



# HARK



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### Special points of interest:

- Ask the Doctor with Joan Duggan M.D.
- Support groups. Are they for you?
- What to do with your old and leftover medicines
- Know your Doctor. Meet Doctor Georgescu

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## WE ARE BACK IN PUBLICATION!

It's been a while since we've put one of these out and hopefully we won't have any more interruptions in the schedule. Simply put, the lives of all the folks involved in the creation and publication of HARK had other issues in their lives that had to take priority. And besides proving that we are just regular people with the usual problems, it also clearly illustrates why we need more people from the HIV/AIDS community to get involved, not just in the newsletter, but with the Consumer Advocacy Project (CAP), Consortium, and the Consumer Advisory Board (CAB) at UTMC.

You will find more information on these committees inside, but in a nutshell, these are the oversight boards that work with the medical community and the other community resources that provide for the needs of all us HIV/AIDS folks. CAP and CAB deal with local resources where consortium works on regional and state resources, including where the money comes from for the different programs and how it is best utilized.

This newsletter is meant to be all-inclusive. We promise to make every effort to address the concerns of all groups and communities affected by HIV/AIDS. We will do our best to be objective and include every demographic and every lifestyle, because HIV/AIDS does not discriminate and neither will we. We encourage you to send us your story ideas and let us know what types of issues you may be experiencing. If there is a specific topic you would like to see addressed please don't hesitate to let us know by sending us an email. While we may not be able to get to every single question or issue, we strongly encourage you to drop us a line because the only way we will know exactly what is on your mind is if you let us know.

We also need your help in making sure that all of your events will be listed on our calendar of events. Please send all correspondence to: **Hark-Toledo@bex.net**

J. Kirkpatrick , Editor

## ASK THE DOCTOR

### ANSWERS TO COMMON MEDICAL QUESTIONS BY DR. JOAN DUGGAN, M.D.

**I know my doctor is busy when I go in and so many times, there are things that I want to talk about, but I forget to bring them up or I don't know how to bring them up. How do I get the most out of my doctor visit?**

That is an excellent question! When you are dealing with something as important as your medical care, it is important to have a good relationship with your doctor and his/her staff, so you feel comfortable getting your healthcare needs and concerns met.

*Be prepared. When you go into your doctor's office, have a list of questions that you need addressed written down*

In order to get the most out of your doctor's visit, it is important to do a little bit of planning and homework. The bottom line is that good health is not something that somebody else gives to you – it is something that you work to achieve. Ultimately, you are the one that has to take the medications, or exercise, or diet or quit smoking.

So, in order to get the most out of your doctor visit, I would recommend the following tips:

- Be prepared. When you go into your doctor's office, have a list of questions that you need addressed written down. Many times, patients are embarrassed or don't know how to ask about a delicate subject, so they wait until the doctor is just getting ready to walk out of the door before asking those questions and then there may be limited time to address those concerns.
- Bring all your medications with you to each appointment. An updated medication list is important. Many times, patients forget about a drug or medication given to them by an urgent care center or another doctor during a brief consulting visit, but these medications may have significant drug interactions with the pills that are currently prescribed.
- Take notes. Some people do not want to have any written record of visits to a doctor for HIV available in their house in case somebody stumbles upon it unwittingly. However, if that's not the case, it's often a good idea to write things down, like last CD4 count and viral load, so you know where you stand health-wise. It is also important to keep track of results of important tests, such as Pap smears or colonoscopies and know when follow-up is due for these things.

Understand the goals of treatment. This is very important. You and your doctor are a team trying to achieve good health for you. For example, if you are told to lose weight, have an understanding before you leave the office of what the plan is for weight loss and what a good weight for you is.

Hopefully, some of these tips will ensure a smoother and better doctor/patient office visit.

*If you would like to submit a question for Dr. Duggan, please email it to [hark-toledo@BEX.net](mailto:hark-toledo@BEX.net)*

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## Strange but True... From Thebody.com

**Q.** What is the truth about side-effects of masturbation. I heard people saying that it might stunt your growth, etc.

**A.** Hello, Masturbation stunting growth??? Gosh, if that were true, I'd be two feet tall and working as part of the Lollypop Guild, welcoming folks to Munchkinland. The only side effects of masturbation are feeling great and having sticky fingers. It will not turn you gay. You won't run out of semen. You won't get hairy palms. It won't make your eyesight go bad. It does not cause acne. It won't cause your penis to shrink. Masturbation is normal and it's healthy!

## You Have Something to Offer

“Peer-to-peer” is a fancy way of saying “friend-to-friend.” Over and over again, studies show that we tend to listen to our friends and take on similar actions or behaviors as those around us that we respect. This has also been shown to be very effective when it comes to HIV/AIDS education and transmission prevention. Most of the programs that are developed and approved for use for HIV/AIDS are all based around a “peer-to-peer” approach. Furthermore, studies have shown when enough people with certain characteristics adopt a particular habit or behavior then others with those same characteristics tend to adopt the same habit or behavior. What does this all mean for HIV/AIDS education? It means the more people who practice behaviors that are less likely to transmit HIV, and then the less HIV will spread in our community.

Within Northwest Ohio the majority of newly diagnosed HIV individuals are men who have sex with other men – commonly referred to as “MSM.” In Toledo-Lucas County, MSM account for a staggering 64% of the newly recognized HIV+ people. A variety of factors are leading to this surge within this population of men. For one, many consider MSM to mean “gay.” While MSM certainly does include gay men, it also includes any man who has sex with other men – regardless of how they identify their sexual orientation. Bisexual, questioning, and even straight men are also considered MSM if they have sexual contact with other men. Issues with orientation, societal pressure of how men should act, and much more all influence men into perhaps practicing risky behaviors that put them at risk for HIV (and/or other sexually transmitted infections). Another reason the MSM community accounts for so much of the new HIV infections is our young gay and bisexual youth are engaging in very risky sexual behaviors. There was a time in the early days of the HIV/AIDS epidemic where gay men were on the forefront of education, prevention and of practicing “safer sex.” Additionally, medications today allow for those living with HIV/AIDS to lead much healthier and longer lives. This is truly fantastic! But it also leads as a concern as those of us who lived through the 80’s and early 90’s of the pandemic.

MSM need our help. MSM need your help. In our community, MSM education and prevention is led by AIDS Resource Center Ohio. Their Prevention and Outreach Team Leader, Jared Rose, heads the program in the area works under the name of “Man 2 Man.” As the name implies the Man 2 Man program works with talking to MSM “man-to-man” and based solely on the “peer-to-peer” approach. Understanding and focusing on the fact that MSM will adopt behaviors that their fellow MSM have adopted, Jared and the male volunteers on the program work to channel the MSM community toward less risky behaviors for HIV transmission. The guys do outreach in the MSM clubs, chat online, provide an online educational resource ([Man2ManNWO.org](http://Man2ManNWO.org)), attend various MSM social events, and much more. But there is only so much these guys can do, and that is where *you* come in.



If you are not MSM yourself, but know those who are, then *you* could refer them to the program! If *you* are MSM, then you can help more than you may realize! *You* can relate to the MSM community in the area. *You* can speak to social pressures and sexual practices. *You* can make a difference. And *you* can have fun doing it! Jared and all the men who are reached through the Man 2 Man program focus on meeting guys where they are and this means refusing to speak to people in a “preacher” or “soap box” manner. All of us MSM are in this together, and we can help each other by speaking to each other as peers – speaking to each man-to-man – since we share similar characteristics and experiences. The more of us that help each other, the more successful we can all be at HIV/AIDS prevention and education. Confidentiality within the Man 2 Man program is crucial. One’s HIV status is only discussed if the person feels so inclined to share. Whether HIV+ or HIV- *you* have experiences and knowledge that can help others. The Man 2 Man program helps *you* find a way to channel your resources in helping other MSM.

If you are MSM, then *you* should get involved! *You* can learn more about the program, how to talk to your friends about prevention and education, and investigate getting involved further. To get more details, get involved, or to have someone speak at your organization/group, contact Jared Rose at AIDS Resource Center Ohio at 419.241.9444 ext. 409 or via email at [JaredRose@arcohio.org](mailto:JaredRose@arcohio.org).

## Getting Involved

By J. Kirkpatrick

While there are a great many of us who are classified as long termers or old timers as it relates to HIV, there are more and more people who are turning up positive every year. These HIV freshmen may not know how to handle everything that is about to be thrown at them. There is no book that tells us what is about to happen or how to handle it

and because every person's journey is different we old timers need to support the freshmen. They may be getting all kinds of information from the doctors and various other agencies, but unless those people are positive themselves, they really cannot relate to these newly infected people. That is where we come in. It is our responsibility to show these new people the ropes. We know how we've had to handle the stigma attached to getting this dreaded disease. We know how hard it can be to look for support and acceptance. While



we cannot tell these people how to handle their own personal experiences, we can shed light on what we went through and how we handled it. Whether it be problems with family, employment, friends, getting the proper care or just dealing with personal thoughts, we need to help guide our fellow HIV positives down a healthy path. Some may just need to know they are not alone in their thoughts of disparity and just need a friendly voice; others will need somebody to help them in every aspect of what they are facing. So no matter how you are able to help, whether it is just giving somebody your phone number so they can call you when they have a question or you are there for them to have a shoulder to cry on, **get involved!** While we may not have all the answers, there is a need for your support. It doesn't matter what your sexual orientation is, if you are male or female, what your ethnic background is, or if you have had a history of problems with drugs, you can still help. The only stipulation that is attached to being a part of a support system is that you must be able to **MAINTAIN ABSOLUTE CONFIDENTIALITY**. You may find that you and somebody that attends the support group may have friends in common. That does not mean that if the person knows your status they automatically know the other person's. Remember, privacy is important to everybody. You can find support group information in the calendar section of this newsletter.

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Contact HARK via email at [Hark-Toledo@bex.net](mailto:Hark-Toledo@bex.net)

## Q & A With Dr. Georgescu

An Interview with Sue Carter

Even though everyone agreed that Dr. Donabedian should enjoy a well earned retirement, it was difficult for his many patients to see him leave. He worked in the Infectious Disease (I.D.) Department when the first HIV patient was admitted to the hospital in the mid 1980s. For two decades he was a voice for AIDS Education. He retired in July, 2008.

The staff at U.T.M.C. are so pleased that Dr. Claudiu Georgescu (pronounced George S Q) agreed to join our Ryan White Team. He will help us continue to provide top quality health care to our patients. He opened his practice in August, so many of you have met him but we thought you would like to know a little more.

**H.A.R.K:** Why did you choose to be a specialist in Infectious Diseases ?

**Dr. Georgescu:** When I started my residency, the first attending physician I worked with was an infectious disease doctor. He was young and enthusiastic and in every patient we saw he found something to teach us about; and many of those things were infectious disease related. It was a county hospital and we saw lots of infections and lots of HIV patients. As I did more rotations with I.D. physicians, I became more and more interested, and I learned that the majority of the I.D. docs were extremely knowledgeable in many fields of internal medicine, not only in their specialty. And this brings me to what I like about ID: the variety of infections, the fact that you have to put your mind to work in order to figure out the diagnosis and to solve the problems, it's like a puzzle. HIV especially is always a subject in motion: new medications come out every day and you can do some primary care at the same time.

**H.A.R.K.:** Where did you practice before you came to UTMC?

**Dr. G:** Before I came to the U.S. in 2003, I worked at a military hospital and then at a private practice in Bucharest, Romania.

**H.A.R.K.:** Tell us about Romania.

**Dr. G:** In Eastern Europe, Romania has the only Latin based language because we were conquered by the Romans in the year 100. The population was assimilated so the language is based on Latin and it is very similar to Italian and French. Almost all the other countries in that region have Slavic languages. After WWII the Communists infiltrated all the Eastern Europe governments, due to pressure from the Soviet Union. Soon they became the power and they forced the King to abdicate and flee into exile. The Communists nationalized the country and in 1965 Ceausescu was "elected" president. His economical politics included forcibly moving farmers to the cities, as work force for the newly opened factories (Romania was traditionally agrarian before the 1940s), grandiose construction projects at the cost of destroying historical buildings, an austerity regime imposed to a starving population that worked only to fill the pockets and stomachs of a handful of people that were running the country. His secret police was omnipresent and kept the entire population in a permanent state of fear and terror. In 1989 there was a revolution – thousands of people demonstrated on the streets of the largest cities and over 1000 people lost their lives in the street fights with police and the army, but in the end the Romanian people threw out the Communist party and today Romania is a democracy. I haven't been back for 2 years but my family is still there and we communicate regularly. I was just speaking the other day with a pharmacist who visited Romania and that brought back a lot of memories, about places and things that I miss. (continued on pg.8)

## **Get up and Go**

Nicole Amadio RN, RD

Physical activity and health benefits have been linked together throughout time. But, lack of physical activity is still a major health problem. Most Americans participate in little or no exercise and women tend to be less active than men. Exercise has many health benefits. Moderate exercise increases the use of fat as energy, improves heart function, may help strengthen your immune system and, can reduce stress, anxiety and depression.

What is right for you? Guidelines from the American Heart Association and the American College of Sports Medicine recommend either moderate intensity exercise for 30 minutes for a minimum of five days a week, or strenuous exercise for 20 minutes three days a week. Some examples of moderate intensity exercise are brisk walking at 4.8-6.4 kilometers per hour (3-4 miles), active yard work, and dancing. Exercise with weights (resistive exercises) consisting of 10-15 repetitions should be done at least two to three times a week. People who have never exercised need to work up to this slowly until a goal is met.

The bottom line: Exercise is beneficial to your overall health and wellbeing. There are many other activities that are considered exercise. If you are interested in learning more about exercise and would like to participate in group sessions please call (419) 383-4387. Be sure to talk with your doctor before you start in any exercise

## CRCS

### AIDS Resource Center OHIO

Let's talk  
about SEX!

Free

Counseling by trained, caring professionals at AIDS Resource Center Ohio

*Do you have HIV or any other sexually transmitted diseases?*

*Are you straight, gay, bi, curious, or transgender and sexually active?*

*Have you ever not used a condom at least once during sex?*

*Do you share needles?*

**Call Danielle at 419-241-9444 x 414**

### **Emergence Food Needs**

At the end of the month, do you find yourself short of food? Call 211, that's all, just Dial 211. Ask for the FEED YOUR NEIGHBOR location nearest your home address. The only medical disclosure is if you are Diabetic. They have a special location for diabetic food needs. Also, many area churches have emergence food pantries. Call them first for times and ID requirements **There is no need to go hungry.**

# The Starfish Project

The Starfish Project collects the unused “leftover” medication from patients in the United States who have stopped or changed their antiretroviral (ARV) therapy. All drugs have patient identification removed before they are sorted, labeled, and shipped to partner clinics in Nigeria.

The Starfish Project is dedicated to strengthening the capacity of their Nigerian partners to offer top-rate, comprehensive HIV/AIDS care. This goal is achieved through provider education and the contribution of materials like diagnostic equipment, physical infrastructure support, and, at heart, the HIV medications themselves (including drugs to fight opportunistic infections).

They collect all antiretroviral (ARV) medications, including Protease Inhibitors (PIs), Nucleoside Reverse Transcriptase Inhibitors (NRTIs) and Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs). Please note that they DO NOT accept refrigerated medications or oral solutions. They also collect other medications that can be used to treat opportunistic infections, such as:

Antifungals/Antimycotics (such as Fluconazole, Mycelex, Sporanox)

Antivirals (such as Acyclovir, Famciclovir, Valacyclovir)

Antibiotics (such as Ciprofloxacin, Amoxicillin, Metronidazole)

TB Drugs (such as Rifampin)

Others: Bactrim, Dapsone, Sulfadiazine, Pyrimethamine, etc.

For additional information on how to donate and get a pre-paid Fedex label, please visit their website at: [WWW.thestarfishproject.org](http://WWW.thestarfishproject.org)

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## Returning to Work After being on Disability

Returning to work and feeling productive again can improve your self-image and make you feel better about yourself. Before you start, discuss with your doctor, case manager, partner and/or family members the effects on your health of returning to work and the impact it will have on your disability benefits. Remember -- GO SLOW -- a return to work takes time and planning. Know your options as well as your limitations. Develop a re-entry plan that is realistic and doesn't jeopardize your health -- don't push yourself too much. Don't forget that you must notify the Social Security Administration if you have any earnings. Social Security has special programs that allow you to work and not lose your disability benefits. To find out more about these programs visit: [www.ssa.gov](http://www.ssa.gov).

## Interview with Dr. G Continued from pg 5

**H.A.R.K.:** What brought you to the U.S.?

**Dr. G.:** I heard from a friend that there were openings in the medical field in the U.S. and they were accepting people from around the world. I thought it would be a good opportunity to learn new things. I decided to take some exams and try my best and I was accepted to my first residency in Brooklyn, NY. It was frightening at the beginning because it was a completely different environment than I was used to. I worked in the county hospital. It was very busy, it was overwhelming but I adapted and came to like it. I really enjoyed it.

**H.A.R.K.:** What do you like about your new practice in Toledo?

**Dr. G.:** It's a change from my fellowship. I have more liberty as an attending physician. I can make my own decisions without having someone over me. There's a lot of responsibility that comes with that, of course. I like the city, especially in the summer. My wife and I travelled to Ann Arbor and Detroit and we like the cultural events in the area. In the HIV clinic, I inherited many patients, all of them new to me. Being scheduled 20 minutes is too little time for an initial visit. Over the past 6 months, I met the majority of these patients, learned a bit of their history and it's getting easier now. It's hard for the patients because they were used to having the same doctor for so long. Probably the changes are shattering for some and I'm trying to do my best to help them.

**H.A.R.K.:** What are your goals for 2009?

**Dr. G.:** One of my main goals is to get as many of the patients to undetectable as possible.

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## On a Final note... From the editor

In this time of change and transition of this newsletter, I would like to say a special thank you to the previous editor of this publication Rick Paquette for all his hard work, dedication and time .

As the new editor I welcome any and all suggestions. I also encourage you to tell us what is on your mind. If you have something that you just want to voice and get off your chest send us an email and tell us just what exactly you want to say. If you have an issue with your health care or psychiatric care let us know. If you are having problems with any type of discrimination, we want to know. If you think your doctor needs a special thank you or has done an exceptional job and want to share that with others, let us know. We want to know all the good and bad that you are experiencing and if you send us your thoughts and wish to have them published, we may put them in our future articles in the editorial section (one of our new sections). Please send all of your correspondence to : **Hark-Toledo@bex.net**. If you wish to remain anonymous please rest assured that no identifying information will be published. If you wish to be recognized the please sign your email with your name. We will not publish your email address unless you ask us to.