

INAUGURAL EDITION

INSIDE THIS ISSUE:



<i>Introductions</i>	1
<i>Meet the Board...</i> Mike Earnest	1
<i>Project Special Delivery</i>	2
<i>Northern Exchange</i>	2
<i>News Briefs</i>	3-4
<i>Events Calendar</i>	5
<i>"The Back Side"</i>	6

THE GOLDEN HEART OF ALASKA...

INTERIOR AIDS ASSOCIATION

Meet the Board...

Mike Earnest, Chair



Board member since: 2004
Offices held: Secretary (2004-2006), Chair (2006-2009)
Hometown: Memphis, TN

"I am very interested in the work IAA does for HIV prevention and support, as well as drug addiction recovery. I was drawn to volunteer work with IAA because I have seen and experienced first-hand the effects of HIV/AIDS. Coming of age as a gay man in the 80's, I saw friends dealing with the fear and stigma of AIDS, on top of their declining health. While I'm grateful that medicine has helped turn HIV into a more manageable illness, it's still not easy and our work is not done. No one should face an HIV diagnosis alone. I want to do my part to make sure that support is always here for those who need it, for as long as they need it. We're all in this together."

Editor: Sean Hannah

The Story Behind "Project Special Delivery"

In keeping with current models of harm reduction, IAA began a Methadone maintenance and detoxification service for opiate dependent individuals called Project Special Delivery (PSD) in November, 2000.

• **The PSD program gives priority admission to HIV+ persons, injection drug users, and pregnant women.**

• **PSD offers individual, family, and group counseling for consumers and their loved ones.**

• **PSD personnel also provide close case management and aftercare services.**

Controlled substance users, particularly injection drug users, are at greatest risk for new HIV and Hepatitis C (HCV)

infections and transmissions. Education and treatment reduce and often eliminate these risks.

Medicaid and insurance are accepted. Sliding fee scale available.

Intake and treatment fees are due on the day of admission.



"Harm reduction is ego-building not ego-breaking... the aim is to increase self-esteem, self-love, and self-efficacy."

Welcome to the "Northern Exchange"

Alaska's Syringe Exchange Program Harm Reduction Services since 1989

More than a million people in the United States inject drugs. People who inject drugs imperil their health. If they contract HIV, their needle sharing partners, sexual partners and offspring may also be endangered.

One-third of all AIDS cases are linked to injection drug use. For women, 71% of all AIDS cases are due to injection drug use or sex with partners who have injected drugs. Injection drug use is the source of infection for 70% of children born with HIV.

The volunteers who began **NORTHERN EXCHANGE** were individuals with experience in drug treatment and drug using communities. They made the commitment to syringe exchange after they tested 39 active users for HIV and discovered that all of them were HIV-negative. **NORTHERN EXCHANGE** was, and remains, an effort to insure that all injection drug users in Alaska have access to the information and equipment they need to protect themselves, the people they love and their communities.

- Research clearly shows that syringe exchange programs do not lead to an increase in drug use
- In New Haven, Connecticut, needle exchange reduced HIV transmission by 33% within the first 8 months of operation
- In Tacoma, WA, the exchange is the largest single referral source to treatment in that county
- Taxpayers save money if a needle exchange program prevents 1 in 4 new HIV infections

NORTHERN EXCHANGE is a response to the HIV risk reduction needs of the people in our communities whose lives are impacted by drug use. Behavior change is the key to stopping the spread of HIV, but people must have access to information, tools and support in order to make behavior change a reality in their lives. While treatment is a positive choice for some, many others are not ready or do not want treatment. **Those who are not in treatment, or do not believe that treatment is an option, must still have access to potentially life-saving services.**

SYRINGE EXCHANGE IS ABOUT COMPASSION, RESPECT AND SAVING LIVES.



Hours:

**Monday - Friday
8:00am - 4:00pm**

For additional information about syringe exchange in Alaska, contact:

Northern Exchange
PO Box 71248
Fairbanks, AK 99707

For services call (907):
Fairbanks: 452-4222
Juneau: 463-5665

Now What ?

(Reprinted from AIDSmeds.com with permission)

You're HIV positive (HIV+). You've only just learned about your status. OR you've known about it for some time. Whether it's still fresh news that you are beginning to absorb or it's something you have been living with for a while, there are bound to be many situations in your life in which you will be faced with the decision of whether or not to disclose your HIV status – to tell others that you are infected with HIV. In a number of circumstances you will find yourself trying to balance honesty with protecting your right to privacy.

Whom do you feel you *need* to tell? Is there someone you want to tell, but aren't sure what or how much to say? Is there anyone you feel that you *must* tell like a spouse, a partner, or perhaps someone whom you've been dating? What about informing any sex partners you've been with about your status? Perhaps you're having surgery or you're going to be seeing a dentist. Do you have to advise these or other healthcare providers that you're HIV positive? Do they have a legal right to ask you about HIV status or to deny you care if you are HIV positive? Are there any circumstances when you're legally required to disclose that you're HIV positive?

Along with the many thoughts and feelings you will experience while coming to terms with your HIV infection, these are some of the questions and concerns that may arise with respect to disclosing your HIV status. As with so many of the issues about HIV, or many important life decisions, there are no absolute answers that are right for everyone.

It takes time to adjust to being HIV positive. With that in mind, it's a good idea to not rush into disclosing your status without first giving it some thought. Wanting to share this knowledge with someone else is a perfectly natural reaction, especially when it's new to you and you're feeling overwhelmed, vulnerable, and uncertain about your life and your future. The reality is that people with HIV need to be selective about disclosing. They need to be selective about who they tell and when they tell them. This process of selection often involves uncertainty and can sometimes be an anguishing experience.

That old fashioned maxim, "easy does it" is a good approach to consider when thinking about disclosure. Even if you've been living with HIV for a while, you'll likely find situations continuously arising in which you may be forced to think about having to disclose your HIV status. Wanting to tell family members, employers, fellow employees, and friends is very natural. However, the truth of the matter is that it can also create new problems for you. Over the past twenty years of the HIV epidemic, there have been some significant improvements in the general public's awareness about and understanding of HIV issues. Unfortunately, there's still a stigma attached to the whole subject of HIV and to those who have it. Yes, there is more understanding and wider acceptance than in the past, but unsympathetic and prejudicial reactions are still not uncommon in some families, in the workplace, and in social situations.

Latest News from the Centers for Disease Control

AIDS: 'Major Advance' Seen in Revolutionary Gene Therapy

Sun, 15 Feb 2009 - <http://www.afp.com/english/home/>

New data from a Phase II study demonstrates that using gene therapy to treat HIV is beneficial and safe, a research team led by Ronald Mitsuyasu of the University of California-Los Angeles recently reported. Half of the 74 HIV-positive participants in the OZ1 experiment received blood stemcells that had been infiltrated by a crippled virus containing a key gene; the others were given a placebo. The gene encodes an RNA enzyme, or ribozyme, which is designed to block HIV from replicating once it infects a cell. Stemcells are progenitor cells, meaning that when they replicate, future generations will carry the same genetic code. The researchers

wanted to determine whether the novel stemcells, by being shielded from HIV due to the ribozyme, could survive the body's immune defenses and whether the virus, thwarted in attempts to reproduce, would retreat. At 48 weeks, there was no statistical difference between those who received the stemcells and the control group. However, at the 100-week mark, the viral count in the gene group was significantly lower and the CD4 cell count was higher. But the stock of new blood cells in the gene group depleted considerably, the team found. At four weeks, a DNA test found the stemcells were present in 94 percent of participants in the OZ1 group, dropping to 12 percent by week 48 and to 7 percent at week 100. None of the gene group reported any adverse reaction to the therapy. [The treatment] "is safe and has efficacy, albeit modest. It shows the potential of the gene therapy approach for the treatment

of HIV and represents a major advance in the field [it] can be developed as a conventional therapeutic product," the investigators wrote. In an interview, Mitsuyasu said that while the experiment was the second phase in a long, three-phase process to test prototype treatments for safety and effectiveness, he does not plan to put the technique through the final phase. Instead, the team will learn from the experience, modify the technique, and start over. "It's a positive finding for the field and should move the field forward," he added. The study, "Phase 2 Gene Therapy Trial of an Anti-HIV Ribozyme in Autologous CD4+ Cells," was published online in the journal *Nature Medicine* (2009;doi:10.1038/nm.1932).



*"Free
Anonymous
HIV Testing is
available at
IAA"*

HIV/AIDS and African Americans

Of all racial and ethnic groups in the United States, HIV and AIDS have hit African Americans the hardest. The reasons are not directly related to race or ethnicity, but rather to some of the barriers faced by many African Americans. These barriers can include poverty (being poor), sexually transmitted diseases, and stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS or directed at people who do things that might put them at risk for HIV).

When we look at HIV/AIDS by race and ethnicity, we see that African Americans have:

- **More illness.** Even though blacks (including African Americans) account for about 13% of the US population, they account for about half (49%) of the people who get HIV and AIDS.

- **Shorter survival times.** Blacks with AIDS often don't live as long as people of other races and ethnic groups with AIDS. This is due to the barriers mentioned above.

- **More deaths.** For African Americans and other blacks, HIV/AIDS is a leading cause of death.

As the pie chart right shows, in 2005, about half (49%) of the people diagnosed with HIV/AIDS were black (according to information from 33 states). Children are included in these data.

The reality is similar for children: HIV/AIDS affects black children the most. In 2005, 104 (63%) of the 166 children under the age of 13 diagnosed with HIV/AIDS in 33 states were black.

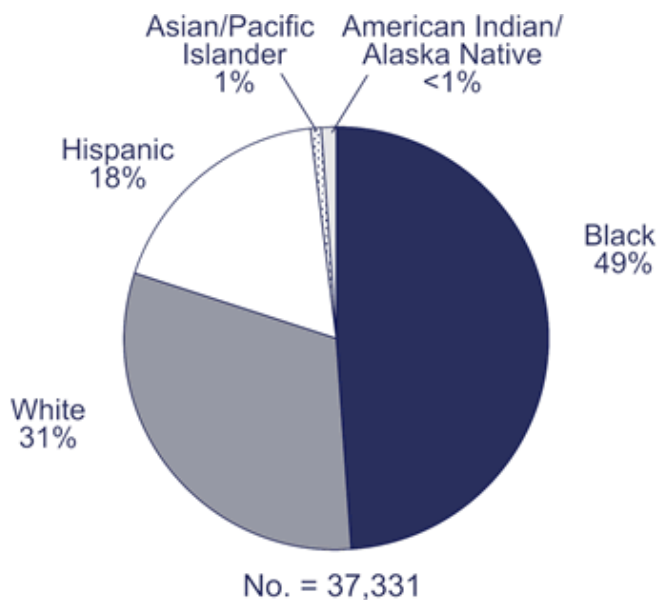
Blacks account for about half of all people living with HIV/AIDS within each sex category. According to information from 33 states, during 2005: among men, 41% of men living with HIV/AIDS were black; among women, 64% of women living with HIV/AIDS were black.

For black men, the most common ways of getting HIV are (in order)

1. having unprotected sex with another man who has HIV
2. sharing injection drug works (like needles or syringes) with someone who has HIV
3. having unprotected sex with a woman who has HIV

For black women, the most common ways of getting HIV are (in order)

1. having unprotected sex with a man who has HIV
2. sharing injection drug works (like needles or syringes) with someone who has HIV



Things You Should Know Before Starting Treatment

As you and your doctor review your blood tests over time, the hardest questions you will face is when to start treatment, and what treatments to take. Before you can answer these questions, you will need to understand two important concepts: "Adherence" and "Drug Resistance." Adherence just means taking your medication the way it's supposed to be taken. It sounds easy, but sometimes it's not. Anti-HIV drugs may need to be taken at specific times of the day, with or without certain kinds of food. It's important to think about adherence, because you probably won't be taking these drugs just for a week or two, but for many years. You'll need to find a combination of drugs that works best for you and your schedule.

And then there is drug resistance. When an anti-HIV therapy is failing, or is not taken properly, the virus begins to mutate. Then the drug becomes even less effective, until finally it stops working altogether. This process is known as drug resistance. It's important to avoid or minimize drug resistance, because resistance to one drug may also produce resistance to other drugs that you have never taken. This is known as "cross resistance." Fortunately, there are tests to measure HIV drug resistance which can help you make your treatment decisions.

March 2009

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4 Bowling Night - 9pm @ Arctic Bowl	5	6	7
8	9	10	11 Bowling Night - 9pm @ Arctic Bowl	12	13	14
15	16	17 	18 Bowling Night - 9pm @ Arctic Bowl	19	20	21
22	23	24 IAA Board Mtg - 6pm	25 Bowling Night - 9pm @ Arctic Bowl	26	27	28
29	30	31	1 Bowling Night - 9pm @ Arctic Bowl	2	3	4

Upcoming Events

- Tanana Valley Fair
- Dining Out for Life - April 30th
Lavelle's
Ivory Jack's (Lunch)
... more to follow
- Pygmy Tundra Buffalo Run -
August 2009 @ Denali Nat'l Park

We Need YOU!!

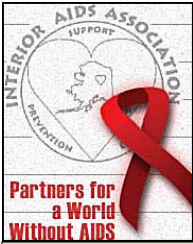
Did you know that IAA depends on grants and donations to provide services?
Please make giving to IAA a priority this year!
Make a one-time or **recurring** donation at:
www.interioraids.org/donate

Did you know?

What is the state tree?

Sitka spruce ~ Spruce needles are usually sharp and four-sided and emit a pungent odor when crushed. The mature cones hang down from a branch, instead of erect like the cones of a fir. Spruces are typically tall and conical, but soil and climate can change their growth pattern.





"The Back Side"

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THE BEAUTY OF THE AURORA BOREALIS!

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INFO@INTERIORAIDS.ORG

DONATIONS ARE TAX-DEDUCTIBLE

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Our Mission

IAA's mission is to reduce the spread of HIV by providing meaningful and effective education and prevention services to individuals and groups who may be at increased risk; and to improve the quality of life for people living with HIV/AIDS by providing early intervention, case management, and other support services.

Funding Sources

The IAA receives funding from a variety of sources including Alaska's Department of Public Health, the Alaska Housing Finance Corporation, the FNSB Community Matching Grant, local fundraisers, and individual donations. If you are interested in more information on the IAA, or in donating time, effort, supplies or funds, contact us.

Program History

Founded in 1988 by a group of concerned Fairbanksans, the Interior AIDS Association, is the only community-based, non-profit organization in interior Alaska that focuses solely on HIV related prevention, case management, and other support services.

The Interior AIDS Association grew out of a recognized need for AIDS education and support services for people with HIV in Fairbanks. In 1987, a friend of many of the founders of the organization fell ill from AIDS. At that time, there were no support services for him or his family. The man died early in 1988, estranged from his family and friends and without adequate emotional, spiritual, or financial support. At this individual's funeral, which was attended by several hundred individuals, the minister said that this person had "gotten what he deserved" and that "his soul was damned for eternity". The family of the deceased was extremely religious, and this statement brought them great anguish and pain. It also angered a great number of the deceased's friends. In response to these feelings of anger, a public meeting was organized to discuss the formation of a group dedicated to AIDS education and awareness and support for people with HIV. After that meeting, about a dozen volunteers began the process of forming an educational and service organization and preparing the paper work to incorporate. In October 1988, IAA adopted its first by-laws and filed Articles of Incorporation.

In the 19 years since the IAA was organized, it has grown from a single-phone "hot line" to an agency that offers comprehensive prevention, intervention, and treatment services to a wide variety of individuals and families. From our first Department of Public Health grant for \$25,000, to our most recent 3-year Alaska Housing Finance Corporation housing grant for \$500,000, we have been responsible, accountable, and willing to learn. The IAA's record of providing top quality, cost-effective programs is well documented.

2009 - The year... in highlights!

- The Interior AIDS Association is working on retooling and redesigning our website to make it more user-friendly... easier to navigate, changes in the layout, up-to-date events calendar and much more!
- Additionally, we're gearing up for our **First Annual Dining Out For Life**® - a fundraising event hosted by local restaurants with a portion of their evening's proceeds going to IAA! Bring your friends and enjoy a great dinner at some of your favorite restaurants! **April 30, 2009...**
- Be sure to check us out at our annual booth at the **Tanana Valley Fair** as we unveil the new look for our space to increase our presence and awareness in the community.

Come check us out!