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Healthcare Reform - Under Fire

Many viewed the results of the November midterms as a rejection of President Obama's far-reaching social reforms—or at least their cost. When the votes were counted, Republicans had taken control of the House of Representatives and gained seats in the Senate, although they remained a minority in that chamber.

Republican lawmakers wasted no time in restating their intention to roll back much, if not all, of the president's Healthcare Reform Act passed earlier this year.

According to the New York Times, House Republican Whip Eric Cantor of Virginia described the strategy this way: "If all of Obamacare cannot be immediately repealed, then it is my intention to begin repealing piece by piece, blocking funding for its implementation and blocking the

issuance of the regulations necessary to implement it.

"In short," Mr. Cantor said, "it is my intention to use every tool at our disposal to achieve full repeal of Obamacare."

In a hopeful counterpoint, Senator Tom Harkin, the Democratic leader of the Senate's health committee, stated he will fight any attempt to defund the law or repeal its consumer protections. House Republicans are poised to make that as difficult as possible.

Implementing the Healthcare Reform Act will cost tens of billions of dollars. By blocking those funds, House Republicans can force Senate Democrats into a difficult decision: either delay any implementation of Healthcare Reform or compromise with Republicans who want to repeal certain provisions of the law.

Among the provisions that may be on the chopping block are the \$11 billion earmarked for community health centers like Callen-Lorde. The Healthcare Reform Act included this funding along with a mandate to community health centers to serve 20 million more low-income people, many of whom will gain insurance coverage under the law. How community health centers will be affected by the leadership of House Republicans remains uncertain.

What does seem clear is that Democratic lawmakers now have a real fight on their hands. The celebration over 30 million or more previously uninsured Americans gaining access to basic affordable health care—something that should be a moral no-brainer—might be over before it's even begun.

—By Tom Tricoli

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Internet Spotlight **ON**

In 2007, self-proclaimed "cyber-activist" Robert Breining launched POZIAM, a social network for people infected and affected by HIV/AIDS. POZIAM enjoys the diversity of over 2,000 members in over 40 countries. Members of POZIAM can get as much out of the site as they put in to it. You can create a custom profile, start a blog, have discussions, trade information, ask questions. You can chat with and IM members, some of whom are recently diagnosed, others who are long-term survivors. POZIAM also links to POZIAM radio, an internet radio show sharing positive stories from positive people.



www.poziam.org

A Closer Look

FDA Approves Egriffta

The U.S. Food and Drug Administration (FDA) has approved Egriffta (tesamorelin for injection), a synthetic analogue of growth hormone releasing factor, as the first and only treatment indicated to reduce excess abdominal fat in HIV-infected patients with abdominal lipodystrophy.

Egriffta doesn't treat all kinds of fat gain—it focuses on reducing fat gain in the belly area—but it is the first treatment for a problem that has been plaguing HIV+ patients for many, many years.

According to some studies, it's

estimated that anywhere around 25-35% of patients that are currently on antiretroviral (ARV) therapy have experienced pronounced or unusual fat buildup in the abdominal area.

Studies of patients treated with Egriffta showed a 17-18% reduction in belly fat

While more studies are underway, ARV therapy and HIV infection seem to be the cause of this problem. Prior to FDA approval, studies of patients treated with Egriffta showed a 17-18% reduction in visceral belly fat. Body image was also studied, with patients themselves having to answer questionnaires. Patients were

able to say that body image, what's called "body image distress" or "belly profile," improved more with Egriffta use than with a placebo.

Egriffta is a self-administered drug, with patients giving themselves a small subcutaneous injection into the belly or abdominal region, very much like a shot of insulin. Preliminary studies seem to show that Egriffta reduces so-called visceral fat. Results didn't show any significant changes in limb fat, nor in terms of subcutaneous fat. In other words, the drug seems to shrink your belly without shrinking you.

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Callen-Lorde Community Pharmacy: Open For Business

It's been a long time coming, but the Callen-Lorde Community Pharmacy is completed and finally open to serve you.

As of this writing, the pharmacy is open for self-pay, private insurance and ADAP clients. The pharmacy is still awaiting Medicaid certification. Callen-Lorde's arrangement with CVS/CarePlus will continue only through December 15, 2010, but as always, patients can opt to use the pharmacy of their choice.

The pharmacy operating hours are comparable to Callen-Lorde's daytime and weekend schedule.

Extended evening hours are available, but limited to patients already in the building after closing.

You can also begin requesting refills using the toll free automated phone line (877) 436-3452 or order them online by following the pharmacy link at the Callen-Lorde web site.



For information or updates regarding Medicaid certification, please visit www.callen-lorde.org or call 212-271-7260.

Patient to Person ...

With the recent suicides and bullying running rampant in our community, we feel compelled to inform everyone reading this newsletter, if you're in crisis or know of someone who needs assistance, there is help out there.

As a minority population that deals with life differently

than our heterosexual counterparts, we face daily trauma for being ourselves. Many gays live in fear of exposing their sexuality to friends, family, and co-workers for fear of being victimized or rejected.

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Notes From the CAB Chair

First and foremost, on behalf of the entire Community Advisory Board I wish to extend our sincerest thanks to our former chair and continued member James P. for going above and beyond. Under his leadership and direction the CAB has accomplished a great deal. Well done Jim! As we embark on a new session, it is my hope as the incoming chair to continue improving on the progress made and further execute the goals set for the coming year.

One of our top priorities is to ensure the Callen-Lorde vision and mission remains unchanged. It is also our strong desire that the Callen-Lorde continues to “Treat People Like People,” as they often say. Our role in the CAB is not only to work alongside management and staff, but also to provide important and valuable input, ideas, suggestions, and solutions regarding the various programs and services available at the facility.

Callen-Lorde has grown at an amazing rate. During the last few months, we have all witnessed some fantastic and positive changes around the building. We have now a new pharmacy, a comfortable phlebotomy area, and many additional exam rooms. Yes, Callen Lorde is expending in order to continue meeting the increased demand for additional services. With St. Vincent’s closing, Callen-Lorde has seen an increase of 30% of new visits. This can translate to a very large number of new patients. Last year alone Callen-Lorde attended to 60,000 patient visits and so far this year the number is expected to be close to 80,000!

Please keep in mind that the providers, Care Coordinators, Patient Advocate, Adherence Nurse, the Outreach team, and the entire staff here are compassionate, caring, and

attentive to your needs. They are working hard every day to improve and provide all with the best possible available care. In turn, I will ask that you be considerate, courteous and patient when arriving, waiting, or late for an appointment.

Over the upcoming months, the Community Advisory Board has plans to try and meet with as many patients as possible to get your opinions.

We believe every one has a voice—it should be heard.

In closing, I will quote our former chair: “This is our way to communicate and talk to you.” I sincerely hope that you will the time to talk to us and to give us your feedback.

—By Archley P., CAB Chairperson

Patient to Person ... (Continued)


However, with the strong network of free services in the New York City metropolitan area, you don’t have to endure pain and struggle alone.

Health Outreach To Teens (HOTT) is a comprehensive program available here at Callen-Lorde designed specifically to meet the medical and mental health needs of lesbian, gay, bisexual, transgender, and questioning adolescents and young adults ages 13-24. HOTT’s mental health services include individual counseling to help patients struggling with gender or sexual identity, depression, anxiety, or physical, sexual, or emotional abuse.

The LGBT Center located on West 13th Street has a vast network of groups that specialize in care; all free of charge to any gay, lesbian, transgender, or queer-identifying human being. The Center’s YES (Youth Enrichment Services) program is open to lesbian, gay, bisexual, transgender, and questioning young people between the ages of 13 and 21. Everything in YES is free and confidential.

Gay Men of African Descent (www.gmad.org) has a youth program and a powerful mental health counselor specializing in the needs of the gay community

You don’t have to hide behind doors, or be ashamed of your sexuality. Seek therapy from any of the resources listed here. Suicide should never be an option, and if you are a victim of bullying, please ask for help. There is plenty available. —By David S.



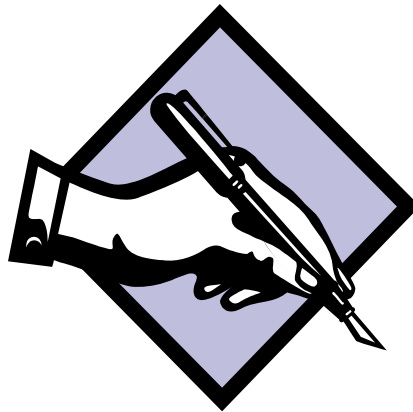
The Trevor Project

The Trevor Lifeline
866 4-U-TREVOR
 866 488-7386

If you are a youth who is feeling alone, confused, or in crisis, please call The Trevor Lifeline at 866-4-U-TREVOR for immediate help.

P2P Newsletter Needs You!

We are looking for submissions from patients for future issues of the newsletter. Poems, photography, comic strips, story ideas or anything created by you that would be of interest or related to HIV+ affected or infected individuals. We are also interested in your comments and criticisms in an effort to make the newsletter better, more helpful and informative. Email us at CABNewsletter2010@gmail.com. Please note we cannot respond nor offer advice on medical issues, treatment needs or doctor referrals. Please refrain from sending your own or any one's private confidential medical information.



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is written and developed by the **Callen-Lorde Community Health Center HIV Community Advisory Board (CAB)**. The mission of the CAB is to provide input regarding program design, service delivery, patient advocacy, and gaps in service relating to HIV prevention, treatment and HIV primary care programming at Callen-Lorde. The CAB meets monthly 9 times a year (summers off). For more information about the HIV CAB, contact Jonathan Santos Ramos, Director of HIV Services at (212) 271-7134.

Egrifta — A Closer Look (continued from page 2)

At this time it is unknown if reducing the amount of visceral fat as a result of lipodystrophy will result in a decreased risk of cardiovascular disease in aging HIV+ patients, however visceral fat has been associated with being a possible risk factor, along with high cholesterol, in patients experiencing cardiovascular difficulties.

Before requesting treatment with Egrifta from your healthcare provider, here are some things to keep in mind:

Who should not use Egrifta?

Do not use Egrifta if you:

- have pituitary gland tumor, pituitary gland surgery, or other problems related to your pituitary gland.
- have or had a history of active cancer (either newly diagnosed or recurrent).
- are allergic to tesamorelin or any of the ingredients listed in Egrifta.
- are pregnant or become pregnant. If you become pregnant, stop using Egrifta

and talk to your healthcare provider.

What should I tell my healthcare provider before using Egrifta?

Before using Egrifta, tell your healthcare provider if you:

- have or have had cancer.
- have diabetes.
- have kidney or liver problems.
- have any other medical condition.
- are breastfeeding or plan to breastfeed.

It is not known if Egrifta passes into your breast milk. The Centers for Disease Control and Prevention recommends that HIV-infected mothers do not breastfeed to avoid the risk of passing HIV infection to their babies. Talk with your healthcare provider about the best way to feed your baby if you are taking Egrifta.

Tell your healthcare provider about all the medicines you take, including prescription and non-

prescription medicines, vitamins, and herbal supplements. Possible side effects of Egrifta include joint pain, swelling, possible allergic reaction (hives) as well as injection site reactions including pain and itching. Egrifta can cause changes in your blood glucose levels. Your blood sugar levels should be monitored by your health care provider.

While Egrifta is no magic solution designed to give you an instant six pack, it is a first treatment that could significantly improve the quality of life for HIV+ patients experiencing unwanted or distressing changes in their bodies as a result of HIV infection or medication.

—By Tom Tricoli