

# POSITIVE VOICES-SEPTEMBER 2011

Your Newsletter by Positive People for Positive People

## Time For a Tune-up

By Aundaray Guess on August 17, 2011 3:37 PM

If you own a car you're familiar with a tune-up. Each season or if your car hits a certain mileage point, you bring your car in to change the oil, have the tires checked and get new plugs. The interesting thing is that we do this for a car, a material object, yet many of us don't get a mental health tune-up for ourselves.

Speaking from my own experience, I recently had this cloud over me. It seemed to follow me everywhere, maybe dispersing for a day or two but then re-emerging. I just knew I was not my usual self. I was moody. Sometimes I would cry for no reason and overall just feeling like I was on auto-pilot. And it didn't match what was happening for me personally as I was finding success with my school of which I'm seeking an advance degree, and as an actor I was working on TV/movie sets and even played a principle part in a show that aired nationally. So what reason did I have for feeling blue?

In the back of my head I knew I needed someone to talk to as I recognized the symptoms of depression from having it before. I knew it meant seeing a therapist as throughout my years, I've seen several for various length of time. But this time I figured I would self-care by reading inspirational books or writing my feelings down or waiting until it went away. I was going to do whatever I had to do to not see a professional.

Maybe it was the stigma? Maybe it was pride? Maybe I just didn't want to admit I needed help? Maybe I thought they would give me pills, something I didn't need as I was already taking HIV meds. Did I want more? Yet when really looking at my situation, although I've seen professionals before, I had to ask myself, "What's wrong with getting a tune-up" What's wrong in talking out whatever is holding you back?

We manage our health with our meds and other forms of stress relievers but when it comes to our mental health we don't want to walk through that door. We want to bury our heads and pretend it's not there. For myself I wanted to get my car back into the fast lane. I wanted to get my oil checked and new spark plugs and my tires kicked.

To do that I had to ignore any shame and remind myself that it takes a strong person to look at their demons and confront them and not run away from them. I also had to remind myself that getting a tune-up doesn't mean I'll be seeing someone for years. For me it feels like it'll just be a few months. But it's knowing that after those few months I'll be back on the road in a healthy state of mind.

Maybe that's why we don't seek a tune-up. We know that we're taking out old parts (the past) and replacing it with the new (the future) And for many we don't like change. But just imagine where your life will take you if you shift that car into drive instead of spinning your wheels and never moving, stuck in a rut?

So yes I am seeing a therapist once again, even with all my successes and I have no shame. And even five or ten years down the road I may need another tune-up. But if my car can get a tune-up, then why can't I? The investment will pay off and I'll be in a better place knowing I'm in motion and I'm driving myself to wellness!

### **Transitional Care Programs Needed in U.S. Jails and Prisons**

Substantially more needs to be done to transition incarcerated people living with HIV into supportive health care services upon release from jails and prisons in the United States, according to a [comprehensive review and analysis of available data](#) published in the September 1 issue of *Clinical Infectious Diseases*.

According to Sandra Springer, MD, of the AIDS Program at Yale University School of Medicine and her colleagues, five distinct factors need to be addressed to improve outcomes among prisoners reentering the community: pre- and post-release case management, continuation of antiretroviral (ARV) therapy, treatment of substance use disorders, continuation of mental illness treatment and reduction of behaviors associated with the ongoing transmission of HIV.

Nearly 10 million people are released from incarceration every year in the United States—8.6 million people are transiently held in jails during criminal justice proceedings, and 597,000 are paroled from prisons after completing sentences. “The sheer magnitude of the incarcerated population and the disproportionate prevalence of HIV infection and acquired immune deficiency syndrome (AIDS) within the criminal justice system (CJS),” Springer and her colleagues write, “result in 16.9 percent of all HIV-infected individuals in the U.S. being within the CJS annually.”

An upswing in initiatives focusing on testing incarcerated individuals for HIV and linking those found to be positive for HIV to care and treatment has helped reduce AIDS-related death rates in the United States. However, Springer explains, “released prisoners infected with HIV not only continue to experience increased HIV-related mortality but have worsened HIV treatment outcomes, represented by increases in [viral loads] and decreases in CD4+ [counts].”

Not only would transitional programs that fully support continuity of care and ARV treatment benefit the people living with HIV being released from jails and prisons, but the programs would also have the potential to decrease the possibility of ongoing transmission of the virus. And while transitional programs do exist, Springer and her colleagues demonstrate, a great number of missed opportunities remain.

Take case management services, for example. These are currently the mainstay of prisoner-release programs for inmates living with HIV—but much less so for individuals held temporarily in jails while awaiting court appearances.

The services aim to provide a seamless system of care, reduce recidivism, maintain overall health and avert drug use. Yet, according to the authors, it's still not clear how much case management is required to maximize results—studies are needed to address this unanswered question. What's more, many prisoners lose medical and social entitlements upon incarceration and are ineligible to reapply until released, often leaving a considerable gap in the provision of care until entitlements are restored.

Even under the best of circumstances, however, case management services alone appear to be insufficient, because they are often unable to effectively address the multiple complex needs that are often required to ensure successful transition after release from prison.

According to the report by Springer's group, prisoners also face obstacles maintaining adherence to ARV therapy after release, particularly after having received compulsory medical care and adherence guidance (for example, directly observed therapy) during incarceration. After prisoners reenter the community, factors such as insufficiently treated substance use and/or psychiatric disorders, homelessness, unemployment, complicated ARV regimens and multiple health problems can lead to poor adherence of a prescribed regimen or discontinuation of therapy altogether.

Though adherence counseling strategies have been shown to change patients' knowledge, attitudes and beliefs about medical treatment and to improve their adherence to ARV regimens, studies have not determined the best possible programs for individuals released from prisons. While continuation of directly observed therapy (DOT) has been shown to be effective among released prisoners—it's the only adherence intervention to be explored thus far in well-designed trials—the costs of bringing DOT programs to scale may be prohibitive.

Community re-entry programs are also needed for formerly incarcerated individuals with substance abuse and mental illness disorders, as both have been independently linked to decreased ARV treatment adherence. More than 80 percent of prisoners living with HIV had substance use disorders before incarceration, Springer's group explains. In addition, an estimated 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates self-report having mental illness. After release, only 46 percent to 69 percent were eventually treated.

Multiple interventions aimed at addressing these issues have been identified and may work best when used together. According to Springer's group, multi-pronged approaches to substance use and mental illness need to be introduced during incarceration and as part of comprehensive release programs to help foster HIV treatment adherence while transitioning back into the community.

Finally, more needs to be done to identify prisoners living with HIV and to test and treat incarcerated individuals with other sexually transmitted infections (STIs). Despite the availability of rapid assays, many HIV-positive individuals continue to pass through jails without learning their HIV and other STI infection statuses because of logistical, financial and legal constraints.

## **Why Get an HIV Test? - TALK TO YOUR FAMILY AND FRIENDS**

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.

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### **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.

## IDEAS FROM OUR CLIENTS

Hi Brian, Gayle Pado gave me your email address. I'm a client of STAP and am thrilled to be getting this client-to-client newsletter now.

I liked Becky's plea for writings, but no contact was given to write to, so that's why I called Gayle. Anyhow, I wondered about having a suggested topic for people to write in about each month, though probably that is too structured, but it might get people's minds thinking about different topics.

### IDEAS:

- \*How I reached out and helped another HIV+ person
  - \*A time I used my willpower to do the right thing
  - \*The hardest thing for me as an HIV+ person (or the hardest time I've had)
  - \*Some people are actually grateful for having gotten the disease. What I've learned, or how I've grown, from having HIV
  - \*The best disclosure choice (or choice not to disclose) I've ever made
  - \*Have you ever been outed as HIV+? What happened?
  - \*Where do you want to be in 5 years? Doing what?
  - \*If you could be sure you would succeed at your goal, what would it be?
- Hope this gives you some ideas, Warmly, Susan

From Brian: Dear Susan and all the clients of STAP that receive Positive Voices. Please feel free to send in an article or an idea or education piece that you want published or sent to Will/Chair of the CAC, my email address is [wiedersf@aol.com](mailto:wiedersf@aol.com). You might not know this, but for one person, who gets no input from clients about what they like, what they don't, what they want to read about and about areas of personal pride, a rough period or success, this client newsletter is very difficult to publish without feedback. For those of you who don't not read or like the newsletter, please let me know why. Be responsible and communicate. Thanks!

## 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.

### 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 607-798-1706.

### FREE ANONYMOUS RAPID HIV TESTING

Walk-in *Anonymous* testing is available in our STAP Johnson City office every Monday from 1:00-4:30PM and Thursdays from 1:00-3:00PM. *Confidential* testing is available in our STAP Johnson City office Thursdays from 9:00AM - 12:00PM. STAP's office is located at 122 Baldwin Street Johnson City, NY 13790. Walk-in *Anonymous* Testing is also available at STAP's Ithaca office located at 501 S. Meadow Street, Ithaca, NY 14850 on Tuesdays from 9:00AM-11:30AM, and *Confidential* testing can be scheduled Thursdays, 9:00AM-11:30AM. For more information and other testing opportunities available throughout the month, please call (607)798-1706.

## **Blogging Anyone???**

Anyone interested in blogging messages is welcome to join in at [thecubebinghamton.tumblr.com](http://thecubebinghamton.tumblr.com) or contact [ethan@thecubebinghamton.org](mailto:ethan@thecubebinghamton.org) for more information.

## **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?

Kelly Conroy/Medical Advocacy Coordinator/.607-206-3418.

## **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:

You must have no prescription coverage

Have a photo ID or Social Security Card

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.

Bring proof of residency - one piece of mail with your name and address, such as a phone bill, NYSEG bill or cable bill.

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](http://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 200 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](http://safelink.com) or calling 1-800-378-1684. If you need help with the application process, please call your STAP case manager for assistance.

### **NEW SUPPORT GROUPS IN ITHACA AND ELMIRA**

The IVY Clinic is pleased to let all HIV+ men in the Ithaca and surrounding area know there is a support group that is held the third Tuesday of every month at the Ithaca STAP office. Time for the group is 6-7:30 pm and topics vary from month to month. If you are interested in attending please e-mail Shannon Sprague at [ssprague@aomc.org](mailto:ssprague@aomc.org) for further information.

Men Living with HIV Support Group; 2<sup>nd</sup> Monday of each month; 6-7:30pm; Ivy Clinic, 600 Ivy St., Suite 206, Elmira. For more information people can contact me via phone or email. **Lynn Bassler, LMSW** Treatment Adherence Counselor, Ivy Clinic, 737-8188.