



NEWS & VIEWS

HAVE YOU MET LISA YET?



Name: Lisa V. Guzmán
Title: Medical Case Manager, M.S.Ed

What did you do before coming to Open Door?

I was a full-time gradu-

ate student at Northern Illinois University in Dekalb, studying for my Master's degree in mental health counseling and a certificate in LGBT studies. I also worked part-time at Advocate Good Samaritan Hospital in Downers Grove as a transport associate.

How long have you been with Open Door? I have been with Open Door since mid-August of 2014.

What types of things do you do or would like to do with Open Door? As a medical case manager, I meet with my clients to help them optimize their health & create a comfortable environment which will help them maintain their physical, emotional, & mental well-being. I engage my clients in medical care & help them

through the different services they need, & provide them with the tools & resources they need to get the best care possible. I look forward to growing with this agency in a variety of arenas as well as increasing my knowledge about HIV and AIDS.

Describe your family (define family however you want)? My wonderful parents have been married for over 30 years; while they drive me absolutely crazy at times, I adore them. I have a sister, Jessica, who is 2 years older than me. We have always had a good relationship with one another. She married her partner of 7+ years, Colleen, in late August of this year. Their relationship is one I deeply respect & admire.

What do you enjoy doing in your free time? I like to hang out with my family at home, watching television & eating dinner together. I revel in spending time with my girlfriend, & truthfully, it doesn't matter what we do together, as long as we have that time together. I enjoy going out with my friends, catching up over dinner or coffee. I am trying to read more often to expand my vocabulary. I love to cook & eat! Stemming from that, I am also trying to work out more to maintain a

healthy lifestyle. J

Where is the farthest place from home you have ever been? The farthest place I have been from home is Granada, Spain. I went on a 10-day trip with my parents in November 2008 to visit my sister, who was studying abroad at that time.

What is your favorite food? I don't have just one – I like a variety of food; I enjoy trying new things. I would say pasta dishes, tacos, & pizza are my favorite, though. Clearly not the healthiest, but oh-so delicious!

What's one thing you want to do that you haven't done yet? It has been a major goal of mine to complete a marathon. I was a high school & college athlete, participating in the cross-country and track teams. Although I may not be nearly as active of a runner as I used to be, I would like to get back into that routine & run those 26.2 miles!

Who is the most impactful person in your life or most impactful person on humanity (dead or alive)? This would probably be my sister – over the years, I've come to realize how much of an asset she has been in my life, & I couldn't ask for a better support & friend.

INSIDE THIS ISSUE

2

NO MORE EXCUSES: YOU NEED A FLU VACCINE

3

SERENITY IS POSSIBLE

3

HOLIDAY PARTY

5

EBOLA

5

EBOLA AND HIV/AIDS: SIMILARITIES AND DIFFERENCES

5

NEW SOCIAL ACTIVITIES PROGRAM

6

IT DOESN'T MATTER HOW I GOT HIV

6

CALENDAR OF EVENTS

be part of the 2014
client participation
card program

make the most of your visits to the open door clinic
and get a chance to win prizes and a free dinner

This is your last chance to get your cards signed.
All cards need to be turned in to a CAC member or to ODC staff.
Deadline is November 30, 2014.

Happy Thanksgiving!



NO MORE EXCUSES: YOU NEED A FLU VACCINE

By CDC

Even healthy people need a flu vaccine.

Influenza (flu) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. Even healthy people can get sick enough to miss work or school for a significant amount of time or even be hospitalized. The flu vaccine is recommended for everyone 6 months of age and older. Pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, so getting a yearly flu vaccine is especially important for them.

Is the flu vaccine safe?

Yes. The flu vaccine is safe. They have been given to hundreds of millions of people for more than 50 years and have a very good safety track record. Each year, CDC works closely with the U.S. Food and Drug Administration (FDA), and other partners to ensure the highest safety standards for flu vaccines.

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The most common side effects of flu vaccines are

mild.

The flu vaccine cannot cause flu illness; however, it can cause mild side effects that may be mistaken for flu. For example, people vaccinated with the flu shot may feel achy and may have a sore arm where the shot was given. People vaccinated with the nasal spray flu vaccine may have a stuffy nose and sore throat. These side effects are NOT the flu. If experienced at all, these effects are usually mild and last only 1-2 days.

Even if I get sick, won't I recover quickly?

Not necessarily. Influenza can be serious and anyone can become sick with flu and experience serious complications. But even if you bounce back quickly, others around you might not be so lucky. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease and lung disease are at especially high risk from the flu. Kids, teens and adults who are active and healthy also can get very sick from flu and spread it to others. Some people can be infected with the flu virus but have no symptoms. During this time, you can still spread the virus to others. Don't be the one spreading flu to those you care about.

Can't I wait and get vaccinated when/if flu hits my community?

It is best to get vaccinated before flu begins to spread. It takes about two weeks for the flu vaccine to provide full protection, so

the sooner you get vaccinated, the more likely it is that you will be fully protected once flu begins to circulate in your community.

Flu vaccines can't give you the flu.

Even if you got a flu vaccine, there are reasons why you might still get flu or a flu-like illness.

- You may have been exposed to a non-flu virus before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses that may cause flu-like illness.

- Or you might have been exposed to flu after you got vaccinated but before the vaccine took effect. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.

- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year's vaccine. The flu vaccine protects against the influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.

- Unfortunately, the flu vaccine doesn't provide the same protection for everyone. How well the flu vaccine works (or its ability to prevent flu) can range widely from season to season and also can vary depending on who is being vaccinated.

Don't avoid getting a flu vaccine because you don't like shots.

The very minor pain of a flu shot is nothing compared to the suffering that can be caused by the flu. The flu can make you very sick for several days; send you to the hospital, or worse. For most healthy, non-pregnant people ages 2 through 49 years old, the nasal spray flu vaccine is a great choice for those who don't like shots. Also, there is an intradermal shot that uses a much smaller needle than the regular flu shot. Either way, getting the shot or nasal spray can help to protect you from catching the flu. So, whatever little discomfort you feel from the minor side effects of the flu vaccine is worthwhile to avoid the flu.

You need to get a flu vaccine every year.

You need to get a flu vaccine every year to protect yourself against the viruses that research suggests are most likely to circulate each season. There are two reasons for getting a flu vaccine every year:

a) The first reason is that because flu viruses are constantly changing, flu vaccines may be updated from one season to the next to protect against the viruses research indicates may be most common during the upcoming flu season.

b) The second reason that annual vaccination is recommended is that a person's immune protection from the vaccine declines over time. Annual vaccination is needed for optimal protection.

SERENITY IS POSSIBLE

By Shannon Lane LCSW,
CADC

"Grant me the serenity to
accept the things I cannot
change;

Courage to change the
things I can;

And the wisdom to know
the difference."

This prayer has been
around in various forms for
many years. Though it did
not originate with the 12-
step movement, it is often
associated in addictions
and mental health treat-
ment. The truth is, this
prayer can be used as a
tool in so many of the situa-
tions we find ourselves in.

The first verse asks for
"Serenity to accept the
things I cannot change."
There is a long list of things
that cannot be changed.
The weather, one's past,

other peoples actions,
words and deeds, receiving
an HIV diagnosis or the ef-
fects of drug/alcohol use on
your life, to name only a
few. Concentrating more
on the things that cannot be
changed than on the things
that can causes frustration,
disappointment and depres-
sion and can lead to using
drugs and alcohol. But what
do we do with these things?
They are not trivial by a
long shot and often impact
our lives in challenging
ways.

Let's look at the next
verse, "Courage to change
the things I can." What are
the things that can be
changed? Another short list
I promise—our attitude, per-
spective, preparation, priori-
ties, habits and commit-
ments. This is an important
distinction from above. This
section empowers us to
take control over these

things that can be changed.
The situations listed above
cannot be changed, but the
way we look at them, han-
dle them, and make prepa-
rations to deal with them is
the power that changes the
situation.

The last verse, "And the
wisdom to know the differ-
ence." This wisdom is find-
ing the balance between
letting go and taking action.
Learning the difference and
adjusting accordingly is in
large part one of the secrets
of a more balanced life.

What problems or situa-
tions are requiring your at-
tention right now? What do
you need to do to gain the
courage to carry out neces-
sary actions to make
healthy changes in your
life? Open Door offers a
range of services to assist
you in this inquiry. Open
Door offers support groups

and individual counseling
services, including sub-
stance abuse counseling
services. The support
groups provide a safe and
confidential forum that al-
lows clients to connect with
other people living with HIV.
The support group meets
on Tuesdays in Aurora at
4pm and Wednesdays at
noon in Elgin. Clients in
Aurora, ask about our New
Recovery Rewards Pro-
gram that will meet Mon-
day's in Aurora at 10:00am
and Thursdays in Elgin at
3:00pm (you may win more
than your sobriety by sign-
ing up).

Please call the Aurora
office at (630) 264-1819
x316 for Shannon and x
311 for Diane, or the Elgin
office at (847) 695-1093
x227 for Shannon and x226
for Diane.

Join us as we kick off the Holiday Season!



**Saturday, December 13, 2014
3:00 pm to 7:00 pm**

**First Congregational Church of Geneva
321 Hamilton St Geneva, Illinois 60134**

**PLEASE RSVP TO deanbnewsletter@yahoo.com
OR CALL 630-264-1819 ext 299 / 847-695-1093 ext 299**

EBOLA

By CDC

A person infected with Ebola can't spread the disease until symptoms appear

The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Ebola is spread through direct contact with blood and body fluids

Ebola is spread through direct contact (through broken skin or through your eyes, nose, or mouth) with

- Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
- Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola. Ebola is not spread through the air, water, or food.

Protect yourself against Ebola

There is no FDA-approved vaccine available for Ebola. There is no FDA-approved vaccine available for Ebola. Experimental vaccines

and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness. To protect yourself from Ebola

- DO wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- Do NOT touch the blood or body fluids (like urine, feces, saliva, vomit, sweat, and semen) of people who are sick.
- Do NOT handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles, or medical equipment.
- Do NOT touch the body of someone who has died of Ebola.

What to do if you are exposed to Ebola



Likely host = bats

When is someone able to spread the disease to others?

Ebola only spreads when people are sick.

A patient must have symptoms to spread the disease to others.



If you have traveled to an area with an Ebola outbreak or had close contact with a person sick with Ebola, you may be at risk if you

- Had direct contact with blood or body fluids or items that came

into contact with blood or body fluids from a person with Ebola.

- Touched bats or non-human primates (like

The 2014 Ebola epidemic is the largest in history. This outbreak is affecting multiple countries in West Africa. One imported case and associated locally acquired cases in healthcare workers have been reported in the United States. CDC and its partners are taking precautions to prevent the further spread of Ebola within the United States.

apes or monkeys) or blood, fluids, or raw meat prepared from these animals.

- Went into hospitals where Ebola patients were being treated and had close contact with the patients.

- Touched the body of a person who died of Ebola. You should check for signs and symptoms of Ebola for 21 days
- Take your temperature every morning and evening.

- Watch for other Ebola symptoms, like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
- Call your doctor even if you do not have symptoms. The doctor can evaluate your exposure level and any symptoms and consult with public health authorities to determine if actions are needed. During the time that you are watching for signs and symptoms, you can continue your normal activities, including going to work.

If you get sick after you come back from an area with an Ebola outbreak

- Get medical care RIGHT AWAY if you have a fever, severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
- Tell your doctor about your recent travel to West Africa or contact with a person who was sick with Ebola and your symptoms BEFORE you go to the doctor's office or emergency room. Calling before you go to the doctor's office or emergency room will help the staff care for you and protect other people. For more information: www.cdc.gov/ebola

EBOLA AND HIV/AIDS: SIMILARITIES AND DIFFERENCES

TheBody.com

A strong parallel between HIV and Ebola was drawn by Tom Frieden, M.D., director of the U.S. Centers for Disease Control and Prevention (CDC), at an annual meeting of the World Bank and International Monetary Fund in Washington, D.C.

"In the 30 years I've been working in public health, the only thing like this has been AIDS," he said, as reported by NBC News.

He added, "We have to work now so that this is not the world's next AIDS."

HIV and Ebola are both incurable viruses that trigger widespread stigma, and the similarities don't end there. But there are also significant differences. David Heitz of Healthline News compares and contrasts Ebola and HIV; here is a selection from his analysis:

HIV and Ebola are both viruses. Both emerged in Africa ... neither has a vaccine, and both are fatal if left untreated. Both are carried by host animals and then transmitted to humans, and both may have made that transition when hunters ate bush meat.

Early Attention From Political Leaders

Many top government officials have already spoken openly about the threat of Ebola. President Ronald Reagan did not say the word AIDS until six years into the epidemic.

Transmission

Ebola and HIV are both transmissible via bodily fluids, though Ebola is slightly easier to transmit. Heitz writes:

HIV can only be transmitted through blood or breast milk, or via sexual intercourse, according to the CDC <http://www.cdc.gov/hiv/basics/transmission.html>>>. Ebola is slightly easier to spread, but is still much less transmissible than more common infections like the flu.

The number of fluids that can spread Ebola is greater than those that spread HIV. Ebola can be spread by blood and sexual fluids, like HIV, but also by exposure to urine, saliva, sweat, feces and vomit, according to the CDC. In addition, HIV requires a direct route into the bloodstream, while fluids carrying the Ebola virus can also be transmitted via broken

skin or mucous membranes in the eyes, nose or mouth.

Symptoms

HIV can have a long asymptomatic period, with some people showing no symptoms for up to 10 years, but can be transmitted during that time. Ebola's incubation period is typically shorter than 21 days. Symptoms appear quickly but, unlike HIV, a person must be actively exhibiting symptoms in order to pass the virus along.

Stigma

Daliah Mehdi, chief clinical officer for AIDS Foundation of Chicago, told Healthline that not making a comparison between Ebola and HIV may actually be stigmatizing to those living with HIV.

"We need to stop thinking of HIV as this special, untouchable, unique disease," she said. "Here's something that in some ways mirrors our experience with HIV and could potentially come down the same road. To stigmatize it as one of a kind, we're not taking our collective experience and trying to get best practices out of that, and I think that's a terrible mistake."

When AIDS was first discovered in the U.S. in 1981 among

a group of gay men in Los Angeles, it was labeled "gay-related immune deficiency," or GRID. The idea that only a certain group of people can get HIV led to a lot of the stigma and misinformation around HIV in the early days. Mehdi similarly warned that thinking Ebola will only affect poor Africans and African immigrants will bring about the same results.

Funding

Of course, a lack of funding was one of the enemies of efforts to stem the HIV epidemic in the early days, as well. Scant resources were put into fighting the epidemic by the U.S. government and other nations, and a similar battle over funding is now happening on a global scale.

National Institutes of Health (NIH) Director Francis S. Collins recently told the *Huffington Post* that we would have a vaccine for Ebola were it not for funding cuts to the NIH's budget. Mehdi pushed back on that thought, saying "Is it useful now to sit and point fingers at who made those cuts? What is helpful is to examine how to redirect funding."



DONT FORGET THE NEW SOCAIL ACTIVITIES PROGRAM STARTS NEXT MONTH



ALL YOU HAVE TO DO IS ...
PICK UP A CARD AT ONE OF
THE CENTERS OR ATTEND A
SOCIAL EVENTS. THEN AT-
TEND THE CAC EVENTS
DURING THE PROGRAM
YEAR AND GET YOUR CARD
STAMPED AT EACH EVENT



THEN ALL YOU NEED TO DO IS...
AT THE END OF THE
PROGRAM YEAR TURN IN YOUR
CARDS AND YOU JUST MIGHT
BE ONE OF THE LUCKY FOUR
WHO WILL BE CHOSEN TO AT-
TEND A VERY SPECIAL VIP
EVENT IN YOUR HONOR

IT DOESN'T MATTER HOW I GOT HIV

TheBody.com

I had just opened up to him and told him my deepest, darkest secret. He wasn't the first person I had told, and he wouldn't be the last, but each time I reveal my HIV status, it takes a lot of inner strength and courage. I'm very open and vocal about my status, but even so, saying those words to anyone still messes with my mind.

After the initial awkwardness was over, he asked, "Do you know how you got it?" Wait, what? Did I just open myself up to possible rejection only to be sidelined with an even more private inquiry into my life? He wasn't the first person to ask how I became HIV positive, and his way of asking wasn't uncommon or even in the top contenders for the most insensitive way of asking, but his question led me to cringe, while simultaneously doing a mental eye roll.

I am all about sharing how I became HIV positive, especially if my story will provide a sense of comfort, help someone relate or even educate others. But it's my story to tell and I will tell it at the right place and time, when I decide it's appropriate. If you're someone I am just getting to know, it's completely inappropriate to inquire about that, especially right after I disclose my status. Regardless of how I answer, my response will have an impact on how you view me.

"I just wasn't using protection and being promiscuous." OK, so now I'm a whore. "I became positive because at one point in

my life I used drugs and it either happened through the sharing of needles or unsafe sex." Now I am a drug user and a whore. "My partner cheated on me." Now I'm just an idiot for allowing it to happen. "I'm not exactly sure how or when it happened." Now I am all of the above.

What answer is the questioner looking for? What answer would stop the questioner from casting shame upon me? Opening up and sharing my personal story and history shouldn't be something to shy away from, but for me, the details of how I became HIV positive are nobody's business unless I choose to make it their business. I don't deserve any additional guilt or shame to be thrown my way because of a single moment in my life. For all this person knows, the moment is forever ingrained in my head, or possibly, it has been causing me anguish for years because I have no clue what happened.

A story that involves what many perceive to be a more "non-guilty" answer -- a cheating partner or something similar -- usually immediately elicits the "poor you" pity parade. I also don't need your pity or consulting. If I just came up with the courage to disclose my status, I have obviously already dealt with my emotions enough to be able to utter those words. Shoulder-shrugging while you pat me on the back and tell me it's "going to be okay" won't help me much.

My thoughts here are pure

emotion. They are not bitterness nor are they anger, and they are most certainly not reaching out for acceptance. The majority of you reading this have most likely had this exact situation happen to you more than once. And for those who have been the ones to ask the question, it's OK. Now you understand one point of view that might make you think twice before doing so again.

Shame, when it comes to HIV, comes in many different forms. And they all hurt. For years now I haven't discussed my "how I got it" story at great length. I've always kept it short and simple. I was married, he cheated and that's it. But the truth is, I made the story that simple because I was ashamed of not really knowing how it happened.

Could my story be true? Absolutely, since I have never seen or spoken to my ex since it all ended. Could I have possibly become infected from some unsafe sexual encounters shortly following the end of my relationship? Again, yes, though I had convinced myself those couldn't be the reason as I wasn't on the receiving end of the encounters, and I had reached out to the men and flat out asked them, once I became positive, and was satisfied with their answers. Could it have been the tattoos I had done in a developing country at the time of our relationship? Sure, it could have been.

The truth is, I just don't know, and admitting that causes me

pain. It brings me back to a time in my life when I was so desperate to know the answer to that very same question that someone I just met thinks is OK to ask me.

Everyone who is HIV positive has their own story of how they came to be that way. Whether they choose to tell it, or keep it inside, the hope is that they know their status, stay healthy and are also not ashamed.

NOVEMBER EVENTS

- 03 - Substance Use Group (A) 11a - 12p
- 04 - Positive MH (A) 4p - 5:30p
- 05 - Positive MH Group (E) 12p - 1:30p
- 05 - Positive MH Group (E) 12p - 1:30p
- 07 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 14 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 17 - CAC Meeting 5:30p (G)
- 17 - Newsletter Articles Due
- 17 - Substance Use Group (A) 11a - 12p
- 18 - Positive MH Group (A) 12p - 1p
- 19 - Positive MH Group (E) 12p - 1:30p
- 21 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 24 - Newsletter to Clinics
- 24 - Substance Use Group (A) 11a - 12p
- 25 - Positive MH Group (A) 12p - 1p
- 26 - Positive MH Group (E) 12p - 1:30p
- 27 - Pain Management Group (A) 1p - 2p
- 28 - HIV/AIDS Activity Education Group (A) 4p - 6p
- 28 - Bingo Night (E) 4p - 6pm

- (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

**IF YOU ARE INTERESTED
IN RECEIVING OPEN
DOOR'S MONTHLY
NEWSLETTER VIA E-MAIL
OR HAVE ANY
SUGGESTIONS YOU
WOULD LIKE TO SEE IN
THE NEWSLETTER.
PLEASE EMAIL DEAN AT
deanbnewsletter@yahoo.com**

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