PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

The Network News
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Issue #142

OREGON HIV/AIDS CASE MANAGEMENT

Save the Date– Monday, March 19th

Dine Out at Hopworks and support Partnership Project and the HIV Day Center

HOPWORKS URBAN BREWERY
PORTLAND, OREGON

Again, this year Hopworks is hosting a pre-Dining Out Kick off event. Make your reservation now **503-232-4677** and remember to **say you are there to support Dining Out** and 20% of your bill will be donated to these two organizations that provide critical services to PLWHA. Thank you Hopworks!!

https://www.facebook.com/DiningOutForLifePortland

https://www.facebook.com/DiningOutForLifePortland#!/events/318956878155579/

Next Meeting

March 13th

9:00-11:30 a.m.

800 NE OREGON St, RM 1D

"WAZI"

VILLAGE LIFE IN KILIMANGARO

WOMEN AND SOCIAL SECURITY

By Alan Edwards Social Security Public Affairs

March is Women's History Month — a time to focus not just on the past, but on the challenges women continue to face in the 21st century.

Social Security plays a vital role in the lives of women. With longer life expectancies than men, women tend to live more years in retirement and have a greater chance of exhausting other sources of income. With the national average life expectancy for women in the United States rising, many women will have *decades* to enjoy retirement. According to the U.S. Census Bureau, a girl born today can expect to live more than 80 years. As a result, experts generally agree that if women want to ensure that their retirement years are comfortable, they need to plan early and wisely.

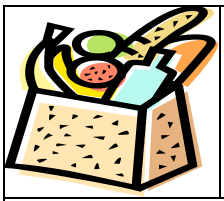
What you can do

The best place to begin is by knowing what you can expect to receive from Social Security, and how much more you are likely to need.

You can start with a visit to Social Security's *Retirement Estimator*. There, in just a few minutes, you can get a personalized, instant estimate of your retirement benefits. You can find it at www.socialsecurity.gov/estimator.

You should also visit Social Security's financial planning website at www.socialsecurity.gov/planners. It provides detailed information about how marriage, widowhood, divorce, self-employment, government service, and other life or career events can affect your Social Security.

If you want more information about the role of Social Security in women's lives today, Social Security also has a booklet that you may find useful. It is called *Social Security: What Every Woman Should Know***.** You can find it online at www.socialsecurity.gov/pubs/10127.html.



ASK Joanne

Joanne Maurice is a dietitian with Legacy Emanuel with over 15 years experience specializing in HIV nutrition

Gluten Intolerance – A Case Study

It is said that gluten intolerance is the new "fad" diet. Food manufacturers are riding the band wagon; the explosion in gluten free products in the past few years is proof that this is the hottest new thing in foods and diets. Five to ten years ago, one would have been hard pressed to find a large variety of gluten free foods, and the choices at that time were not very appealing. Now, it is easy to find a variety of good choices in grocery stores. Many restaurants have gluten free options and menus; while gluten free bakeries offer lots of choices to satisfy any sweet tooth.

Is there something to this? Quite possibly. There are theories that the genetically modified foods could be a contributing factor. Maybe the increased awareness and the ease of finding gluten free options has made more people willing to experiment with this diet change. A trip to the cooking section of a bookstore will reveal an abundance of gluten free cookbooks so you won't have to miss your favorite foods.

What does all this have to do with HIV? It could be a contributing cause to neuropathy, panic attacks, nervousness, headaches, weight loss or gain, malabsorption of vitamins and minerals, skin rashes, muscle weakness and pain, just to name a few of the symptoms. Obviously, there are many cases when the cause is easy to identify, but there are times when it is not. It is also something often missed or overlooked by providers. The following case study is real; when the answers were not easy to find.

Mr B had been HIV positive for only about 4 years, and had experienced some of the usual side effects when taking the cocktails. One year, on Jan 2nd, he experienced intense pain in his right arm; within a few hours it moved to the left arm. He was told to go to the ER, where the pain escalated. In 24 hours the muscle aches and pains became excruciating. It reached the point where no one was able to touch him without him screaming from the pain. The MRIs and blood work all showed nothing. The providers guessed that possibly he may have had a stroke, but still nothing could account for that kind of pain. He slept on ice packs to try and numb the pain. The pain triggered seizures. Migraines and palsy soon followed. He was given multiple prescriptions for pain, depression, anxiety, sleep, neuropathy, etc. In the span of a few months, he went from a highly functioning professional to being confined to a wheelchair finding it hard to communicate and follow conversations. When I met him, he was in hospice care thinking he had less than a year to live. He hadn't walked unaided for about 9 months. He was bed bound for weeks at a time and needed assistance to feed himself. The entire time his CD4 remained close to 400.

I entered the picture when a friend of his called me because they felt they had explored all the other options and a dietary cause was their last hope of finding some answers. A series of questions led me to believe that gluten intolerance may be part of the problem. I explained the basics of a gluten free diet and suggested that he give it a try for a few weeks to see if he felt any better. At that point he said he'd eat rocks if there was any possibility it would help. He started by not eating the obvious sources of gluten, i.e. bread, cereals, cookies, cakes, pasta, and focused more on eating fruits, vegetables, plain meats, rice.

The turn- around was nothing short of amazing. Within a few days he felt like his head was clearing and the strength was returning to his legs. Within two weeks he was able to walk around with only minimal aids. Within a month the wheelchair was put in the garage. As the months went by, he was able to get rid of many of the pain medications, the medications to treat neuropathy, and to manage his moods and anxiety. His strength returned along with his mental capabilities.

Less than a year after going off gluten, he purchased a small camper van in hopes of traveling, and to use as a safe house, since his sensitivity to gluten was extreme. He felt some symptoms when close to gluten foods, and could tell with a kiss when his wife had been eating gluten foods. One year after becoming completely gluten free, he traveled through 5 states on a journey to rediscover himself after being so sick for so long. Somewhere in California, he pulled over to a trail and hiked to the top of the hill/mountain.

This case illustrates that gluten intolerance does not present as only stomach and gut problems. It can be a factor in nerve pain, muscle weakness, anxiety, ADHD, panic attacks, problems staying warm, depression, etc. He is also not alone in what he went through. I have met others who have experienced nearly the same symptoms, a few to the extreme extent that he exhibited. One provider once remarked that he couldn't believe it could be that simple. Sometimes the answer is not in a pill – it could be in the food you eat.

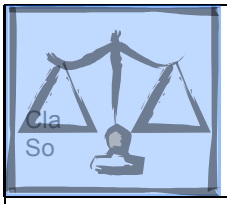
The 2012 LGBTQ Meaningful Care Conference
Friday, March 30, 2012
The Lloyd Doubletree Hotel in Portland, OR

The 2012 LGBTQ Meaningful Care Conference is a day-long LGBTQ (lesbian, gay, bisexual, transgender, queer) cultural competency training for healthcare and social service professionals in the Pacific Northwest designed to share current best practices and develop and diversify networks of providers for the LGBTQ community in our region. Chaired by Portland Mayor Sam Adams and Multnomah County Commissioner Deborah Kafoury, this year's conference will feature Shane Snowdon, founding Director of the UCSF Center for LGBT Health & Equity and Project Advisor to the recently released Joint Commission LGBT Field Guide for Hospitals as the keynote speaker.

Continuing Education Units and Continuing Medical Education credits will be available for interested attendees.

For more information, or to sponsor this event, please visit our website,
http://oregonlgbtqhealth.org/mcc

http://www.facebook.com/events/169527029825372/



This Column is provided as a public service by Attorney Sarah Patterson (www. Sarahpattersonlaw.com), by Email :Sarah@sarahpattersonlaw.com, (503) 281-4766. Sarah is a lawyer in private practice and represents claimants with HIV and AIDS in Social Security and SSI disability cases and is not associated with the Social Security Administration.

Use of Hands Vital to Most Jobs

The dexterity of the dominant hand can be enough to tip the scale in favor of the claimant.

Sometimes it is the accumulation of small things that renders a person unable to work. Imagine trying to work with one hand out of commission from pain: nearly every job requires full use of the hands.

Anyone working with a patient who has “manipulative limitations” caused by injury or pain needs to be aware that this can be a significant component of a disability claim. While it is more obvious in situations like carpal tunnel syndrome or a specific hand or wrist injury, it can be important even when it is not the primary disabling condition.

Social Security law says that in order to do even unskilled, sedentary work a person must have good use of both hands and the fingers - this is called “bilateral manual dexterity.” Any restriction in a person’s ability to handle, pick up or finger small objects is key in the disability decision. It means the person can’t write, dial, use a keyboard, carry objects or files, open drawers. They might drop things.

Claimants routinely have conditions that restrict the amount of lifting they can do. A person who can lift and carry even 10 pounds for most of the day may still be found capable of sedentary work, under Social Security regulations. However, the addition of the manipulative/dexterity constraint, particularly of the dominant hand, can be enough to tip the scale in favor of the claimant.

More general medical conditions like arthritis, fibromyalgia, and chronic fatigue may also include hand, arm and shoulder pain. Often when Social Security is collecting information on these illnesses from a claimant, the focus is only on lifting, standing and sitting limits. Careful medical record development is very helpful in the decision making process. Soliciting this specific information from treating medical sources can be vital.

These manipulative limitations may sometimes be viewed as a minor problem in the context of some greater disease process and thus go unmentioned. For example, if a patient is being treated for breast cancer, the focus may be entirely elsewhere.

When the right questions are asked of the medical provider, however, a clearer picture may emerge. Does the person have pain in the dominant hand? Is the pain increased by repetitive use? Although someone may be able use the painful hand for a task once or even five times, can this be done on a continuous, repetitive basis for an eight hour work day, five days a week? What is the effect of such an activity level on the person’s overall condition?

Visit Our Web site and Blog

Our web site and its blog are full of information, relevant articles about Social Security disability, and a spot to ask for our help. Keep us in mind if you’d like a short training on any topic of Social Security Disability law. And remember that initial consultations are free. Encourage your clients to think locally when it comes to choosing a lawyer.

MEDICARE PART B DEADLINE APPROACHING

By Alan Edwards
Social Security Public Affairs

If you didn't sign up for Medicare Part B medical insurance when you first became eligible for Medicare, you now have an opportunity to apply — but time is running out. The deadline for applying during the general enrollment period is March 31. If you miss the deadline, you may have to wait until 2013 to apply.

Medicare Part B covers some medical expenses not covered by Medicare Part A (hospital insurance), such as doctors' fees, outpatient hospital visits, and other medical supplies and services.

When you first become eligible for hospital insurance (Part A), you have a seven-month period in which to sign up for medical insurance (Part B). After that, you may have to pay a higher premium — unless you were covered through your current employer's group health plan or a group health plan based on a spouse's current employment. You are given another opportunity to enroll in Part B during the general enrollment period, from January 1 to March 31 of each year. But each 12-month period that you are eligible for Medicare Part B and do not sign up, the amount of your monthly premium increases by 10 percent.

There are special situations in which you can apply for Medicare Part B outside the general enrollment period. For example, you should contact Social Security about applying for Medicare if:

- you are a disabled widow or widower between age 50 and age 65, but have not applied for disability benefits because you are already getting another kind of Social Security benefit;
- you worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program and became disabled before age 65;
- you, your spouse, or your dependent child has permanent kidney failure;
- you had Medicare medical insurance (Part B) in the past but dropped the coverage; or

you turned down Medicare medical insurance (Part B) when you became entitled to hospital insurance (Part A).
You can learn more about Medicare by reading our electronic booklet, *Medicare* at www.socialsecurity.gov/pubs/10043.html. Or visit the Medicare website at www.medicare.gov. You may also call Medicare at 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048).

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This issue, and issues from Feb 2002 on, can be found electronically at http://www.oregon.gov/DHS/ph/hiv/services/news.shtml