



# WestCAP WORDS

## WESTERN COLORADO AIDS PROJECT

805 Main Street, Grand Junction, CO 81501  
(970) 243-2437 or 1-800-765-8594

November-December 2009

“There are endless possibilities in every present moment...”

### Important Numbers:

**WestCAP:**  
(970) 243-2437  
1-800-765-8594

**website:**  
[www.westcap.info](http://www.westcap.info)

**ADAP program:**  
1-866-499-2879

**HIV/AIDS Treatment Information Service:**  
1-800-448-0440

**CDC National Hotline:**  
800-342-2437 (English);  
800-344-SIDA (en español);  
800-243-7889 (for people who have a hearing impairment)

**Western Colorado HIV Specialty Care Clinic:**  
Lucy Graham: 255-1735, or  
toll-free @ 866/448-8383

**Office Hours**  
are  
Monday-Friday,  
8:30 AM-5:00 PM.

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### RYAN WHITE FUNDING

THANK YOU! I just want to say thank you to everyone who participated in the September 21, 2009 Annual Ryan White (RW) Priority Setting meeting! We had an incredible turnout and great participation! This is a process that WestCAP values and it was wonderful to see such an interest by clients and providers alike.

Part of the discussion at this meeting included what the future may hold for RW funding from the state level. Concerns were shared of impending budget cuts and the unstable economy. Although it is almost certain that RW funding will continue, it is with the same certainty that RW programs will be seeing a significant funding reduction in the year 2010/2011 in response to the state budget cuts.

What does that mean for WestCAP? We continue to see more newly diagnosed clients come into care with very complicated situations—both medically and financially. With a possible reduction of funding, this means that WestCAP will continue to focus on meeting the urgent needs of our clients. It may mean that as you work with your case manager, you will be asked more questions, required to provide more information, as well as look at other funding to help with a particular request. It may mean that we have to say “no”. As funding shrinks and access increases, funders are requiring more and more verification. This is not a pleasant time or situation but with meaningful, long-term plans with realistic goals, ongoing needs can be addressed.

It is important that as we move through this financial storm, the established process for accessing assistance is utilized. Due to the size of our agency, we process requests one time a week. Our financial committee meets on Mondays and if you do not request assistance before that meeting, then it may wait until the following week. Timing is important because waiting a week, for example, on a rent request could mean extra late fees if not requested early enough. This requires constant communication with your case manager so that concerns can be addressed as they arise, requests can be submitted in a timely manner, and plans can be made to divert a possible crisis.

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# CLIENT SERVICES

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Together, staff and clients can weather what is ahead. Take time to call your case manager to discuss your situation and, together, create a plan that makes sense.

—Mary Beth Luedtke, Executive Director

## CASE MANAGEMENT TIDBITS

**HIV Testing:** Case managers have the ability to test client partners either in the office or at a home setting. Please contact your case manager. Also, if you would prefer, there is walk-in testing available the 2<sup>nd</sup> Friday from 9am to 1pm or the 4<sup>th</sup> Monday from 12 noon to 4pm at the WestCAP office.

**Information:** WestCAP has a website. Please take a moment to check it out: [www.westcap.info](http://www.westcap.info). For resources within the Denver metro area and the state of Colorado, [www.findhivresources.com](http://www.findhivresources.com) is available. Project Inform has a treatment question line; call 1-800-822-7422. A HIV emotional support line is available for HIV positive people. Call 1-800-628-9240 or go to [www.hivnightline.org](http://www.hivnightline.org). Other websites offer information as well. Please speak with your case manager for options.

**Medicare:** For those of you that have Medicare D plans, the renewal period for 2010 begins in November 2009. There will be changes to some of the policies, premiums, or carriers. If you need assistance, please contact your case manager or call the State Health Insurance Assistance Program (SHIP) at 1-888-696-7213 (English) or 1-866-665-9668 (Spanish).

**Contacts:** WestCAP case managers cover services for 22 counties. We are often out of the office or on the phone. When calling, please leave a message with a number that we can call you back on. We do not have caller ID. Also, we all share WestCAP cell phones and only use them while travelling. If you need to reach a case manager, please call the office number rather than the cell phone number. We regularly check our office voice mail but do *not* regularly check the cell phones for messages. Thank you!

**Client Surveys:** The results are in and were given out at the WestCAP annual Priority Setting meeting that was held in September. Copies are available from your case manager.

**Help:** A WestCAP Consumer Advisory Board is getting started. The first meeting was held in October. Client participation and input is appreciated. Please check your mail for flyers or contact your case manager for more information.

**Energy Savings:** Pamphlets, CDs, and other resources are available to help you save money on your heating bills. Contact your case manager for assistance.

**Holidays:** Now is the time that we all start thinking about the holiday season. Unfortunately it may be a tough year financially. Many people are simply trying to survive in this difficult economy. WestCAP has had the privilege of offering donated gifts to clients' children in the past. It has been a joy to see the smiling faces of kids receiving presents. However, due to the difficult economy and the increase in clientele, we do not anticipate that WestCAP will be able to provide holiday gifts this year.

*“As human beings, our greatness lies not so much in being able to remake the world...  
as in being able to remake ourselves.” – Mahatma Gandhi*

# *CLIENT SERVICES*

## **RIDING THE WAVE: FINANCES**

It's hard to go anywhere without seeing the impact of the current financial situation. Some may have read that Governor Ritter and the Colorado legislature have cut the state budget. Many cuts will not affect us; however, some could. The first is Assistance for the Needy and Disabled (AND). Plans were announced to cut the program funding, starting January 2010. This means those on AND should plan now for the cut. Second, Social Security payments will not get an increase. There are no plans for a decrease, but with increases in Medicare premiums, this will mean a net loss in payments. Third, the Colorado Indigent Care Program (CICP) will possibly see cuts as well. Fourth, state agencies, such as CDPHE (Colorado Department of Public Health & Environment), are taking unpaid "furlough" days, so their offices will be closed on those days. These issues, combined with the fact that many individuals are already struggling financially, can make it seem like the situation is miserable. However, there are programs that can help.

You don't have to make the choice between medical care and other bills. If you find that you aren't able to afford medications, there are a couple of programs that may be able to help. First, if you are uninsured and meet the income and residency guidelines, you could qualify for the AIDS Drug Assistance Program (ADAP). Second, if you have Medicare D, and the premiums or copayments are too high, and you meet the guidelines, you could qualify for "Bridging the Gap." Third, if you have insurance but your premiums and/or co-pays are too high and you meet the guidelines, you could qualify for the Insurance Continuation Program (ICP). Your case manager can talk to you about each of these programs. The programs have increased their verification requirements, so you can expect more paperwork than in the past; the sooner you start the process, the sooner you may be able to receive assistance. If you are low on pills and looking at a situation where you don't know if you can afford your medication, talk to your case manager as soon as possible about the different solutions. Adherence to your medications is key.

If you have medical bills, that are **not** in collections or from the emergency room or in-patient care, and you don't think you can pay, talk to your case manager about different solutions. The sooner you talk to your case manager about the bill, the sooner your case manager should be able to help you. If you wait too long, the bill could go to collections and WestCAP would be unable to help.

From a prevention aspect, if you are afraid that you can't afford safer sex supplies, WestCAP has them available for free. If you are not able to make it to the office, talk to your case manager about getting them mailed to you.

WestCAP case managers are here to try to help you through these rough financial times by talking to you about possible solutions or giving referrals to agencies that may be able to help. The key is to talk to your case manager. Let him or her know if there is something that you are having trouble with; he or she may be able to help. Please try to not wait until the last minute to contact your case manager, because last minute may be too late.

—Crystal Luce

# CLIENT SERVICES

## The Dollar on a Budget

### Part 4

The following are ways to save money by doing some simple things.

- Cut the fat: look at your monthly bills and decide if there are any bills that you can cut.
- Make a budget and stick to it.
- Decrease your energy bills:
  - Shut doors to rooms you are not using and turn off the rooms' heat,
  - Set your thermostat at 68 degrees,
  - Switch to compact fluorescent light bulbs,
  - Unplug electronics or turn them off from the power source—not the remote,
  - Instead of turning up the heat, put on some warmer clothes,
  - Do not use a space heater,
  - Turn off vents, in the bathroom and above the stove, when not in use,
  - Open blinds to the east, west, and south of your house during the day and allow the sun to come in,
  - Have blinds or curtains over windows at night and to the north, to keep the cold out,
  - Take a shower rather than a bath,
  - Run your dishwasher and washing machine only when they are full,
  - Run your washing machine on cold,
  - Turn off the automatic heating option on your dishwasher,
  - When using a dryer, dry one load right after the other,
  - Turn off the water while shaving, washing your hands, and brushing your teeth,
  - Seal any cracks around windows and doors,
  - Change your furnace filter once a month.

—Crystal Luce

## ABOUT THE FILM

Written By: Rick Ray

Original Music Score: Peter Kater

Starring: The Dalai Lama, Rick Ray

Directed By: Rick Ray

“How do you reconcile a commitment to non-violence when faced with violence? Why do the poor often seem happier than the rich? Must a society lose its traditions in order to move into the future? These are some of the questions posed to His Holiness the Dalai Lama by filmmaker and explorer Rick Ray. Ray examines some of the fundamental questions of our time by weaving together observations from his own journeys throughout India and the Middle East, and the wisdom of an extraordinary spiritual leader. This is his story, as told and filmed by Rick Ray during a private visit to his monastery in Dharamsala, India over the course of several months. Also included is rare historical footage as well as footage supplied by individuals who at great personal risk, filmed with hidden cameras within Tibet. Part biography, part

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philosophy, part adventure and part politics, “10 Questions for The Dalai Lama” conveys more than history and more than answers - it opens a window into the heart of an inspiring man.

If you had only one hour, what would you ask?”

Credit:

The above review is an exact quote from the film’s website hereby enclosed <http://www.thedalailamamovie.com/about/index.html>

This film is out for purchase, some movie rentals have it and you may want to check with your local library for a loan.

—Luis Ibáñez-Dalponte

## **DINNER**

**BLACK BEANS (Central American Style)**

Two lbs of black beans

1 whole clove of garlic

Salt to taste

2 green peppers

1 Purple onion

1 can of chicken broth

¼ cup olive oil

In a large deep pot, pour the 2 lbs of beans and cover with plenty of water let the beans soak overnight

next day... anytime put the pot on a burner and let the water boil, you will need to add water several times as it will evaporate do not let the water evaporate pass the top of the beans, repeat process until beans are very soft. this may take two or more hours.

While the beans are cooking, finely mince the onion, green peppers and garlic.

Once the beans are soft... take a ladle and scoop them hot out of the pot into a blender with some of the water, puree them all ( this may take several repetitions since the blender can only take so much at one time. Make sure you have enough water from the pot but not too much as to make them too runny).

Pour the olive oil into a large deep pan along with the chicken broth, and wait until they get hot, then pour the puree beans.

Now add the onions, green peppers and garlic, stir them in until they all are mixed well with the beans.

Now the cooking starts, make sure that you have the fire on low and put a lid on it.

You will need to take a wooden spoon and stir the pot often (every 15 minutes) it will cook for about an hour or two depending on how much water there is and the consistency you want, oh yea! I almost forget, put salt on them to your taste.

Some people like to also add some Worcestershire sauce

—Luis Ibáñez-Dalponte

# ***PREVENTION***

## **H1N1 SWINE FLU UPDATE AS OF OCTOBER 8, 2009**

As of October 8<sup>th</sup>, the Centers for Disease Control (CDC) indicated that 26 states were reporting widespread influenza activity—Alabama, Alaska, Arizona, Arkansas, California, **Colorado**, Delaware, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Nevada, New Mexico, North Carolina, Oklahoma, Pennsylvania, South Carolina, Texas, Tennessee, Virginia, and Washington. 99% of the influenza viruses so far in those 26 states, including Colorado, have been associated with the 2009 H1N1 swine flu virus.

The Colorado Department of Public Health and Environment (CDPHE) is preparing for an early flu season and expects 2009 H1N1 swine flu and seasonal flu (also known as H3N2) to cause illness, hospitalizations, and deaths. As of October 3<sup>rd</sup>, Mesa County had only **five** diagnosed and reported cases of H1N1 swine flu. It should be noted, however, that only hospitalized cases are currently being reported to the State.

Individuals can help protect themselves by washing their hands with soap and water or using alcohol-based hand sanitizers and by not touching their mouths or noses before washing their hands. The CDC indicates that washing hands properly takes about as long as singing “Happy Birthday” twice.

Should people living with HIV be concerned?

The CDC reports that individuals with CD4 counts less than 200 may experience more severe complications of seasonal influenza, and it is possible that HIV-infected adults and adolescents are also at higher risk for H1N1 swine flu complications.

State health officials urge all persons with mild flu-like illness to stay home. Children and adolescents with fever should not go to day care or school. Adults with fever should not go to work until their fever has gone away for 24 hours (without use of fever-reducing medicine). Individuals with severe illness, such as difficulty breathing, should contact their health care provider. Schools, businesses, and other organizations are urged to plan for the flu.

Who in Mesa County will receive the H1N1 vaccination?

The Mesa County Health Department is in charge of distributing the vaccine to local medical providers. Mesa County’s sub-group of the CDC’s key priority populations to receive the vaccine include people who live with or care for children younger than 6 months old, healthcare and emergency-services personnel with direct patient contact, and children 2 to 4 years old.

Members of what the CDC considers the priority populations for the H1N1 vaccine who are not in Mesa County’s key priority populations are people between the ages of 6 months and 24 years and people between the ages of 25 through 64 years who have chronic health issues or compromised immune systems—including those living with HIV. So, the Mesa County Health Department may or may not distribute any

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H1N1 vaccines at all this year for these populations. People born before 1957 are thought to have been exposed to ancestors of the H1N1 pandemic virus of 1918-19 and are likely to have some antibodies that may help them fight the current strain of H1N1.

Other counties within western Colorado will probably have their own guidelines with respect to the key priority populations for H1N1 vaccine distribution.

Statistical information and Mesa County's key populations for H1N1 vaccinations have been changing weekly. For the latest news on H1N1 in Colorado, please visit <http://www.cdphe.state.co.us/epr/Public/H1N1/H1N1News.html> or <http://health.mesacounty.us/disease/H1N1Updates.cfm>.

*[Sources: CDC, CDPHE, Mesa County Health Department]*

—Scott Montgomery

## **NEW HOPES FOR AN HIV VACCINE?**

“Only a truly effective, preventive HIV vaccine can limit and eventually eliminate the threat of AIDS...Let us today set a new national goal for science in the age of biology. Today, let us commit ourselves to developing an AIDS vaccine within the next decade. There are no guarantees. It will take energy and focus and demand great effort from our greatest minds. But with the strides of recent years, it is no longer a question of whether we can develop an AIDS vaccine; it is simply a question of when. And it cannot come a day too soon.” In May of 1997, President Bill Clinton set a national goal of developing an HIV vaccine within 10 years.

Now, over a decade later, there may be renewed hopes for a vaccine to help fight the HIV/AIDS epidemic. In September of 2009, a vaccine project in Thailand sponsored by the U.S. Army, National Institute of Allergy and Infectious Diseases (NIAID), and Global Solutions for Infectious Diseases (GSID) was found to reduce HIV infection. "These new findings represent an important step forward in HIV vaccine research," said Dr. Anthony S. Fauci, Director of NIAID. "For the first time, an investigational HIV vaccine has demonstrated some ability to prevent HIV infection among vaccinated individuals."

The two test groups consisted of over 16,000 HIV-negative individuals between the ages of 18 and 30 years. The first group received a dose of the trial vaccine, known as RV144, every six months. The second group was injected with a placebo at the same time interval. Participants were tested for HIV infection every six months for three years. All volunteers were given safer sex supplies and counseling. At the end of the three-year experiment, the vaccinated group demonstrated 31.1% less HIV positive cases than the control group. 74 of 8,198 placebo recipients became infected with HIV compared with 51 of 8,197 participants who received the vaccine regimen.

The treatment is a combination of two vaccines, whose individual trials had failed. The volunteers were administered a total of four doses of ALVAC (manufactured by Sanofi Pasteur), supposed to trigger immune reactions, and two doses of AIDSVAX (manufactured by VaxGen), intended to strengthen the immune response. ALVAC uses canary pox to carry synthetic versions of three HIV genes into the body in order to increase cause cells to attack HIV directly. AIDSVAX contains a genetically engineered version of a protein on HIV's surface and prompts antibodies to HIV.

Questions remain over diminishing funds allocated by international community for HIV vaccine research. The volume of international funding for research decreased from \$ 930 million in 2007 to 870 million in 2008, according to BBC News. Finally, because of the small number of cases used to determine statistical significance (74 in the placebo group compared with 51 in the vaccine group), some scientists question the validity of the findings. “The numbers are small and the difference may have been due to chance,” said Dr Richard Horton, editor of the Lancet medical journal. "We should be cautious, but hopeful."

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One concern regarding the Thai vaccine trial is that RV 144 has no effect on the viral load level of HIV in blood. Further, the vaccine is based on B and E strains of HIV that most commonly circulate in Thailand. According to the Centers for Disease Control (CDC), the subtype B HIV strain is the one most commonly found in the United States. In Africa, where the CDC reports two-thirds of current HIV cases occur, the HIV C strain is most prevalent. Further, this vaccine is only effective in preventing the spread of HIV; it is neither a cure nor a treatment for those already infected with HIV/AIDS (a global pandemic with 33 million world citizens currently living with the virus, according to UNAIDS).

According to The Miami Herald, Dr. Margaret Fischl, a researcher at the University of Miami Medical School, is working on a vaccine that could be given to patients already infected with HIV to help boost their immune systems to fight off the virus rather than current antiretroviral drug regimes. In 1987, Dr. Fischl was instrumental in developing AZT, the first effective antiviral medicine for HIV. This potential vaccine, being developed in conjunction with a major out-of-state biotech firm, has been successful in treating HIV in small mammals, including rhesus monkeys. The target date for vaccine trials in humans to begin is January 2010.

Another HIV vaccine trial began small-scale human trials in South Africa in July 2009. This is the first vaccine to be developed in Africa, and is specifically geared towards treating people infected with the C type of HIV.

According to the CDC, there are 14,000 new HIV infections every day around the globe. According to the World Health Organization, 2.7 million people became newly infected with HIV in 2007. A successful HIV vaccine would reduce these numbers to zero.

—Rabeeha Ghaffar

## **UNITED STATES: FEMALE HEALTH'S CONDOM AVAILABLE, NO US RETAIL YET—by *Susan Heavey***

Reuters (10.01.09)

Though it was approved by the Food and Drug Administration in March, a new female condom has yet to gain a foothold in the retail market. FC2, made by Female Health, is available to state health agencies and nonprofit organizations but is not widely available in stores.

Mary Ann Leeper, the company's senior strategic adviser, said FC2 will debut in Washington, D.C.-area CVS stores in December. Female Health is currently looking for a marketing partner to help advertise and sell the product. "We need the other company to really make a dent into the consumer market," she said.

FC2 is Female Health's second-generation female condom. The original was unpopular with US consumers, who complained it made too much noise and spoiled intimacy. FC2 uses a new, softer material and a different manufacturing process. The original female condom retailed for as high as \$4 per unit, whereas FC2 is about 82 cents per condom. Male condoms can cost as little as 50 cents apiece.

Female condoms are popular abroad, particularly in countries hard-hit by HIV/AIDS, where they are viewed as a way to protect women who cannot insist on their partner using a male condom. The US Agency for International Development, which lobbied for FC2's approval, said it plans to distribute the condom in its global HIV prevention programs.

—from the 10/8/09 *CDC HIV/Hepatitis/STD/TB Prevention News Update*

***UNTIL THERE IS A CURE THERE IS PREVENTION***