westen

Well here it is, November and the holiday season is right “around the corner.” We are already building lists, phoning friends and family around the country, making travel plans, and looking back at the year coming to a close. It was quite a year, filled with advances, both good and bad for humanity. It also was a year of falling back; with similar results. There was the same old battle between resistance and acceptance. It was a year of connecting and dis-connecting; in other words it was a year like any other year. Since it is “The Only Game in Town”, we should be grateful for being part of it.

We made new friends, touched base with old friends, and, sadly, had a few pass away. We learned a lot this year and became aware of many new things. Where we will go with all this knowledge is as usual up to us. So as the song says;

**“Come on People, lets get together
and love one another right now.”**

Introducing Shena Schriner

Okay, after spending many days procrastinating and putting off writing an article for our newsletter, I see my attempts were futile. Here I am two days before the newsletter “goes to press” thinking about what I can say that might interest people. So I guess I will start off with a brief introduction of myself.

My name is Shena Schriner. I am a recent graduate from the University of Oregon, where I received a degree in Sociology. I just recently quit my job as a bartender. I guess I was just waiting to see if Billy was going to keep me around for awhile. I have been a bartender for the last three years and I enjoyed the work and the opportunity to better understand people. From it I gained an amazing, if sometimes disturbing view of people, and became a terrific babysitter for adults. I can pretty much say I have heard every story in the book.

I started working at the Resource Center in June and enjoy it very much. I can remember way back to five months ago when I interviewed for the Case Management position. I was so nervous and it seems so silly now, because everyone I work with is so nice and they made me feel welcome from the very first day. My clients have also had an amazing impact on me; they too made me feel welcome from the very beginning. That is what I love most about the Resource Center, people really care.

What makes the Resource Center different is, it is a community based organization. Our purpose is to support members of our community and help them make their lives better. We work here because we love people and want to make a difference in the world. I feel very fortunate to be given this opportunity to make a difference in my community. Thank You!

Grants Pass Office Opens

Our new office in Grants Pass, formerly AIDS Support And Prevention, is now open Monday through Friday 4-7 PM and staffed with an outreach advocate who offers needle exchange and HIV screening. Harm Reduction is the goal of the program.

Harm Reduction includes safe sex and safe injection education, reduction in transmission of HIV and Hep C and resource and referrals to medical, mental health, dental, and to recovery programs, while implementing supportive, confidential clean needle and supply exchange, HIV testing and counseling.

The obvious goal of Harm Reduction is to reduce the transmission of diseases by eliminating the sharing of needles and exchanging of blood and bodily fluids. What is perhaps the most overwhelmingly positive aspect is seeing the response of IV Drug Users to our program. There is a mutual gratitude. They are grateful for free, non judgmental, clean supplies, respect, and a safe place to be who they are. I am grateful for their trust, their obvious desire to keep themselves and their associates safe and disease free, to bring new people into the program and to measurably lower the numbers of new cases of HIV and Hep C in our community.

If I can be a part of this phenomenal process, that has overcome and continues to overcome fears brought about by ignorance, to further the health and well-being of my clients, to encourage HIV Testing and Hep C Screening, to educate young and old alike, to open the door to the formerly disenfranchised IV Drug Users, then I will continue to enjoy each day, knowing that we make a difference one individual at a time.

Women and Teen Outreach Program

by Mary Murphy

Hello again! I have been very busy the last few months, but then that is the way it seems to be every month. This means of course that the education in the prevention of HIV is reaching more people all the time. We are also doing more testing and counseling. Being able to do the OraQuick test has been a real blessing as the people being tested will have their results in twenty minutes.

I was reading "The Rational Enquirer", a publication of the Oregon Teen Pregnancy Task Force, and was impressed by "The Dating Bill of Rights" that I found in this magazine. The articles in this magazine are written by or put together by teenagers. On the front of the magazine it says "Teens Taking Charge" and that is what they are doing. I would like to share this article with you.

The Dating Bill of Rights

I Have the Right:

- To trust myself and my instincts.
- To refuse a date.
- To ask for a date. To suggest things to do.
- To refuse to do something, even if my date is excited about doing it.
- To be respected as a person.
- To disagree.
- To be listened to.
- To have my limits respected.
- To say "no".
- To be cared about.
- To refuse touching.
- To refuse sex with anyone, even after a date that cost a lot.
- To refuse sex anytime.
- To stop dating someone who puts me down in public or private.
- To not be hit or slapped.
- To break up with someone who hurts me, even if I love them.
- To break up with someone who hurts me, even if they love me.
- To break up with someone who makes me feel bad.
- To ask for help if I need it.

I Have the Responsibility:

- To set my sexual limits.
- To discuss my limits with my partner.
- To respect other people's sexual limits.
- To speak clearly and be honest.
- To take care of myself.
- To ask for help if I need it.
- To stay away from situations that might not be safe.
- To listen to other people.
- To care about other people.
- Not to expect sex after I spend a lot of money on a date.
- To never humiliate another person in public or private.
- To never hit or slap anyone.
- To accept it when someone wants to break up with me.
- To break up with someone who hurts me, even if I love them.
- To break up with someone who hurts me, even if they love me.
- To break up with someone who makes me feel bad.
- To refuse touching when I don't want it.
- To refuse sex when I don't want it.
- Not to do something that makes me uncomfortable.

Adapted from Dating Bill of Rights developed by the New Beginnings, Seattle, Washington.

Goodbye for now. Enjoy the fall. Stop by and visit anytime.
Mary



Mary Murphy

Management of Hepatitis C by the Primary Care Provider

By Mike Bunyard

The following is excerpted from a Hepatitis C Support Project (www.hcvadvocate.org) publication, Management of Hepatitis C by the Primary Care Provider: Monitoring Guidelines by David H. Winston, M.D., F.A.C.P. and Donna C. Winston, PhD, N.P.

Hepatitis C is a global health problem. According to the World Health Organization, more than 170 million people are infected worldwide by the hepatitis C virus (HCV).¹ The Centers for Disease Control and Prevention (CDC) estimates that in the United States approximately 4 million people are infected with HCV, of whom 2.7 million have chronic HCV infection, and more than 10,000 – 12,000 die per year from HCV.² Most patients with chronic HCV have yet to be diagnosed and only as few as 30% of persons may have actually been diagnosed so far.^{3,180} Most HCV infected people are expected to first present for medical attention in the next decade which will result in a four-fold increase in diagnosed cases by 2015.³ It has been projected that between 2010-2019, there will be \$11 billion in direct medical costs and \$75 billion in indirect costs (resulting from premature disability and mortality from HCV).⁴

Most of the morbidity and mortality from HCV is caused by complications of decompensated cirrhosis. If identification and treatment of all persons with HCV with compensated cirrhosis occurred today, the number of cases of decompensated cirrhosis would be reduced by approximately one-third after 20 years.⁵ To achieve this goal, the Primary Care Provider (PCP) must get more involved in the diagnosis and care of HCV. And because most HCV patients are asymptomatic and unaware of their disease, it is up to the PCP in their role as gatekeeper of healthcare to identify and screen their patients who are at risk for HCV. The PCP can then initiate evaluation and referral of appropriate HCV patients to the gastroenterologist/hepatologist for treatment before the patient progresses to cirrhosis. However, three recent studies have shown that HCV in the PCP setting is under-diagnosed and under-referred and that testing is rarely initiated because of physician-identified risk factors.⁶⁻⁸ It is also of the utmost importance that PCP's be knowledgeable about the side effects of treatment, so that when they see their patients who are being treated for HCV for routine and urgent care, they can help manage side effects.

Given the above, the HCV Task Force with the support of the HIV Resource Center and Roche Pharmaceuticals hosted an evening dinner presentation last July 31st at the Roseburg Country Club. The evening's presentation featured Dr's Atif Zaman and Ken Ingram from the OHSU Hepatology Clinic in Portland, OR. Invitations went out to health department nurses, alcohol and drug treatment providers, physicians and the staff of Umpqua Community Health Center. We had guests from the Roseburg Veteran's Administration Medical Center, Douglas and Coos County Health Department, Serenity Lane and ADAPT, the staff of several doctors, a representative of the Cow Creek Tribe, UCHC staff and one paramedic. Atif and Ken spent the evening going over HCV basics and answering questions from the audience. It is my hope that out of this presentation, and others that will follow, that we as a community will begin to address this "Silent Epidemic".

Here at the HIV Resource Center we offer free HCV and HBV (hepatitis B) screening and hepatitis A and B vaccination to high-risk individuals every Friday from 2 to 3 PM. Screenings and vaccinations are performed by a community health nurse from the Douglas County



Mike Bunyard

(CONT on Page 7)

THE CORNER

A heartfelt thank you to our: **LEGACY OF HOPE SUPPORTERS**

Major Underwriter

\$5,000 Plus

Mercy Medical Center
Roche Pharmaceutical

Diamond Member

\$1,000 Plus

First Presbyterian Church of Roseburg
In Memory of Alex Steven Alexander
Scott Rickard Memorial Fund
Billy Russo & Eddy English
Neil & Beth Westen

Gold Member

\$500 Plus

Creative Images
Laurie Svetlich

Red Ribbon Circle

\$100 Plus

Leon F. (Butch) Aller III
Companion Animal Clinic
Barbara Dominguez
Jerry & Mary Griese
Harvard Optical Laboratories
Gregory J. Hazarabedian, P.C.
Joyce Henry
Margaret H. Johnson
Ken Clark Insurance Agency
Don & Margo Mandish
Bryan McNutt
Dean Menard
McDonald's (EADS Enterprises)
Thomas L. Nelson (Smith Barney)
Netcorps
Rob Orr, D.D.S.
Package Depot
Bill Schuyler, DMD, P.C.
Seven Feathers Hotel & Casino Resort
Lillian L. Stevenson
Sister Jacquetta Taylor
David G. Terry, P.C.
Unity of Roseburg
Neal Walker

Red Ribbon Circle (cont.)

Neal & Gayle Walker
Janet Buchanan
Lillene Fifield
Jemma Crae
Donald Clark
M&M Printing
Rich & Sandy Orsini
Barry Copilow
Roseburg Dairy Queen
Addcox Heating
Margaret Johnson
Fr. Elwin Schwab

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 last year. 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:

...Adobe InDesign CS2 -Windows

...Proxima for PowerPoint

...Conference Room Chairs (30)

...Computer Chairs (2)

Health Department. We partner with the Health Department and other community partners to fulfill our mission which states "We embrace the belief that risk reduction activities and awareness are essential and must be ongoing. The mission of DCAC is to provide financial, emotional, and social services support to the at-risk populations we serve."

Our HCV support group meets the second Thursday of every month, here at the HIV Resource Center from 6 to 7:30 PM.

1. World Health Organization Weekly Epidemiological Report. 1999;74:421-428
2. Alter MJ, Kruszon-Morgan D, Nainan OV, et al. The prevalence of hepatitis C virus infection in the United States, 1988 through 1994. N Eng J Med 1999;341:556-562
3. National Institutes of Health Consensus Development Conference Statement: management of hepatitis C: 2002. Bethesda MD: National Institutes of Health; June 10-12, 2002
4. Wong JB, McQuillan GM, McHutchison JG, et al. Estimating future hepatitis C morbidity, mortality, and costs in the United States. Am J Public Health 2000;90:1562-1596
5. Davis GL, Albright AJE, Cook S, et al. Projecting the future healthcare burden from hepatitis C in the United States. Presented at: 49th Annual Meeting of the American Association for the Study of Liver Diseases; November 4-10, 1998; Chicago IL. Abstract 909
6. Shehab TM, Sonnad SS, Lok ASF. Management of hepatitis C patients by primary care physicians in the USA; results of a national survey. J Viral Hep 2001;8:377-388
7. Shehab TM, Orrego M, Chunduri R, Lock ASF. Identification and management of hepatitis C patients in primary care clinics. Am J Gastroenterology 2003; 98:639-644
8. Rocca, LG, Yawn BP, Wollan P ,et al. Management of patients with hepatitis C in a community population: diagnosis, discussions, and decisions to treat. Ann Fam Prac 2004;2:116-124
180. Shaw-Stiffel T. Critical issues in HCV. www.hivandhepatitis.com:11/24/03

ACTIVITIES

AT THE

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

Douglas County AIDS Council Board

Meeting:

Jan. 18th at 11:00 AM

Gay Men's Potluck:

Last Friday of month
5:00 to 8:00 PM

HepC Support Group:

2nd Thursday
of each month
6:00 to 7:30 PM

Club Queer

"a safe place for youth"
scheduled through the
school year, the youth
activity will be offered
again monthly starting
on the first Friday in
December. The first year
was a tremendous
success.

HIV TESTING

is always available
at the
HIV Resource Center
Monday-Friday,
9:00 to 3:00 PM

Gay Men's Holiday Potluck

Because of Thanksgiving
and Christmas, there will
be only one potluck dur-
ing the holidays: Friday,
December 8th at 5 PM.

AROUND THE CORNER

Support Greater Douglas United Way

United Way doesn't just raise money for families, children, aging and vulnerable people in Oregon - each chapter works to identify and then help solve the most urgent problems its local community is facing. Each United Way is a locally based and operated nonprofit that asks individuals, businesses and other organizations to come together to build partnerships, forge consensus and leverage community resources to change lives and build a better community.

What's special about Greater Douglas United Way? This year's campaign is committed to raising \$900,000 to assist people through Member agencies... PLUS raise another ten percent to address the growing Methamphetamine epidemic in our community.



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

DCAC
832 N W HIGHLAND STREET
ROSEBURG, OR 97470