

NEWS & VIEWS

DECEMBER 2013



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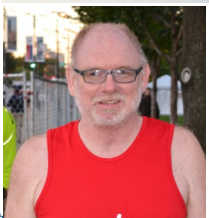
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Look Who Joined The Client Advisory Committee (CAC)



Name: Michael Bates - Member

How long have you been a client of ODC? My original plan was to move to

Aurora in June 2007. That was postponed when I was shot 4 times and ended up in the hospital for three weeks. For the first two weeks they put me in an induced coma. After I was released from the hospital my cat Sauron and I stayed with my friend Ed and his puddle Mitch in a studio apartment for 10 months. Then in May of 2008 I moved to Aurora and that is when I started at Open Door.

How long have you been on the CAC? I just became a member in September 2013. I started to volunteer and fellowship with my church and then with the Scouts. After I was diagnosed on September 25 2002, I got involved with AIDS Charities in Atlanta like the AIDS Survival Project which hosts the Thrive Program. The Thrive Program is a 2 day educational program on HIV/AIDS.

What types of things do you want to see done on the CAC? Joining the CAC gives me a chance to work and help those in need.

Describe your family (define family however you want)? Different people have different definitions of family, mine is this my immediate family and I am really close since our parents passed, and we keep in contact with our relatives. I also have friends that I am very close to here and in Atlanta. Then there is my church family that is always there for me and since my parents passed they are like blood.

What do you enjoy doing in your free time? I spend my free time in different ways. My favorite way is running, I have run 5K's, 10K's and I just ran the Chicago Marathon. I am looking forward to running the next marathon. I also like to go camping, hiking and working around the house. I also like spend time with my Kittens Merry and Pippen.

Where is the farthest place from home you have ever been? The farthest I have been from home is the World Jamboree in 1975. I spent 3 weeks in Denmark, Sweden and Norway, with 8 days camping in

Lillehammer Norway, later they hosted the Winter Olympics. I went to Salt Lake City for school and learned how to ski. I lived in Atlanta for 15 years and took vacations in Cancun, Boundary Waters Minnesota/ Canada.

What is your favorite food? It is difficult to just pick one favorite food since I have been exposed to so many cultures. I have 40 years of experience in various areas of food/ beverage, hotel, catering, delivery and fast food. If you name it I have had it or can cook it

What one thing do you want to do that you haven't done yet? I would like to run the Iron Man Marathon. I have done bungee jumping and Black Diamond Skiing.

Who is the most impactful person in your life or most impactful person on humanity (dead or alive)? My parents who I have dedicated my runs too. My family and friends both near and far, live or gone.

What have you learned since being on the CAC? I am an open book; I want to make life easier for those who need help.

HOLIDAY PARTY



Open Door's Client Advisory Committee invites you to Come and Celebrate the Holiday Season. You, your family, friends and staff of Open Door are invited!

There will be a client raffle and a raffle for all who attend



Location:

**First Congregational Church of Geneva
321 Hamilton Street
Geneva, IL 60134**

Date & Time:

**December 14, 2013
4pm to 7pm**

SEE FLYERS IN THE CLINICS FOR MORE DETAILS



Attention All Uninsured: Enrollment Assistance for ACA (Obamacare) is coming to Aurora and Elgin.

Do you need assistance with applying for the new Insurance starting January 1, 2014? Open Door is sponsoring multiple events at both locations.

In Aurora:

December 6th, 9th and 10th.

AND

In Elgin:

December 11th, 12th and 13th.

Please contact the front desk or your Case Manager.

Times are available between 10am and 4pm each day. Documentation will be needed from you. Please refer to the two lists that are provided.

Mandatory Documents:

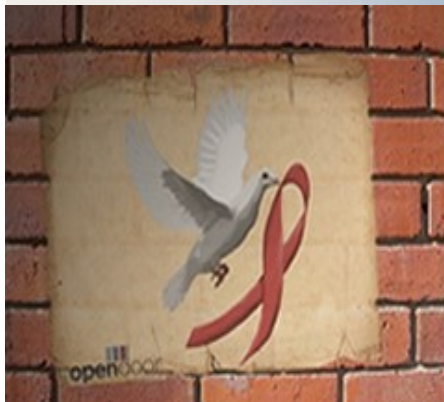
1. Proof of residency
2. Valid form of identification, such as a driver's license or photo I.D.
3. Full name and date of birth for individual that is applying for benefits

Helpful Documents:

1. Social Security number. If Social Security numbers are pending, supply the date the applications were made
2. Information about all the income everyone receives (W2 forms, pay stubs)
3. The name, address and phone number of your employer if applicable
4. The Alien Registration Number for anyone who is applying if he/she is not a U.S. citizen
5. If you are applying for Cash or AABD Medical Benefits, information about the value of everyone's cash, checking and savings account
6. Amount of child or spousal support paid and the names of absent parents
7. Amount of housing costs
8. What utilities you pay
9. Amount paid for care of a child or disabled adult



World AIDS Day 2013



World AIDS Day 2013

A Presentation and Community Discussion for People of Faith

Speakers/Facilitators: Pastor Joann Montes, Reverend Rosita Sanchez and Minister Lamont Lewis

December 2nd - Elgin Community College Business Center

11:00 am to 1:00 pm

Lunch is free - Please RSVP to Lynne Kennedy at

847-695-1093 ext. 19 or lynnek@opendoorclinic.org by November 22nd

Get Some Help with the Affordable Care Act

HFS FAQ publication:

[thebody.com](http://www.thebody.com)

ABE Update:

Healthcare and Family Services published a frequently asked questions booklet about the Affordable Care Act in relation to the Healthcare Marketplace, Medicaid, and Medicare. The booklet is updated frequently (check the bottom of the booklet to see when it was last updated.) The booklet can be found here:

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/ACAFAQ.pdf>

Even though the federal healthcare marketplace may be experiencing technical problems, the Application for Benefits Eligibility (ABE) is working and people have been able to enroll for the Medicaid Expansion group, ACA adults. For more information see: <http://getcoveredillinois.gov/websiteofftostrongstart/>

The Grinch Who Stole World AIDS Day

thebody.com

Usually, I try to cheer everyone on World AIDS Day, but this year is an exception because I will be asking you to boycott the celebration of World AIDS Day. Before you accuse me of being a Debbie Downer, read my reasons and if you do not like them, you can always skip this one and click to the next blog.

One of the declared goals of World AIDS Day is to raise awareness of the pandemic. Let me break the news to you: We lost this battle a long time ago. The case for HIV/AIDS is falling behind on many levels and this lone and only day will do nothing to the Poz community more than to provide another fundraiser avenue to a group of ineffective organizations selling more red ribbons on this particular day. Here I am copying the logic of some of my ardent Christian friends who argue that Christmas has become more about Santa than about Jesus.

The goal of World AIDS Day should be to get people talking about the battle against HIV/AIDS, where we are today, what we have achieved and why we are not winning. This is an important goal during a time where people living with HIV/AIDS continue to pay a heavy toll worldwide. We need to provide the full picture on where the failure is and why.

World AIDS Day this year comes in the middle of one of the lowest points in American politics, where political polarization is based on Obamacare, a bill

with major flaws but one that will help people with HIV/AIDS obtain access to life-saving care. Nevertheless, many Americans still object to this bill because they fail to recognize that health care is linked inextricably to other basic human rights.

Now let me take my party pooper skills globally.

Worldwide, this year's celebration of World AIDS Day comes amidst endless conflicts in Syria, Egypt, Iraq, Pakistan, Afghanistan, sub-Saharan Africa and other parts of the world. These conflicts destroyed the basic infrastructure necessary to combat HIV/AIDS



and provide treatment and protection for persons with HIV/AIDS. In some of these conflict areas, fundamentalist groups continue to target and terrorize people with known HIV-positive status, with little to no media reporting on it.

News about the armed conflict in Syria tells the story of the suffering of various groups, but falls short on reporting about the situation of the people living with HIV who remain stranded with no medical facilities or continuous supplies of medical treatment. This is just one example of

how people living with HIV/AIDS are among the most ignored vulnerable groups in armed conflicts. In several other parts of the Middle East and North Africa, political unrest after the Arab Spring is undermining programs to help patients with HIV/AIDS.

Discrimination against people with HIV/AIDS will go unexamined during this year's World AIDS Day as several countries continue to enjoy impunity while violating the human rights of people living with HIV/AIDS.

For example, the small, rich Arab state of Qatar, nominated to host the 2022 FIFA World Cup, brought large numbers of migrant workers to construct massive sport facilities in preparation for the global sport event. The Qatari government forces those migrant workers to undergo HIV/AIDS tests and will deport those who are diagnosed as HIV positive. These procedures have sparked little controversy around the world or even by the AIDS community. Similarly, several other Arab states in the Persian Gulf announced their intention to reinforce travel restrictions and medical testing on those identified as LGBT.

The United Nations bills World AIDS Day as "Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS-related deaths." It is ironic that while holding this mantra, the UN would not allow people with AIDS serve in several UN stations, in compliance with the host country's discriminatory policies. The func-

tional failure of the UN when it comes to HIV/AIDS makes World AIDS Day a cosmetic surgery to gain some media attention, and no more.

*Do you agree with me now that I have every reason **not** to celebrate the World AIDS Day?*

Of course, you can suggest that the above are exactly the reasons to why we should celebrate this day. You can argue in favor of the media attention generated on this day to raise awareness of the challenges we are facing. But the problem is that the HIV/AIDS community lost the media game long time ago. The scarcity of adequate coverage when it comes to the challenges faced by persons with HIV/AIDS makes it very clear that one day in the year will not do the job.

Now as to the argument that this day is very important to raise awareness about HIV transmission, which will help in prevention efforts ... let me respond by saying: *Seriously?*

In an era of high-speed Internet, online sex-toy stores, cyber-sex, and more free porn websites than Bible and Quran websites, we still have the audacity to claim that this day will raise awareness about HIV/AIDS transmission??!!

One Quranic chapter addresses the Human by stating that "Oh Human! Surely you must struggle until you meet your Lord."

Let us continue our struggle and postpone the celebration till later.

Questions & Answers

Q Is it possible to remain healthy without being sick

So here's my story. Got diagnosed late December 2012 early January 2013. (Completely de-canted naturally) considering the fact that I was always safe and never had unprotected sex. Nonetheless. Began treatment (completa) in February. June I was undetectable. (Yay). My question is, is it true that you can remain completely healthy (without problems-get cancer or etc) if you take your med, eat fairly well, exercise and workout? I'm just scared that I will have a heart attack or have a seizure, or just die from being on complera a long period of time. Can you tell I'm nervous? my ID Doc said that I'm extremely lucky that we found it fairly soon and it only took a short amount of time to get to undetectable. Would you agree with that? I'm just scared something will go wrong. Also what is your opinion on these so called functional cures? Do you think that they are true. And is it true this Timothy brown guy

really is cured and he has no more of the virus in him? Sorry if I'm being long winded. Just have a lot on the brain. If the biggest challenge is getting the virus out of the reservoirs. If they come up with a solution to do that first step. Once they do. Can't they find something to deplete the virus all together? Because pep takes care of it if you begin within 72 hours. Because it hasn't had the time to get into the reservoirs? Correct. Well if they get the virus up out of the reservoirs? Shouldn't a vaccine along with the med eradicate it for good? I'm no scientist. But just inquiring. Thanks for all your help man.



A Response from Mr. Vergel

Your biggest challenge right now is dealing with your anxiety. Most people go through that phase

at first and then start calming down after they see their viral load going down with treatment. Some remain nervous about future health issues.

I think whoever started HIV treatments after 2006 has a lot fewer chances of having the side effects and long term issues experienced by those of us with 1987-2006 treatment exposure. This is due to the fact that newer HIV drugs were approved that did not affect our mitochondria and that caused huge metabolic issues.

This is my opinion (not proven by long term studies yet). I think people who remain with CD4 cells over 300 -400 cells/ml and have undetectable viral loads will fair extremely well when it comes to aging healthy (assuming they are taking care of themselves).

My best anti anxiety therapy is exercise (and other bodily related pleasures). Also, finding a support group and/or therapist has worked well for many people.

Here are a few tips for exercise and nutrition to stay healthy and in shape:

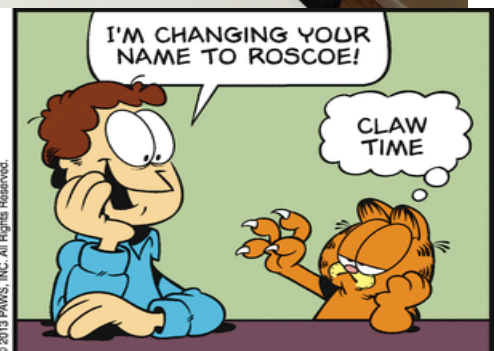
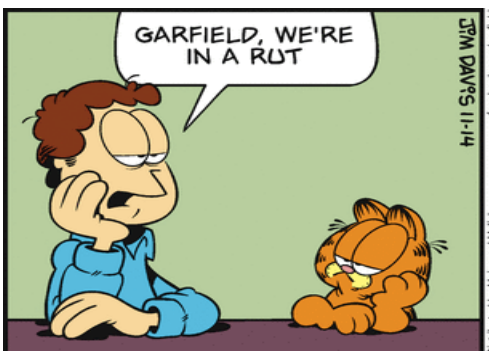
Nelson's Exercise Tips
Mark King makes fun of Nelson's obsession with fiber

By the way, Timothy Brown is really cured. Researchers have poked him regularly to take samples of his blood and tissues for over 5 years and have found no traces of the virus. But he almost died 3 times going through his ordeal. There is a lot of research right now (over 4 conferences cover HIV cure research every year). It will take a few years before we find a cure that is not dangerous or super expensive that will flush our reservoirs of hidden virus and kill all viruses that pop up. I am following a few specific and exciting areas closely right now: What's Exciting in HIV Cure Research?

Please let us know at The-Body.com if you have any questions about your health. HIV sometimes is a great wake up call for many of us to be disciplined about our health.

Halloween, is it a reason?

Does the Open Door Staff really need a reason to dress up????



Open Door CAC is Changing

The Client Advisory Committee (CAC) has been going through some changes lately, and these changes are good ones. In September 2013, Carmen C., Michael B., and Albert A were voted in as new members. The CAC also held elections for a new Chairperson and Secretary. Elected to the new positions were Dean B. as the new Chairperson and Shirley R. as the new Secretary. They will hold these positions for two years. We would like to congratulate the two elected officers and wish them well in the upcoming years along with the whole committee.

The CAC wants to thank the Bryan G. outgoing Chairperson for all of his work and leadership he gave to the CAC in the past two years. We wish him well with what his future endeavors hold.

If you have any questions about the CAC a list of members is

provided along with years of service with the CAC. Please, feel free to talk to anyone or more of the members and I guarantee they will be happy to speak with you.

Chairperson - Dean B - 8 Years

Secretary - Shirley R - 7 Years

Members

| | | | |
|---------------|------------|--------------|------------|
| Albert A. - | New member | Louis H. - | 7 Years |
| Carmen C. - | New Member | Michael B. - | New Member |
| Karen Smith - | 9 Years | Michael L. - | 5 Years |
| Maria P. - | 2 Years | | |

"Undetectable": Safe or Not?

From TheBody.com

This article originally appeared on PositiveLite.com, Canada's Online HIV Magazine.

Positive people, on effective treatment, with an undetectable viral load and healthy immune system, still don't know if they can or can't pass on the virus to their partners. New UK developments suggest that official conclusions may already have been reached.

Recently, the idea that people on HIV medication who are also undetectable (where your viral load is measured at less than 40-50 copies of HIV in every milliliter of blood) might also be non-infectious to others with similar tested levels and a healthy immune system, has naturally got everybody in that situation very excited. There is however, still no definitive proof and although we're assured that proof either way is being worked on, it's going to be some time before that news emerges from behind the locked doors of the research labs.

In the meantime, people with an undetectable status see proven non-infectiousness as a possible, instant solution to many sorts of stigma. If, after indisputable proof, it is widely reported that people on successful treatment are not in danger of passing on the virus, then there is no reason for every sexually active person on the planet not to get tested and if necessary treated because treatment will make you a safe person to have sex with. This is discounting other STDs of course but then you're just as much at risk as any sexual partner of contracting those. If successfully proved, people living with HIV will be seen as living with a chronic illness that is no danger to their partners, pretty much like diabetes patients, cancer patients and others. The world will change over-

night, not only for positive people but for LGBT society as a whole. They won't be able to point accusing fingers at us anymore, claiming we're "unclean," "disease spreaders" and a "danger to society."

It's almost a utopian idea but it may well be only a large-scale research study away. Doctors, scientists and HIV-specialists are already giving the idea some credence; politicians and other social groups ... not so much. The idea that people living with HIV can safely have sex with anyone in the community again, sticks in many a craw, including, astonishingly enough, many HIV organizations, who see it as subversive to all the work they've been doing to promote condom use and safe sex!

The word "undetectable" has already been abused and misused to the point where many claim it to be meaningless. Proof that undetectable means non-infectious, or even proof that undetectable means the possibility of transmission still exists, is essential and you have to ask why research groups across the world aren't moving heaven and earth to get an answer one way or the other. Maybe they are but nobody's telling us.

That all said, there has been a breakthrough in the UK this month which gives a remarkable insight into the way health authorities and government ministries there are currently thinking.

The current ban on health workers in the UK who have HIV, carrying out certain procedures involving possible exposure to blood and fluids, has been lifted! It even hit the breakfast news and made national headlines the same day but it is the reasons behind the decision that have enormous implications for all people living with HIV.

So why has the ban on HIV+ health workers working normally with patients been scrapped?

Remember, this means that HIV positive health workers can deal with contact situations in the same way as all their colleagues and this includes surgery and dentistry. It's a decision that can't have been taken lightly because the ramifications of an HIV transmission from nurse to patient are enormous. You might reasonably assume that they must be sure of their facts.

Both on television and in the press, Professor Dame Sally Davies, England's chief medical officer (second only to the minister responsible for health) explained the decision in refreshing detail, stating that science had moved on and "outdated rules" should be scrapped. She went on to say that modern treatment means that HIV is mostly a chronic condition where people can live long and normal lives. Nothing new so far you might think; but the revolution in thinking is in the details and as she explained:

"At the moment we bar totally safe health care workers who are on treatment with HIV from performing many surgical treatments, and that includes dentists."

Professor Davies continued in a more HIV-friendly tone than we may be used to:

"What we want to do -- and want to get over -- is how society needs to move from thinking about HIV as positive or negative and thinking about HIV as a death sentence, to thinking about whether they're infectious or not infectious."

People with HIV "... are leading lives that are normal in quality and length. With effective treatment, they are not infectious."

The new rules are very straightforward. HIV positive people with a

job in health care must have an undetectable viral load; be on an effective combination therapy and must be regularly monitored by their own specialists (every three months). There is a non-obligatory responsibility for medical carers to get themselves more frequently tested if they feel that have been once again exposed to the virus but again, the professional is being trusted to do the right thing. There will be a confidential (barring memory sticks being left in taxis!) register of infected workers lodged with Public Health England but this registered proof of status is as much to protect the health worker as the patient. No excessive government control or checks; no unreasonable demands and no uncertainty as to what the ruling actually means ... refreshing or what!

It was also pointed out that there have only been 4 cases worldwide of health carers infecting patients, with none in the UK and to hammer home the point, it was suggested that people have more chance of winning the state lottery than being infected by an HIV+ medical health worker.

Professor Davies went even further to educate the public:

"Many of the UK's HIV policies were designed to combat the perceived threat at the height of HIV concerns in the 1980s and have now been left behind by scientific advances and effective treatments ... It is time we changed these outdated rules which are sometimes counterproductive and limit people's choices on how to get tested or treated early for HIV."

DECEMBER EVENTS

- 02 - Substance Use Group 11a-12p (A)
- 03 - Positive MH Group 4p-5:30p (A)
- 04 - Making Stress Work 12:30p - 1:30p (W)
- 04 - Positive MH Group 4p-6p (E)
- 05 - Participation Program Dinner 5p (St. Charles)
- 06 - HIV/AIDS Activity Education Group 4p-6p (A)
- 09 - Substance Use Group 11a-12p (A)
- 09 - Smoking Cessation Group 1p-2p (A)
- 09 - Game Night 4p - 6p (W)
- 10 - Positive MH Group 4p-5:30p (A)
- 11 - Positive MH Group 4p-6p (E)
- 13 - HIV/AIDS Activity Education Group 4p-6p (A)
- 13 - Bingo Positive Support Group 4p-6p (E)
- 14 - Holiday Party 4p-7p (G)
- 16 - Substance Use Group 11a-12p (A)
- 16 - Smoking Cessation Group 1p-2p (A)
- 17 - Newsletter Articles Due
- 20 - HIV/AIDS Activity Education Group 4p-6p (A)
- 23 - Substance Use Group 11a-12p (A)
- 23 - Smoking Cessation Group 1p-2p (A)
- 23 - Game Night 4p-5p (W)
- 23 - Newsletter to Clinics
- 24 - Christmas Eve Clinic's Closed
- 25 - MERRY CHRISTMAS Clinic's Closed
- 25 - Happy Birthday Joanna (A)
- 20 - HIV/AIDS Activity Education Group 4p-6p (A)
- 30 - Substance Use Group 11a-12p (A)
- 30 - Smoking Cessation Group 1p-2p (A)
- 30 - New Years Eve Clinic's Closed
- 31 - New Years 2014 Clinic's Closed
- 31 - Happy Birthday Maria (CAC)

- (A) Aurora Clinic
157 S. Lincoln Ave Rm K
Aurora, IL 60505
- (E) Elgin Clinic
164 Division St, Suite 607
Elgin, IL 60120
- (G) First Congregational Church
321 Hamilton
Geneva IL 60134
- (W) Canticle Place
26W105 Roosevelt Rd
Wheaton, IL 60187

Client Participation Program Continues!!

The staff and Client Advisory Committee at Open Door want to acknowledge and thank clients that actively participate in their own healthcare and well being by, keeping medical and mental health appointments, meeting with a case manager or peer, attending support or focus groups, or seeing the dentist.

Starting in Jan 2014 thru November 2014 clients will have the opportunity to track and be rewarded for taking care of their selves. Client Participation Cards will be available at reception area, through case managers, peers, or at support groups. To fill the card you must attend at least 3 HIV related medical visits, i.e. doctor, nurse visit, blood draw, and 3 other activities i.e.

keeping mental health appointments, meeting with case manager or peer, completing assessments and surveys, attending support or focus groups, or seeing the dentist. After each appointment or activity have a staff member sign the card and indicate the type of activity participated in. When you have all 6 spaces on your card filled turn it in to an Open Door staff member and your name will be entered into a drawing to win a fabulous prize along with the opportunity to be a part of a focus group to help Open Door improve or enhance services offered to clients. You may fill and enter 2 cards. Drawing will take place in the last week in November. We will be picking 5 cards from each clinic

for a total of 10 winners. Prizes to be announced may include debit cards, free local trips, entertainment packages and more.

The program is open to anyone who receives at least one of the services offered at Open Door Clinic. If you just get supportive services from Open Door you can have your own primary care doctor, mental health provider, or dentist sign the card also. Remember your card must have at least 3 HIV related medical visits to qualify. The other 3 can be any combination of services offered. If there are any questions or problems about qualification please direct them to a Peer Advocate available at either clinic.

"Undetectable": Safe or Not?

Continued From Page 5

... What we need is a simpler system that continues to protect the public through encouraging people to get tested for HIV as early as possible and that does not hold back some of our best health care workers because of a risk that is more remote than being struck by lightning. The risk is absolutely negligible, we are talking about people being treated so they are not infectious."

How often do we hear such sensible conclusions from government, or health organizational sources? Little wonder that this decision has been welcomed by LGBT and HIV groups and more importantly, the umbrella organizations of surgery and dentistry.

Are there any further implications for undetectable people living with HIV?

tions for undetectable people living with HIV?

Well, let's put this in context. There's still no definitive proof that being undetectable, on treatment and immune-healthy means no risk of transmission. In world terms, this is also a small step to benefit a relatively small number of people in the UK but it suggests that health authorities are beginning to think differently about the issue.

If health workers are deemed to be no risk to their patients, with all the possibilities of cross infection via blood and bodily fluids, then by definition, non-health workers with the same HIV profile must also be of no risk to their partners. Or is that an assumption too far and wishful thinking? Am I missing something? You can't imagine that

the top health experts in the UK are taking a risk here, based on a mistaken premise; so when will the rest of the world, including HIV organizations and the media, put two and two together and come up with four, instead of five, six, or seven!

Once again, it can't be stressed enough; you can't escape the fact that there's no official, scientific proof. The studies so far have been grasped at by many as being suggestive of proof but they are few and far between and hardly large scale and none have been directed at gay men having gay sex.

So it seems reasonable to surmise; what do the health authorities in the UK know that the rest of us don't?

**IF YOU ARE INTERESTED IN
GETTING THE OPEN DOOR
CLINIC'S MONTHLY NEWS-
LETTER VIA E-MAIL OR
HAVE ANY TOPICS THAT
YOU WOULD LIKE TO SEE
IN THE NEWSLETTER.**

**PLEASE EMAIL ME AT
deanb@opendoorclinic.org**

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