

POSITIVE VOICES-JULY 2010

Your Newsletter by Positive People for Positive People

A CLIENTS EXPERIENCE FOLLOWING HER JOURNEY AT SKY LAKE

I am a control freak. Whether it's because I'm the oldest child, a Leo, or the wife of an alcoholic - the reason doesn't matter, I just am. So, for me to give up control of my life at home for 3 days to go on a retreat is one of the hardest things for me to do - until I get there.

Once I arrived at Sky Lake, all illusions of control over my everyday life ceased to matter. The focus was now on ME - and I was a valuable, important person. People were genuinely happy to see me - friends I had met last year on the retreat. I also immediately encountered some new faces, and welcomed them, the same way people had welcomed me as a newcomer last year.

After our one and only mandatory group meeting, it was time to eat. We eat a lot at Sky Lake - which means we are taking care of our physical selves. Following lunch, I had an absolutely wonderful massage, and really started to relax. I tie-dyed a t-shirt, and then checked out the prayer stick workshop. Knowing that my puppy would absolutely destroy a stick with yarn & feathers on it, I quickly decided that craft wasn't for me. I sat down and made a beaded necklace, which came out so well that several people asked me to make one for them. Finding that beading relaxes me (who'd have thought - I never have the patience for something like that!), I gladly obliged. The thanks I got were heartwarming.

The entire three days went along the same lines. At our support group with Jeff, I gained a lot of insight into myself by letting the fabric speak for me. I was able to finally lift the gray cloud that had been hanging over my head since my diagnosis 4 years ago.

After an absolutely delicious dinner the second night (this year the steaks were tender and delicious), we gathered downstairs for Karaoke. I attempted Karaoke last year, but was a little too shy. This year, I was there to have FUN - and I sang. Now don't get me wrong, I know I can't carry a tune - but I sang anyway. Reba I'm not, but still I sang Fancy. And, thanks to all the positive comments and encouragement I got, and the contagious atmosphere, I sang a second song - Don't Stop Believing. Since what happens at Sky Lake stays at Sky Lake, I won't go into particulars about some male staff members who may have put on some interesting clothes....(you're welcome Jeff.) But we had a ball!

On the last day, it was time to pack, exchange contact information, and for visitors to arrive. My husband came, and although he is quite homophobic, he was cordial and pleasant to everyone there. It was nice to have him experience the closing ceremony, where we shared what we left behind and what we took away from the retreat. Many tears were shed, many laughs, many hugs - the room was alive with emotion. It was a beautiful end to a beautiful experience. One of the most touching things to see people take away from the retreat was the end to feeling alone - together, we can get through this.

This story would not be complete without a special thank you to everyone who helped make this retreat happen - STAP staff and volunteers and all the professionals who donate their time to help us relax and have a spiritual experience at Sky Lake. Also a big thank you to the staff at Sky Lake for providing a wonderful facility and food for our retreat.

So who am I? I am a 48-year old married mother of two beautiful daughters who happens to be HIV+. I refuse to let HIV define me - it is just a very small part of who I am.

Donna

KAREN FROM THE MEDICINE SHOPPE'S PHARMACY CORNER

This month our pharmacy article is going to feature a medication called Combivir. As you can probably guess from its name, it is a combination of two different medications. Those two medications are Lamivudine and Zidovudine, both nucleoside analogues. Combivir must be used in combination with other antiretrovirals in order to do its job. It prevents HIV from altering the genetic material of CD4 cells, which prevents the cells from producing new virus.

Combivir is taken twice a day, morning and evening, and it does not matter if you take it with food or without. It is the preferred option for pregnant women who need a NRTI. Unfortunately, Combivir is not without side effects. There is a concern for reactivation of Hepatitis B in patients who abruptly stop Combivir—this is because the antiviral in Lamivudine is also active against the Hepatitis B virus, therefore a sudden stop may cause the Hepatitis to flare up. There is also a concern for bone marrow problems when a patient is taking Combivir. These problems include a decreased production of red or white blood cells. Signs to watch out for are unusual fatigue, pale skin, sore throat, fever or chills. Liver problems may occur as well. As we've discussed before we would watch for a swollen or uncomfortable upper stomach, weakness, or yellowing of the skin or eyes. In addition, these medications may cause an increase in cholesterol, triglycerides, diabetes, and fat distribution in the body.

Combivir should be avoided if a patient is taking stavudine (Zerit) because the combination of these two medications can decrease the efficacy of them both. Combivir should also be avoided with Clozapine and Ribavirin as both these medications increase the risk for serious side effects. Other common medications that may affect the way Combivir works are Allopurinol, Biaxin, Interferon, Methotrexate, Fluconazole, Methadone, Depakote, and Bactrim. None of these medications require you to stop treatment, but make sure your doctor is aware you are taking them, since he may need to adjust the dose or monitor you more closely.

I hope that this article has been helpful to you. Please remember to forward questions or ideas to STAP for future articles...I want to hear what you have to say!

FROM CANDACE IN THE VOLUNTEER DEPARTMENT

NEWS FROM ITHACA: - Robbie and Carol from Ithaca are very interested in starting a meal, movie, game etc. gathering in the Ithaca area. They need to know if anyone is interested. So if you are interested, please contact Robbie at 607-229-7446.

It is the time for Outdoor events. If you are interested in concerts, ball games or county fairs contact Candace at 1-800-333-0892 or cphelan@stapinc.org and she will try to get you tickets. Remember the more notice the better.

FROM THE MEDICAL ADVOCATE

HIV, Drugs, and Alcohol - A Combination to Avoid

Most experts would agree that, in large amounts, drugs and alcohol are bad for your immune system and your overall health. According to several studies, people with HIV are more likely to abuse alcohol at some time during their lives. In HIV-positive persons, the combination of heavy drinking and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes.

Why Should I Worry?

Drugs and Alcohol and the Medical Aspects of AIDS

Alcohol increases susceptibility to some infections that can occur as complications of AIDS. Infections associated with both alcohol and AIDS include tuberculosis; pneumonia; and hepatitis C, a leading cause of death among people with HIV. Alcohol may also increase the severity of AIDS-related brain damage, which is characterized in its severest form by profound dementia and a high death rate. A recent study found that more than half of clinic patients with HIV are also heavy drinkers and they appear to have more problems with short-term episodic memory, while long-term working memory seems unaffected.

Alcohol may adversely affect immune system function in HIVers in many ways, including increased HIV replication in lymphocytes (immune cells). In one study, researchers assessed CD4 cell counts, HIV RNA levels (viral load), and alcohol consumption in 595 HIV-positive individuals with alcohol problems. Among study participants who were not on ARV meds, heavy alcohol consumption was associated with a lower CD4 cell count. Among participants who were on ARVs, heavy alcohol consumption was not associated with a lower CD4 cell count or higher HIV viral load.

Another recent study concludes that HIV tends to progress at a faster rate in infected individuals who consume two or more alcoholic drinks a day. The article, entitled "Alcohol Use Accelerates HIV Disease Progression," clearly demonstrates that frequent alcohol use, defined as two or more drinks daily, is associated with declining CD4+ cell counts (which indicate a weakened immune system) in individuals with HIV disease who either are or are not receiving antiretroviral (ARV) therapy.

Based on the results of a 30-month prospective study, the authors conclude that alcohol has a direct effect on CD4 cells and that the accelerated decline in CD4+ cell counts in frequent alcohol users is not simply due to poorer adherence to ARV meds. Other studies have associated heavy alcohol use with decreased medication compliance, as well as with poorer response to HIV therapy in general. The outcome of HIV therapy improved significantly among alcoholics who stopped drinking.

Smoking marijuana (pot) or any other drug irritates the lungs. You may be more likely to get serious lung infections, such as pneumonia. Other common recreational drugs, such as cocaine or crystal methamphetamine ("meth," "speed," "crank," or "Tina"), can leave your body dehydrated and exhausted, as well as lead to skin irritation. All of these things can make it easier for you to get infections. Certain HIV medications can boost the level of recreational drugs in your system in unexpected and dangerous ways. For example, amphetamines (such as crystal meth) can be present at 3 to 22 times their normal levels in the bloodstream when mixed with an HIV drug called ritonavir (Norvir). That's because ritonavir hampers the body's ability to break down these other drugs.

The organ in your body that alcohol and other drugs affect most is your liver. The liver rounds up waste from chemicals that you put in your body. Those chemicals include recreational drugs as well as prescription drugs, such as your HIV medications. A weaker liver means less efficient "housekeeping" and, probably, a weaker you. A weaker immune system also increases the chance that you will experience more side effects from your HIV medications. If you also have hepatitis C (or any other kind of hepatitis), your liver is already working very hard to fight the disease itself and deal with the strong drugs that you may be taking for your hepatitis treatment. HIV medications are hard on your body, so when you are taking these drugs, it is important that your liver works as well as possible. The liver is responsible for getting rid of waste products from the medications.

Certain drugs, such as methamphetamine, affect your ability to make decisions. Even though you use condoms regularly and practice safer sex when you're not high, you may be willing to take more risks and not use a condom when you're under the influence of methamphetamine or other drugs. Alcohol can also affect the decisions you make about safer sex. For example, if you have too much to drink, you may not be able to remember where you put the condoms, and decide simply not to use them. These are decisions you probably would not make if you were sober. These actions put your partner at risk for HIV and put you at risk for other sexually transmitted diseases. Remember to keep condoms handy in places where you might have sex. Also, try to limit the amount of alcohol you drink if you know you are going to have sex.

Sharing a needle when injecting drugs is dangerous for you and for the people you are sharing with. They could get HIV from you, and you could get another disease, such as hepatitis, from them. The safest option is not to share. Use clean needles each time or keep your own needles to yourself. Because of the dangers of injection drug use, the best way to lower your risk is to stop injecting drugs and to enter and complete a substance abuse treatment plan. You can talk to your doctor about this.

If you do inject drugs, follow these reminders:

- ❑ Never reuse or "share" syringes, water, or drug preparation equipment.
- ❑ Use only syringes obtained from a reliable source (such as drugstores or needle exchange programs).
- ❑ Use a new, sterile syringe each time to prepare and inject drugs.
- ❑ If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- ❑ Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs.
- ❑ Clean the injection site with a new alcohol swab prior to injection.
- ❑ Safely dispose of syringes after one use.

What Can I Do?

Alcohol and Drug Treatment as HIV Prevention

Studies show that decreasing alcohol use among HIV patients not only reduces the medical and psychiatric consequences associated with alcohol consumption but also decreases other drug use. Decreasing alcohol use in people who have HIV or who are at risk for becoming infected reduces the spread of HIV and the diseases associated with it. Once you are HIV positive, your body may react differently to alcohol and drugs. Many people find that it takes longer to recover from using pot, alcohol, or other recreational drugs than it did before they had HIV. Thus, alcohol and other drug abuse treatment can be considered primary HIV prevention as well.

You may choose to use alcohol and drugs in moderation, but be sure to respect your body. Pay attention to what and how much you eat, drink, smoke, and take into your body. Although you may feel uncomfortable at first, you should tell your doctor what recreational drugs you are using. That way, your doctor will know how the substances you are using affect your HIV drugs and your overall health. Most likely, telling your doctor will help explain some things going on in your body.

Most people are willing to take some risks, and using drugs and alcohol is no exception. But when alcohol or other drugs become an escape that you rely upon, it can be dangerous to your mental and physical health. Before you drink or use drugs, it is important to think about what risks you are willing to take. If you would like to cut back on your use of alcohol or other drugs, talk to your doctor about getting help and finding the treatment you need.

DIAGNOSIS SURVIVORSHIP A – Z WEBSITE

This is a great resource for all clients dealing with HIV/AIDS, Cancer and other life altering diagnosis. It is full of terrific information on dozens of topics that most of us forget to think about or ask our family, friends and healthcare providers. Here is the website: <http://www.survivorshipatoz.org/hiv/> This site is definitely answer oriented and user friendly. Below you will find out more about the organization.

Who We Are

Survivorship A to Z is an independent not-for-profit corporation consisting of a small but dedicated staff, volunteer experts, volunteers living after a diagnosis of HIV disease, patient advocates and caregivers.

Survivorship A to Z was founded by David S. Landay after his partner died of HIV and both parents died of cancer.

Why We Exist

Our site exists because the best chance for surviving and thriving beyond an AIDS/Cancer diagnosis is to be an educated consumer. We learned the hard way that there is no single place which has unbiased information covering the financial, legal and practical aspects of living through all stages of life after a diagnosis - starting with summaries and much less on an individualized basis. Our goal is to help you take control by providing in one place:

- All the practical, financial and legal information needed to thrive in the "new normal" that exists after a life-changing diagnosis - starting with diagnosis, going through a hopefully long life, and including end-of-life that as human beings we will all face one day.
- Information on a personalized basis so you don't have to read about stuff that doesn't apply to you - and so you'll know about all that does, including subjects most people wouldn't ordinarily think about.
- Tools to help you keep track of information you need and to make complicated decisions more simple. For example, how to choose the best treatment for you and your lifestyle or how to choose among health insurance policies from the point of view of a person with your health condition. (Yes, you still can buy health insurance - life insurance too!)
- Information in different levels so you can learn what you need to know when you need to know it. For instance, you can read a summary if that is all you need. At the other extreme, our information digs down to form letters and how to complete forms such as the Social Security Disability Insurance application.

We encourage you and all other users to share what you learn so other people don't have to waste precious time reinventing the wheel or going up blind alleys.

Where Our Information Comes From

Information comes from independent experts, nationally recognized law firms, research, government documents, caregivers, patient advocates and patients.

Managing Drug Resistance

When Should Drug-resistance Tests Be Used?

HIV treatment guidelines, including those produced by the U.S. Department of Health and Human Services (HHS) and the International AIDS Society-USA (IAS-USA), recommend drug-resistance testing for all HIV-positive people. Here's a look at when these tests should be used:

- When HIV is first diagnosed. Knowing if you've been infected with a drug-resistant strain of HIV—and which drugs your virus is resistant to—can be very helpful. For the most accurate results, you should be tested for HIV drug resistance soon after you are diagnosed as HIV positive, even if you won't be starting treatment for several months or years (the information will be recorded in your medical file and help guide treatment when the time comes).
- If treatment doesn't appear to be working. If your viral load fails to become undetectable after a new treatment regimen is started, or becomes detectable again after a period of being undetectable, drug-resistance testing may help determine the cause. For best results, the test should be conducted while you are on your regimen—provided that your viral load is detectable—or within four weeks of discontinuing treatment. If no drug resistance is found, the problem might be related to poor treatment adherence, the way your body is absorbing the drugs, or drug-drug interactions. It is best to address these problems before resistance mutations develop. If drug resistance is found, these tests can help determine which medications have stopped working for you (people rarely develop resistance to all three or four drugs being taken) and also help figure out which medications to switch to.
- During pregnancy. If you are HIV positive and become pregnant, the most effective way to reduce the risk of transmitting the virus to your baby is to get your viral load undetectable and keep it there—at least until your baby is born. Drug-resistance testing before and during treatment can help achieve this important goal.

How Can Drug Resistance Be Avoided?

There are a number of steps that HIV-positive people can take to prevent—or at least slow down—the development of resistance:

- Learn all you can about HIV treatment and the available options. The more you know, the easier it will be to make treatment choices that help you avoid drug resistance.
- Start treatment with a powerful HIV regimen. Your first shot at HIV treatment is probably your best chance at fully suppressing the virus and preventing the development of drug resistance.
- Be sure to follow instructions. It is very important that HIV-positive people take their HIV medications exactly as prescribed. Missing doses and not taking the right number of pills can cause viral load to increase and cause drug-resistance mutations to develop.
- Communicate with your doctor. Knowing how to take your medicine properly and reporting any problems to your doctor are important for avoiding drug resistance.
- Monitor the effects of your treatment. This means keeping an eye on your viral load and other lab tests after you begin treatment and for as long as you remain on therapy. Every three months is a standard recommendation. Often an increasing viral load—or a viral load that fails to go undetectable—is the first sign that drug resistance is developing. Monitoring viral load is a good way to guard against drug resistance.

Being Positive

By Cristina Gonzalez/POZ.COM

- To commemorate National HIV Testing Day on Sunday, June 27, POZ asked you, our readers, to recount your experiences testing HIV positive. Who better than people who have tested positive for the virus to tell people who don't know their HIV status why they should get tested?

We strongly encourage everyone, regardless of your HIV status, to promote HIV testing to family, friends and colleagues. No matter the result, knowing your HIV status can help improve your life. Your stories varied greatly, representing the diversity of the HIV/AIDS epidemic in the United States. However, they shared many of the same feelings—from sadness and denial to acceptance and hope. Below are excerpts from some of your responses.

- “My story starts with the ‘flu’ and a high temperature. After a doctors’ visit, antibiotics, aspirin and juice, the ‘flu’ got worse. I went back to the doctor, who asked if I would sign a release form for a new test. I had only been in three long-term relationships and had very few outside partners, but I was so sick, I thought, ‘Of course, anything, just get me well!’ The day before Thanksgiving, the doctor called me and told me I had AIDS. I was told I had six months to live. But I was over the ‘flu’ and feeling well. How could I have AIDS? I was retested at the county hospital, which denied treatment until my [CD4] levels were under 500. I had to change doctors and lie or omit the information of my HIV status or risk refusal of care. I was tested every six months until my [CD4] levels dropped and I received treatment. I am 53 years old and was tested in 1985.” MARTY MCCORMACK DALLAS
- “In 1984, I had double knee surgery. The night before my surgery, I had a nightmare that I would get HIV through a blood transfusion. I woke from the surgery to find I was being drawn for blood cultures [because] I had a reaction to my emergency transfusion. Two months later my feet began to tingle, like pins and needles. I went to a free clinic and tested HIV positive. I was unemployed and had no health insurance. The health insurance group I finally enrolled in never once turned out a positive test result for me. I wanted to believe I did not have HIV. I also knew that once diagnosed, I could not get any other type of health coverage because of pre-existing conditions. So I just went on with my life until I developed pneumocystis pneumonia in 1998 and nearly died. Now, I am living.” CHRIS CHESSER BELLEVUE, WA
- “I was feeling as though something was wrong, so I went to my family doctor for an HIV test. Several days later he called and asked me to come in, which scared the hell out of me. I had night sweats and didn't sleep. When I showed up at the office, he was even more nervous than I was. I was the first patient he'd ever had who tested positive. He reassured me that it was ‘no longer a death sentence’ and made an appointment to hand me off to a specialist. The nurse practitioner I met became my angel. I have a negative partner, and I took him for his first HIV test with her. He's still negative and felt comfortable enough to ask many questions about what we need to do to be safe. He wants us both to live a long time.” NAME WITHHELD HARRISBURG, PA

Why Get an HIV Test?

Getting tested for HIV is a smart thing to do. Still, many people refuse to get tested. Some find the idea of getting tested too frightening, even though they will often continue to agonize about whether they're infected. Others think of testing as unnecessary and hold on to the belief that HIV can't happen to them.

Many times when people get tested, they happily discover their concern was unfounded. The assurance that comes from a negative test result can provide enormous relief. For others, getting tested and learning they are HIV positive is the first important step towards staying healthy. One of the most basic truths about HIV is that gender, age, race and economic status are irrelevant when it comes to vulnerability to HIV.

Anyone can become infected. Despite huge advances in treatment and a wealth of knowledge, the HIV epidemic is going to be with us for a long time to come. At present, there is no cure for HIV/AIDS, but there are medications that have proven very effective in keeping HIV-positive people alive, longer and healthier.

Knowing your accurate HIV status through testing is essential to good health and long life.

About the HIV Test

An HIV test shows if someone is infected with HIV, the virus that attacks the body's immune system and causes acquired immune deficiency syndrome, or what is more commonly known as AIDS. There are several different tests that can be used to determine if you are carrying the HIV virus. The most commonly used tests look for antibodies to the virus in the blood, mouth or urine.

If an initial test is negative—meaning that antibodies have not been found—the testing is complete. If it is positive, additional testing is necessary to make sure that it is not a "false-positive" result (some molecules in the bloodstream can sometimes cause this). First, the laboratory may repeat the initial blood, mouth or urine-based test. If it's positive, the laboratory will conduct a blood test called Western blot. If both the initial test and the Western blot test yield a positive result, a diagnosis of HIV infection is confirmed and the results are sent back to the health care professional who ordered the test. Many testing sites now offer rapid testing, involving oral swabs and blood from pin pricks.

Results using these rapid tests are usually available within 20 minutes or so. If you have blood drawn for an HIV test, it can take between one and two weeks to learn the results. If it seems as if you are waiting a long time for your results, this in no way indicates a "positive" outcome and that the laboratory needs more time to conduct additional tests.

ON-GOING MEETINGS AND COMMUNITY SERVICES

JOIN CONSUMER ADVISORY COMMITTEE [CAC] MEETINGS

The STAP Consumer Advisory Committee is a committee facilitated by and made up of consumers (STAP clients) who welcome other consumers and their significant others, caretakers and family members to join them on the second Tuesday of each month. This collaborative effort provides a confidential space for clients to make recommendations regarding STAP client services and other programs in a non-judgmental environment.

The meetings are held following the Friends Dinner at 6:15 at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention CAC. CAC is encouraging consumers in other counties to organize monthly meetings in their area. Contact your case manager or Brian Wieder at 607-724-1272 to discuss developing CAC in your community.

THE DRAGON SLAYERS

Hepatitis C and Co-Infection Support Group. Meetings at 6:00 - 7:00PM on alternate Tuesdays at Trinity M, 44 Main Street, Oak Street Entrance in Binghamton. For information, call (607) 798-1706.

FRIENDS DINNER

Friends meet every Tuesday evening for a time of fellowship and good food. Join us at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Doors open at 5PM and dinner is served between 5:30 & 5:45. No charge, just come with a smile and a friendly attitude - ready to meet and greet friends and have a hearty meal.

Parking is available on Oak Street behind the Church Annex. Use the Oak Street entrance for the cafeteria. Free bus passes are available for STAP clients! Call your case manager for details. Bus passes available for transportation to/from the Friends Dinner only. For more information call Bill at 607-724-0103.

FREE ANONYMOUS RAPID HIV TESTING

Walk-in Anonymous testing every Monday from 1:00 - 4:30PM and Thursday from 9AM - Noon (Anonymous) at STAP's office, 122 Baldwin Street, Johnson City, NY. For information and other testing times available through the month, please call (607) 798-1706. In Ithaca, Tuesdays from 9 AM - 11:30 AM (Anonymous) and confidential testing can be arranged Thursdays, 9 AM - 11:30 AM.

ONEONTA SOCIAL GROUP

Oneonta Social Group every Saturday at the First Methodist Church, 66 Chestnut Street in the Dolly Room from 12:30PM-1:30PM. HIV/AIDS and affected welcome - Brunch is between 11:30-1PM. This is not an official STAP Group.

ASK THE MEDICAL ADVOCATES

- Have general questions or concerns regarding HIV?
- Want to better manage side effects of your HIV medications?
- Concerned about interactions between your HIV meds and other meds that you take?
- Want to better understand the results of your blood work or other lab tests?
- Concerned about HIV exposure risks to your negative partner?
- Interested in alternative or complementary therapies for HIV?

James Elrod, Medical Advocate (Chemung, Chenango, Cortland, Tioga, Tompkins Counties) 607-426-9445

HOPE DISPENSARY OF THE SOUTHERN TIER

The Hope Dispensary of the Southern Tier, a service provided by Lourdes Hospital, is a new program designed to provide medications to those that are uninsured or underinsured and have a limited income. Here is how you qualify:

1. You must have no prescription coverage
2. Have a photo ID or Social Security Card
3. Bring one of any of the following as proof of income: Pay Stubs or Bank Statement, SSI/SSD paperwork or Unemployment or Pink Slip form from employer.
4. Bring proof of residency - one piece of mail with your name and address, such as a phone bill, NYSEG bill or cable bill.
5. Bring the prescription with you

If you need assistance with providing this information to determine eligibility, they have an onsite Social Worker who can help you with the process. There is a monthly income level that you cannot exceed. The information is listed on the next page.

Family Size and Monthly Income

1 = \$1,805	2 = \$2,428
3 = \$3,052	4 = \$3,675
5 = \$4,298	6 = \$4,922
7 = \$5,545	8 = \$6,168

The Hope Dispensary will verify your information onsite and the Social Worker that is present each day they are open will also provide screenings for financial assistance to access 50% discounted up to possibly free healthcare in the Lourdes network. This is great information!!!

Hope Dispensary does not carry all medications. They do cover HIV medication as well as antidepressants. They do not carry any controlled substances or birth control. If they do not have the medication that you need, they have programs developed so that you might qualify for free medication directly from the pharmaceutical corporations. They use medication samples and generic medications. They are located at 477 State Street in Binghamton and their number is 607-584-9376. They are open Monday through Friday from 10AM - 6PM.

New LGBT Information Site Launched

www.asaging.org/larc

The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site's searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products.

FREE CELL PHONES

There is a government sponsored program available that can provide you with a free cell phone and 68 free minutes per month. Eligibility is based on your participation in one of several State or government programs like PUBLIC HOUSING, FOOD STAMPS, MEDICAID and more. There is also a limit to the amount of income you receive each month. This program is called LifeLine Assistance and you can find out about it through safelink.com or calling 1-800-378-1684. If you need help with the application process, please call your STAP case manager for assistance.

Community Art Class at The Cube Taught by Angelo Fiori

STAP Board Member and Volunteer Angelo Fiori is starting a Community Art Class. It will be held at The Cube on Thursday Evenings, 7-10 PM as a weekly class at first. Depending on the funds raised and interest, it would be weekly, bi-weekly or monthly. The class would be open to all groups: HIV positive, HIV negative, LGBTQ community, gay or straight. His vision of this art class is to be one of and about our community and coming together to respect each other's differences. Please show up if you are interested in participating in this Community Art Class. The class will include drawing, collage, watercolor, painting and more. Beginners and all are welcome to participate to bring out their artistic possibilities and great discussions.

The Cube address: 208 State Street, Binghamton, NY 13901