



PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

The Network
News
2012
November Issue #151

OREGON HIV / AIDS CASE MANAGEMENT



Next Meeting
December 11th

Planning for 2013

Come with topics you are interested in learning more about

“Getting to Zero”

What does that mean to you? How can you make that happen? Is that even possible? The answer is YES, there are many things each of us as individuals can do to make this happen and yes, at this point in the pandemic it is possible for us to make the end of AIDS a reality.

But how you may ask? One easy way is to know your status. When was the last time you were tested for HIV? When was the last time your provider asked if you wanted to be tested for HIV during your annual exam? If they are not asking you, you ask them for an HIV test for yourself and ask that they ask every patient they see.

A couple of weeks ago, the U.S Prevention Services Task Force published a draft recommendation that all adults from 15-65 years be screened for HIV. There is a public comment period on this recommendation until December 17th. This is a huge step in the right direction towards identifying more people who are living with HIV/AIDS, normalizing testing and reducing stigma associated with testing for HIV and being HIV+. Consider providing your opinion and encourage others to do the same.

You can do so by going [here](#).

On this World AIDS Day, take pause to honor all that you have done to help your community in “Getting to Zero” and all that is possible in the coming months and years to make “Getting to Zero” a reality.

Julia Engel-Murphy, LCSW

Partnership Project Director



ASK Joanne

Joanne Maurice is a dietitian with Legacy Emanuel and Multnomah County HIV Clinic with over 15 years of experience specializing in HIV nutrition

Food Safety

Food safety – kind of a boring topic, but one that really needs to be stressed for the holiday season. Maybe you just shrug your shoulders and think it is not that big of an issue, you don't need to worry, you know the rules, etc, etc. But if you have ever really gotten a food borne illness and have heaved up your guts every half hour for 13 hours, you get huge shift in your attitude about the importance of being safe. So, just how safe are you?

If you go out to eat, take a look around the restaurant you plan to eat at. Does it look clean? Give it the bathroom test if you can. If the bathroom is trashed, walk away. Employees washing their hands properly after using the restroom is one of the best ways to prevent a food borne illness. If the bathroom is a mess I would wonder if the employees take cleanliness (and thus food safety) very seriously.

Oregon, at this time, does not require food handlers to wear gloves when handling food. It will in time, but right now it is still legal to handle food with bare hands. That really makes you think about the bathroom – right?! What is the big deal about touching unwrapped food with bare hands? Staph is one of those organisms that lives on the skin. It's EVERYWHERE! It also likes warm temperatures and will start multiplying quickly. Staph symptoms include the terrible 3 – nausea, vomiting, diarrhea which can last for a day or two. Starchy foods, meats, cheeses that have been sitting at room temperature for more than 2 hours are prime targets for staph. Bottom line – check out the bathrooms, see if the kitchen (if you can see it) looks clean, and watch how your food is handled. If the kid behind the counter just scratched his nose, touched his face, scratched his head, etc. it is OK for you to 1) ask them to start over and wash their hands before touching your food, 2) wear gloves 3) give you a new product if you feel your food might have been contaminated.

Be very aware of the time food is allowed to sit out at room temperature, and even more aware of the time it takes to cool food down before it can go into the freezer or refrigerator. Foods like meat, cheese, eggs, custards, dairy, mayo based salads, hot foods, should not be kept at room temperature any longer than 2 hours. If you feel you need to keep your cheese and meat tray out the entire night of the festivities, then make sure you keep the serving dish or platter, nested in a bed of ice, to keep it cool enough.

When taking care of leftovers, large quantities of soups, stews, casseroles, or whatever the concoction is, need to be divided into smaller containers so that the food is only 3 inches deep. Nest the pan/pot, container in a larger pan of COLD water, (doesn't really need the ice), and stir frequently. This will allow the hotter food in the middle to come out to the sides of the container for cooling. If you want to cool the food down in the large pot you cooked it in, that's possible, as long as you still nest the large pot in the (clean) kitchen sink filled with COLD water. Again, stirring frequently. You may need to replace the cold water a few times, but this is a very effective way to cool foods down in about 15 minutes. Please, DO NOT stick the large pan of _____ whatever, into the refrigerator. It will take the food in the middle of the pot too long to cool down, giving those bad food bugs the perfect setting to grow and multiply and make you horribly sick.

A little extra effort this season should help keep it jolly.



Young Adult HIV Peer Support Group Winter 2012-2013 Schedule

December discussion:

All you need to know about sexually transmitted infections

January discussion: Stigma and HIV

February discussion: Online Dating

Connect with other HIV + young adults in a comfortable, small group setting.

Share support and information about issues such as navigating relationships, work, school, disclosure, and more.



When? **Every 2nd Monday of the month from 4:30pm-6:00pm**

Where? **Central Drugs: 538 SW 4th Ave, Portland**

Hungry? **Pizza & drinks provided each meeting**

Interested? **RSVP requested**

Contact Partnership Project facilitators:

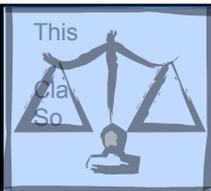
Paolo Galullo, SW Intern: galullo@ohsu.edu (503) 230-1202 x 245

Lisa Steeves, LCSW: mitcheli@ohsu.edu (503) 494-6516

THANK YOU to Central Drugs for donating the space and food for this group.

Feeling lucky?

If you attend, enter to win a Holiday Gift Bag we'll be giving away at the event!



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.

How Can Providers Help Disability Claims?

Find out what is new in the world of Social Security disability for 2013.

A TURBULENT 2012 draws to a close, bringing the curtain down on campaigns and setting the direction of the Ship of State for the next four years. There is always a lot of talk about Social Security, but policy changes move slowly no matter who is in charge in Washington.

WHEN ALL IS SAID and done, Social Security lumbers along, getting some things right and many things wrong. It remains an important safety net for the vulnerable and our job is to make it work the best that it can.

AS ALWAYS, THERE have been some changes in the law and procedures that you need to know about to make it work well. The stunning fact is that people can still spend two to three years, without income, applying for disability. What can we do to help speed that process? We can take that case off your desk and make it our own job to get it right.

- Our office regularly provides FREE IN-SERVICE TRAINING, or talks to organizations and groups. We can explain how the system works, where it doesn't.
- Nationally 65% of initial applications are denied. DISABILITY APPLICATIONS ARE UP 30% over the past two years. The entrenched delays mean it is important to get it right from the start.
- WE ARE LOCAL. We know how things work around here. Social Security is a huge machine with creaky gearshifts that are lubricated by providing the precise information required, in the form needed. With the move to electronic records at Social Security, the human touch becomes more important. A well-presented claim can shave off years of waiting time.
- The LIST OF COMPASSIONATE ALLOWANCE diseases was again expanded this year. Correctly presented claims can get a decision within two weeks.
- The regulations on FIBROMYALGIA CASES HAVE BEEN IMPROVED for claimants. Let us explain how this can help

Do you have a client in need of advice on social security disability?

We can meet with groups of potential clients in your office setting - please call our office to make arrangements. Much of our work can be done by phone and mail if it is a hardship for a client to get to our office this can help.

SOCIAL SECURITY HELPS PEOPLE WITH HIV/AIDS

By Alan Edwards
Social Security Public Affairs

December 1 is World AIDS Day.

If you have HIV/AIDS and cannot work, you may qualify for disability benefits from Social Security. Your medical condition must be serious enough to prevent you from working for at least 12 months or expected to result in death.

We pay disability benefits under two programs: the Social Security disability insurance program for people who paid Social Security taxes; and the Supplemental Security Income (SSI) program for people who have little income and few resources. You may qualify for one or both of these programs.

The easiest and most convenient way to apply for disability benefits is online, at www.socialsecurity.gov/disability.

We process all applications we receive from people with HIV/AIDS as quickly as possible. Social Security works with an agency in each state called the Disability Determination Services.

The state agency will look at the information you and your doctor give us and decide if you qualify for benefits. We can pay you SSI benefits right away for up to six months before we make a final decision on your claim if:

- You are not working;
- You meet the SSI rules about income and resources; and

Your doctor or other medical source certifies that your HIV infection is severe enough to meet our medical eligibility rules.

You can help speed up the processing of your claim by having certain information when you apply. This includes information about:

- The names and addresses of any doctors, hospitals, or clinics you have been to for treatment;
- How HIV/AIDS has affected your daily activities, such as cleaning, shopping, cooking, taking public transportation, etc.; and

The kinds of jobs you have had during the past 15 years.

If you or someone you know has HIV/AIDS and is unable to work due to their condition, read our publication *Social Security For People Living With HIV/AIDS*. It's available at www.socialsecurity.gov/pubs/10019.html#a0=7.

This newsletter is published by
[OHSU/ Partnership Project](#).

Our thanks to Kim Lewis and Myrna Walking Eagle for their patient proofreading, Barbara Danel for website posting and Annick Benson for distribution of the newsletter.

The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to:

Julia Lager-Mesulam at lagermes@ohsu.edu,
or call (503) 230-1202, FAX (503) 230-1213,
5525 SE Milwaukie Ave. Portland, OR 97202

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