



HepC HIV Health

FIGHTING TO END MINORITY HEALTH DISPARITIES

HEPATITIS C & HIV
NEWSLETTER

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Faith Based Community Leaders join the Georgia Doty Fund in it's battle against Hepatitis & HIV

Trinity United Church of Christ & Catholic Archdiocese Joins the Georgia Doty Health Education Funds to reach out to the Illinois Dept of Correction Re Entry Population

SPIRITUALITY
Father George Clements

In the 25TH chapter of St Matthew's Gospel Jesus tells us that "I was sick and you visited me".

In 2007 I am convinced that we can easily paraphrase his words: "I had Acquired Immune Deficiency Syndrome and you visited me".

I have been in the

Priesthood for fifty years. I have the credentials to assert that the Church has not carried out the command, the directive, the order, and the mandate of our leader to bring the power of faith and education to bear on the efforts of the HIV AIDS and Hepatitis crisis.

This crisis is a spiritual crisis and too few of us know what comprises SPIRITUALITY. The value system that we use to regulate our relationship with our higher power is SPIRITUALITY.

This value system transcends narrow religious



denominations. These Denominations reach out to those of us who are seeking to avoid going to HELL. Spirituality directs us toward those who have already been to HELL.

Our Churches are mandated to bring a level of spirituality into society that breaks through the appalling silence regarding

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African Americans and Hepatitis C

Alan Franciscus, Editor-in-Chief,
Excerpt from Hepatitis C Support Project www.hcvadvocate.org

There are clear differences in terms of chronicity, disease progression, and treatment response rates among different gender and racial groups with regard to hepatitis C. Nowhere are these differences more pronounced than in the African American population with hepatitis C, compared with other groups infected with the virus. African Americans are more likely to have been exposed to HCV and less likely to clear HCV infection, as compared to other racial groups. In addition, African Americans seem to have lower treatment response rates to current HCV medications, and a couple of small studies showed differences in natural HCV disease progression. The reasons for these differences are largely unknown because African Americans have been largely underrepresented in the majority of HCV clinical trials conducted to date. However, there are several studies now examining these issues that will hopefully answer these difficult questions.

HCV Infection in African Americans

African Americans are two to three times more likely to have been exposed to HCV than Caucasians. The Centers for Disease Control and Prevention (CDC) conservatively estimates that approximately 4 million Americans have been infected with hepatitis C, which accounts for approximately 1.8% of the total U.S. population. Of these, the CDC estimates that 2.7 million Americans are chronically infected with HCV. However, it is estimated that 3.2% of the African American population in this country, or 880,000 people, have been infected with HCV. This accounts for 22% of all the individuals with hepatitis C in the United States. In comparison, 2.1% of Mexican Americans and 1.5% of Caucasians have been infected with HCV. In 2001, it was reported that the infection rate among African Americans males in the 40-49 age group was an estimated 10%. The reasons for the higher rate of infection are not completely understood, but there is some

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Nurses, Nurse Practitioners

This Program will provide important information to assist you in being a greater support to your patients!



Medical Professionals Training Program

Saturday, April 21

9:00am—3:30pm

Healthcare Consortium of Illinois
1350 East Sibley Blvd—3rd Floor
Dolton, IL

CE credits given by MATEC*

For Registration forms or more information, visit our website at:

www.georgiadotyfund.org or call (312)221-1426

This education program will assist nurses, nurse practitioners and other medical providers in the frontline of providing medical care to patients and support to their families, gain a better understanding about the co-morbidities of depression, mental illness, HIV/AIDS and diabetes with hepatitis C.

Space is limited to the first 100 registrants, so register early.

FREE transportation

Call Watkins Transportation at 708-259-9332. Two pick-up sites

- Roosevelt Rd. & Kedzie
- 87th & Dan Ryan in front of Jewel

You must confirm your seat by calling the number above. Deadline to make transportation arrangements is Wednesday, April 18.

Registration fee must be paid prior to making transportation arrangements.

*Midwest AIDS Training and Education Center.

Presented by



Georgia Doty
Health Education Fund

Sponsored by



Free parking...please arrive on time.



HEPC HIV HEALTH NEWSLETTER

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Comments from Don Doty, Executive Director



I am an ex-marine living with hepatitis C and have made a personal commitment to serving the disenfranchised, the low income, and those at risk for diseases like hepatitis and HIV. While HIV/AIDS continues to devastate and destroy families and individuals worldwide, hepatitis C may represent one of the 21st century's largest public health challenges. I am requesting your support and informing you and your constituents about these deadly diseases that are destroying our families and communities. Please read the enclosed newsletter to understand more about these diseases and the services which our organization provides.

The **HEPC HIV HEALTH Newsletter** is a publication designed to provide information and analysis of specific issues to those dedicated to raising awareness of the underserved population on the prevention, testing and treatment of Hepatitis and HIV, as well as those individuals affected by these devastating diseases. We reach more than 40,000 readers each quarterly edition and distribute within hospitals, clinics, churches, social service agencies and businesses throughout Chicago, Minnesota, and St. Louis. We target the minority at risk population and those who provide services for them. Additionally, current and archived

issues are available on the Georgia Doty Health Education Fund (GDHEF)* website: www.georgiadotyfund.org.

I am asking that you share this information within your church community. The **HEPC HIV HEALTH Newsletter** is a high quality publication that provides content that is both meaningful and relevant to organizations and individuals concerned with this at risk population. This is a highly motivated segment of our population that revolves around a true mission to provide education and prevention to those most at risk of contracting these diseases as well as those already affected. Please join us in this mission.

Thank you for your support,

Don Doty, CEO

Please contact us for more copies of this newsletter, advertising information, or to be added to our distribution list.

*About Georgia Doty Health Education Fund, Inc.

The GDHEF, is a twelve-year old not-for-profit 501(c) 3 organization, dedicated to empowering socially and economically disadvantaged and underserved minorities through health information and education and access to medical resources. Over the past several years GDHEF has provided a variety of health education programs and outreach activities addressing Hepatitis and other health issues prevalent among low-income and minority groups throughout the greater Chicago area with extended programming in St. Paul MN. For more information about the Georgia Doty Health Education Fund (GDHEF) telephone **312.567-0930** or visit www.georgiadotyfund.org.

Co-Occurring Psychosis and Substance Abuse... The Negative Medical Outcomes

By Trena Tibbs- Burke, MPA

Millions of Americans of all ages experience psychiatric and substance use disorders every year, according to the National Institute of Mental Health (NIMH). But access to necessary services is becoming an increasing challenge for many. Funding for behavioral health has been reduced dramatically. Psychiatric beds have disappeared from the system due to hospital closures and bed reductions. Psychiatric patients are facing emergency room backlogs. Children and adolescents have been hard-hit by access challenges. The costs of care are rising. The theory, "funding equals function," bellows in the distance.

Approximately 4.3 million psychiatric-related emergency department visits (PREDVs) occurred in the United States in the year 2000, yielding an annual rate of 21 visits per 1000 adults. The PREDV rates increased 15% between 1992 and 2000, nationwide. The PREDVs accounted for 5.4% of all ED visits. Substance abuse (27%), neuroses (26%), and psychoses (21%) were the most common conditions. African Americans had signifi-

cantly higher visit rates (29/1000; 95% CI = 27/1000 to 31/1000) compared with whites (23/1000; 95% CI = 22/1000 to 25/1000). Persons with Medicaid (66/1000; 95% CI = 64/1000 to 68/1000) had double the rate of PREDVs than the uninsured (33/1000; 95% CI = 31/1000 to 35/1000) and almost eight times the rate of those privately insured (8/1000; 95% CI = 7/1000 to 10/1000). Patients with psychiatric diagnoses had a higher admission rate (22%) than those with non-psychiatric diagnoses (15%). The uninsured were the least likely to be admitted for all major psychiatric conditions except suicide ($p < 0.0001$). (Hazlett 2004, 193)

It is estimated that up to 50% of individuals with severe mental disorders abuse substances. This particular type of co-morbidity is associated with a variety of negative outcomes, including high rates of relapse, hospitalization, violence, incarceration, homelessness, and significant infections such as HIV and hepatitis. Co-occurring conditions occur across the lifespan and result in levels of individual suffering, disability, and societal costs that are magnified well beyond those associated with each disorder in isolation.

As the ability to pay is a concern for many psychiatric patients, the overlapping cost of subsequent visits becomes a societal cost. Administrators must identify and prioritize the prevention, treatment, and service needs of individuals with co-occurring conditions while implementing rehabilitative and support services that enable persons with co-morbid disorders to manage their treatment in the community, maximize their overall functioning and enable and sustain community integration. The implementation of intervention methods such as education, preventive medicine, and environmental improvements, and forums is a good starting point in behavioral modifications for these patients.

Reference: Hazlett SB, McCarthy ML, Londner MS, Onyike CU. 2004, Epidemiology of Adult Psychiatric Visits to US Emergency Departments. *Acad Emerg Med*.Feb;11(2):193-5.



Jocelyn DiPasalegne receives a \$1,000 check from WALMART in support of the HEALTHY COMMUNITIES PROJECT conducted by GDHEF

My Story... How I Met Hepatitis C

By Exerlene Merrill

We first met in 1998. Well, let me correct that - we first crossed paths in April 1960 when my second child was born. A few days after her birth, and I had come home from the hospital, I was washing my face in the bathroom and I began to hemorrhage. My husband was home and so was my mother; they called emergency ambulance and I was rushed to U of Chicago Hospital where my baby had been born. It was determined that I had an infection. Antibiotics were given and several pints of blood. That is how we really met - contaminated blood. As we now know blood was not "cleaned" appropriately back in the 60's as it is today, beginning in the 1980's.

So, around fall of 1998 I was feeling more and more tired and short of breath (the same year, incidentally, that my mother passed). I went to my doctor with this complaint. She advised blood tests to rule out anemia, thyroid condition, etc. She called me by phone a few days later to ask "How many sex partners have you had?" and "Have you ever done drugs?" Much aghast, I answered her questions and asked why she was asking me such questions. She stated my liver enzymes were elevated and she suggested I see a gastroenterologist. I made an appointment to see such doctor, and of course, there were questions and answers about how to go about treating what was described as Hepatitis C. I had heard of the Hepatitis B and had taken shots for overseas travel on one or two occasions. But "C" scared me because somehow it seemed "dirty". I hadn't done drugs, hadn't prostituted myself, but there it was - blood transfusions in the 60's.



At first, I felt like I can't go swimming because I may contaminate the pool. I can't have anyone over to visit because they may "catch" it. My husband may even "catch" it. No one will want to eat my food because they may "catch" it. The doctor didn't say this but I couldn't dispell those fears. Wellll, I began to buy books and read, got on the internet and read. But sometimes the more knowledge I gained, the more depressed I felt. Because for African Americans - the genotype 1 along with the enzyme numbers, the viral load numbers - and the medicine called interferon/ribavarin therapy does not seem to work for us. Also, the medicine puts you through quite a state: needle injections per week plus pills. Then the after effects of depression, suicidal thoughts, etc. Not so good!

I have seen two other doctors in the period from 1998 to the present. I can't say anything has changed. Just a matter of monitoring the condition through ultrasound, needle biopsy, cat scans. There appears to be pharmaceutical drugs out there still in experimental stage or clinical trials. I understand individuals past 65 are not used in clinical trials. I do attend seminars when given either by the American Liver Foundation or the University of Chicago.

So there it is. My story. I do have faith and hope in the Lord and give Him praise that I am still here, and thank him for my 77 years.



Many times patients do not exhibit any symptoms of liver cancer and the disease is discovered during a routine follow-up test for previous cancer or during diagnostic testing for cirrhosis or viral hepatitis B or C. When symptoms occur they include:

Pain: Pain, though rarely symptomatic of liver cancer, may be located on the right side of the upper abdomen, in the right shoulder, or in the back. Stretching of the liver capsule is the primary cause of pain.

Fever: Fever, without infection, is occasionally associated with liver cancer.

Jaundice: Jaundice shows up as a yellow coloring of the skin and eyes, dark urine, and light-colored stool.

Indigestion, lack of appetite, nausea and weight loss: These symptoms occur when a liver tumor presses against the stomach and small intestine.

Abdominal or leg swelling: Abdominal fluid can build up as a result of chronic liver disease. Liver disease may also be accompanied by swelling of the legs.

Look for future...

HEALTH FAIRS TOWN HALL MEETINGS RESOURCE FAIRS

Learn more about the upcoming
"Medical Professionals Training Program" – April 21, 2007

Visit www.georgiadotyfund.org

Awareness: Hepatitis, HIV, and Mental Health

By Michael R. Meager, M.A.
Adler School of Professional Psychology

The Hepatitis C and B viruses (HCV, HBV) are widespread chronic bloodborne viral infections, affecting liver function. It is estimated that in the United States alone, approximately 2.7 million individuals are affected by HCV and HBV. The HCV and HBV infections cause an estimated 8,000 to 10,000 deaths each year from cirrhosis and hepatocellular carcinoma (HC). HC is cancer that arises from hepatocytes, the major cell type of the liver. The Human Immunodeficiency Virus (HIV) is a viral infection, like that of HCV and HBV. These infections have shared percutaneous and perinatal paths of transmission. Percutaneous transmission or the use of injected drugs is a major risk factor for both HIV and HCV transmission. Each is responsible for serious morbidity and mortality worldwide.

Publicly HCV, HBV, and HIV are known as physical illnesses or diseases. They also affect mental health. Frequently, individuals dealing with the physical symptoms of disease, develop depressive or anxiety symptoms. Many individuals develop full Depressive Disorders due to the affects of HCV, HBV, and HIV's physical distress on the body. Because individuals with these viral infections are strained with a number of physical problems, it directly affects their ability to function at their place of employment. Unemployment reduces their ability to pay bills, purchase medications, and support their families; causing more anxiety and/or depressive symptoms. Research has shown that individuals with poor mental health have a remarkably reduced prognosis and a greater chance of rapid decline, compared to individuals with a healthier mind-body connection. Simply, the quality of life of individuals affected by HCV, HBV, or HIV tends to diminish.

Severe hepatic failure can cause hepatic encephalopathy. This is brain and nervous system damage resulting from liver disorders such as hepatitis. Hepatic encephalopathy is characterized by a flapping tremor of the hand termed asterixis. Also hyperventilation, alterations in memory, and personality changes are the most frequently observed symptoms. An individual's consciousness can also be affected and can range from drowsiness to coma. Fifty percent of individuals affected by HIV may develop HIV-associated dementia. Those affected with dementia as a result of HIV usually experience symptoms of headache, stiff neck, motor weakness, extreme sensitivity to light, and changes in consciousness. Individuals affected by HIV may develop HIV-associated neurocognitive disorder; also know as HIV encephalopathy. HIV encephalopathy presents with impaired cognitive functioning and reduced mental activity. The reduction in mental activity interferes with work and social functioning.

HCV, HBV, and HIV are global illnesses causing immense physical and psychological distress for individuals. It is my hope that our understanding of these devastating diseases improves; opening doors for more advanced treatments and possibly a cure. It is our function as scientists, health care professionals, and educators to advocate for change, increase awareness, and push for prevention.



Benefits of MEDICAL MARIJUANA Shown During HCV Treatment

An unlikely ally has been uncovered for Hepatitis C treatment. Interferon and ribavirin treatment is known to inflict severe side effects resulting in low retention rates. While the link is not yet concrete, medical marijuana appears to reduce those side effects, improving a person's chance of completing treatment.

Medical marijuana users are more likely to finish hepatitis C treatment and so are more likely to be cured, according to a newly published study conducted in San Francisco and Oakland.

Other studies have shown marijuana relieves symptoms, but medical marijuana advocates said this could be the first to show improved cure rates for a life-threatening illness.

The study is by researchers at the University of California, San Francisco, and the Oakland-based Organization to Achieve Solutions in Substance Abuse (OASIS). It was published in the European Journal of Gastroenterology and Hepatology. It found marijuana users being treated for HCV three times more likely to have a "sustained virological response," meaning the virus can't be detected six months after treatment ends.

"(M)odest cannabis use may offer symptomatic and virological benefit to some patients... by helping them maintain adherence to the challenging medication regimen," the study concluded.

Rob Kambia, executive director of the Marijuana Policy Project in Washington, D.C., issued a news release touting this as "a landmark study, showing that medical marijuana can literally save lives. Every day that our government continues punishing the sick for using this medicine is literally a crime against humanity."

*Reprinted with permission from
Hepatitis C News and Information*



MASSAGE THERAPY

Many people believe that massage therapy is an excellent way to deal with the stress and side effects that go along

with having an illness, including HIV.

During massage therapy, a trained therapist moves and rubs your body tissues (such as your muscles). There are many kinds of massage therapy. (deep tissue, relaxation, trigger point, chair massage, hot stone)

You can try massage therapy for reducing muscle and back pain, headaches, and soreness. Massages also can improve your blood flow (your circulation) and reduce ten-

sion. Some people think that massages might even make your immune system strong.

In addition to getting mainstream medical care, more and more people are turning to massages to improve their overall health or to help with specific health problems. Healthy people use massages to try to make their immune systems stronger and to make themselves feel better in general. People who have diseases or illnesses, such as HIV, use massages for the same reasons. They also can use massage to help deal with symptoms of the disease or side effects from the medicines that treat the disease.

Before you begin any kind of massages, always talk with your doctor.

Theresa Tucker
massagesbytheresa@yahoo.com
 312 656-5411

The Coalition Effort



THE GEORGIA DOTY HEALTH EDUCATION FUND BOARD OF DIRECTORS

Front row from left to right: Don Doty, CEO-GDHEF, Helen Reif, Esther Wilson-Secretary, Fred Jackson-Chairman. Back row from left to right: Clarence Jenkins, David Duster-Treasurer, Joe Smith-Vice Chairman. Not shown: Ed Steres.

African Americans

continued from page 1

speculation that African Americans are at greater risk for contracting HCV through occupational exposure (an estimated 3 million African Americans are employed as health-care professionals), blood transfusions (which may be required to treat sickle cell anemia, which mostly affects African Americans), or through a documented higher prevalence of injection drug use. In addition, this group has limited access to information on HCV and preventative medical care.

Information on Hepatitis

HCV diagnosis and prevention measures require access to information about hepatitis C. It is evident that information about HCV has not effectively reached the majority of African Americans in this country. A public awareness poll conducted by the American Liver Foundation found that compared with the general public, African Americans are not as aware of the risk factors or symptoms of hepatitis. In addition, a recent media analysis discovered that there has been little news coverage of hepatitis C in the African American press, which is a trusted resource and plays a critical role in informing the African American community.

Chronic HCV Infection among African Americans

In the general population, up to 80% of individuals exposed to HCV become chronically infected. This rate is much higher in African Americans than in Caucasians: 87-91% versus 66-67%. There is no clear scientific data that can explain this phenomenon, but some experts believe that African Americans may not produce a strong immune response against the virus, making it more likely that an acute infection will develop into chronic infection.

Complete article at: www.hcvadvocate.org

Join the fight against minority health disparities and the resulting devastation! Here's how:

- Advertise in the HepC&HIV Newsletter email: tgtgraphics@comcast.net or dondoty@ameritech.net
- Support the Georgia Doty Health Education Fund
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www.georgiadotyfund.org
- Support the GDHEF Health Fairs, Conferences and other events
 Trena Burke 773-221-1426
www.georgiadotyfund.org



The “Silent Epidemics” Hepatitis B & C and the Homeless

By Ken Akinaka, MRA

Last year we completed our studies of what might be done to develop a program to provide therapy for the underserved and high risk populations that are infected with chronic viral hepatitis B & C.

It is very important to promptly deal with these two silent epidemics by focusing on those at high risk, particularly the homeless. To give an idea of the magnitude of the problem, it is estimated 1.8% of Americans are actively infected with hepatitis C virus. For the 2,896,016 people in Chicago this translates into approximately 52,128 people who have been infected with Hepatitis C in the past. However, the numbers are actually likely to be higher in than this in Chicago because of high percentage of African Americans. 3.2% of all African Americans have probably been infected with Hepatitis C virus. It is estimated by the American Liver Foundation that 70% of the people who have been infected with Hepatitis C do not even know it because many people will not feel ill until it may be too late to be treated.

Of particular concern are the people who are homeless and have chronic hepatitis B virus or hepatitis C virus. They may die from these diseases unless they are treated. Medications are now available to treat viral chronic hepatitis but they are expensive and require treatment as well as close medical monitoring for a year or more. They are nevertheless felt to be cost effective, especially when compared to the complications of end-stage liver disease and liver transplantation. Many, if not the majority, of people with hepatitis C do not even become aware of their infection until they develop the complications of liver disease, at which time it is often too late to do much about it. Early diagnosis and treatment of these infections are essential to halt the spread and progressive disease of these infections. Viral hepatitis C and B are clearly “silent epidemics” that need to be addressed promptly.

The homeless population is at great risk of having hepatitis C, B, and HIV. People infected with these chronic

diseases are also carriers who spread these viruses to others. Viral hepatitis presents not only a risk to the lives of these people but also a threat to the community through continued transmission of the viruses, especially through substance abuse.

Over the course of a year, between 2.3 and 3.5 million people experience homelessness nationwide and approximately 166,000 people experience homelessness in the Chicago Metropolitan area. In fiscal year 2004, emergency shelters in Chicago served 13,108 unduplicated clients, up from 11,050 in fiscal year 2003.

Many homeless have also been incarcerated and are unable to find housing after release from confinement. Many others are veterans. Many of these people will not seek or successfully complete treatment without case management services. The homeless are one of the highest at-risk groups that will continue spreading chronic viral hepatitis B and/or C unless we can start to effectively treat them for these hidden epidemics.

Many of the homeless will eventually find stable housing and become productive citizens again. However, chronic viral hepatitis B & C will continue to be “silent epidemics” that will infect many of them unless they are tested and treated.

Chronic liver disease due to hepatitis C causes between 10,000 and 12,000 deaths and is the leading indication for liver transplantation each year in the United States. By the year 2010, the number of deaths from hepatitis C is expected to rise to 38,000 each year.

Many of the homeless will continue to spread these diseases unless they are made aware of their infection and are treated for these viruses. Others will continue to drink alcohol without knowing that this is one of the major ways of insuring that they will develop liver damage due to their infection with hepatitis B or C.

Earlier testing and more housing, medical benefits, support, and case management are needed for effective treatment. These efforts will save lives, limit the spread of disease, and in the long run be cost-effective!

CONDOMS URGED IN PRISONS TO CURB AIDS

Black leaders call for steps to slow HIV's spread in minority populations U.S. prisons should make condoms available to inmates and test for HIV as part of a broader effort to curb the spread of AIDS among blacks, hit disproportionately hard by the incurable disease, experts urge. The National Minority AIDS Council advocacy group, backed by U.S. black lawmakers and medical leaders, issued a series of recommendations aimed at U.S. policymakers to slow the epidemic among blacks, **10 times more likely than whites to have AIDS.** “In 2006, AIDS in America is a black disease,” said Phill Wilson, executive director of the Black AIDS Institute in Los Angeles. With **U.S. black men seven times more likely than whites and three times more likely than Latinos to be imprisoned**, the council's report said **incarceration has become “one of the most important drivers of HIV infection among African-Americans.”**

More than half of new U.S. HIV infections are in blacks, according to the Centers for Disease Control and Prevention. While blacks make up 13 percent of the U.S. population, more than 40 percent of U.S. prisoners are black. **The AIDS rate among prisoners is three times the rate in the general public.** HIV, the virus that causes AIDS, most often is spread through sexual contact or intravenous drug use. Behavior like unprotected homosexual sex and injection drug use raises HIV infection risk in prisons, and the problem is compounded when black men infected in prison then transmit the virus to others after their release, the report stated. The report urged prisons and jails to make available condoms, along with HIV prevention education programs. *Reprinted with permission from Healthtalk Newsletter, February 5, 2007*

HepC HIV Health

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75% of College Students Report Risk Factors for Hepatitis C

Newswise - College undergraduates in the United States do not recognize the magnitude of their risk behaviors for contracting Hepatitis C, according to a survey conducted at a large midwestern university. Researchers found that 75 percent of undergraduates in this study had a potential Hepatitis C risk factor, from tattoos to sharing body jewelry. Results of this study were presented at the 71st Annual Scientific Meeting of the American College of Gastroenterology in Las Vegas.

Researchers surveyed 610 college undergraduates on their knowledge of Hepatitis C and their personal experience with traditional (intravenous drug use, blood transfusions) and novel risk factors (sharing of body jewelry, tattoos). Twenty-seven percent didn't know Hepatitis C Virus (HCV) could be spread through intravenous drug use, while 77 percent of students were unaware HCV could be transmitted by intranasal cocaine use. Furthermore, 53 percent of students reported sharing pierced jewelry.

"We were surprised by the proportion of undergraduates who were inadvertently putting themselves at risk for Hepatitis C," says Thomas Shehab, M.D. of St. Joseph Mercy Health System and Huron Gastro. "In addition to well documented traditional risk factors, we are concerned about students who may be putting themselves at risk for this serious disease with even something as simple as sharing pierced body jewelry."

One of the other concerning findings was the low frequency that the undergraduates were asked about viral hepatitis/HIV risk factors when seen by their primary care providers. "The majority of the group had been to the physician for a health care maintenance examination in the last three years, but during that visit most had never been asked about behaviors that put them at risk for serious infection," says Dr. Shehab. Given the prevalence of these behaviors, researchers say further study should focus on this high-risk age group.

About Hepatitis C Virus

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). The infection is spread by blood-to-blood contact with an infected person. HCV can be spread through contaminated needles, unsterilized tattoo or body piercing equipment, and shared toothbrushes, razors, nail clippers or other hygiene items that have HCV-infected blood on them. There is no vaccine against HCV. Serious complications include chronic liver disease, cirrhosis, and liver cancer.

About the American College of Gastroenterology

The ACG was formed in 1932 to advance the scientific study and medical treatment of disorders of the gastrointestinal (GI) tract. The College promotes the highest standards in medical education and is guided by its commitment to meeting the needs of clinical gastroenterology practitioners. Consumers can get more information on GI diseases through the following ACG-sponsored programs:

- 1-800-978-7666 (free brochures on common GI disorders, including ulcer, colon cancer, gallstones, and liver disease)
- 1-866-IBS-RELIEF and <http://www.ibsrelief.org> (free educational materials)
- 1-800-HRT-BURN (free brochure and video on heartburn and GERD)
- <http://www.acg.gi.org> (ACG's Web site)
- <http://www.newswise.com/articles/view/524382/?sc=rsmn>

IDOC Inmates Bring Awareness Through Poetry

Out on the prowl...

There's a man with 3 different stages and he roams our streets, His name is hepatitis stages A, B, and C. He's not well known, but he's somewhat a thug that lives in the body fluid as well as the blood. He can be avoided as hard as it may seem, there's no cure for his stages, but A and B have vaccines. Stage C on the other hand, there are no vaccines, so once you're exposed, it becomes a lifetime thing. There's more than one way this man can pose us a threat, sharing needles, personal items, and having unsafe sex. He flows through the body like the waves on a river, and his ultimate goal is to damage the liver. Hepatitis can be deadly cause he's bad to your health, So take heed to this message and protect yourself.

Myles Redmond

A Very Valuable Lesson

There are certain things in life that just aren't needed. Things like AIDS, Hepatitis and other infectious diseases. There is gonorrhea and chlamydia; just two of many STD's. Not to mention syphilis, HPV and the incurable herpes. These things are scary as hell just to say the names. Some have no symptoms at all, but yet there are those that cause excruciating pain. Anyone can catch a disease and that's a well known fact. It does not discriminate, don't matter if you're Asian, Hispanic, White, or Black.

We need to educate ourselves and learn how to stay disease free. How else can we grasp full knowledge of the letters STD?

Talk to your partner and learn how to properly use a condom. Practice safe sex, or abstinence and eliminate this ever growing problem.

So, just be extra careful, and don't be afraid to ask questions. Cause when you know about these various diseases you have truly learned a very valuable lesson.

R.J. Donald

HEP C HIV HEALTH Clinic Directory

WHERE DO I GO FOR TESTING?

WHERE DO I GO FOR TREATMENT?

FREE TESTING CENTERS

(Call for hours, appointments and more information)

Northside Chicago

BEHIV
1244 W. Thorndale
(773)293-4740

Lakeview Specialty Clinic
2861 N. Clark St.
(312)744-5507

Southside Chicago

Englewood Neighborhood Health Clinic
641 W. 63rd St.
(312)745-1000

Working for Togetherness
6405 South Lowe
(773)224-6179

Westside Chicago

Austin Health Center of Cook County
4800 W. Chicago Ave.
(773)826-9600

South Austin Specialty Clinic
3800 W. Madison
(312)746-4871

Trina Davis Community Service Center
4325-47 W. Armitage
(312)742-8724

SLIDING SCALE FULL SERVICE HEALTH CENTERS

(Call for hours, appointments and more information)

Northside Chicago

Howard Brown Health
4025 N. Sheridan
(773)388-1600

TPAN
5537 N. Broadway
(773)989-9400

Southside Chicago

Grand Boulevard Family Health Center
5401 S. Wentworth
(773)288-6900

Westside Chicago

Austin Family Health Center
5835 W. North Avenue
(773)745-1200

Kling Medical Center
2720 W. 15th St.
(773)257-6676

Westside Family Health Center
3752 W. 16th St.
(773)762-2435

Hepatitis C Home Test Kit

Available for purchase:
Phone: 1-888-888-HEPC
<http://www.homeaccess.com>

Information & Resources

American Liver Foundation
1-800-GO-Liver
www.liverfoundation.org

www.hivandhepatitis.com

National AIDS Treatment Advocacy Project
1-888-26-NATAP
www.naatap.org

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**2006
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CEREMONY**

State Representative Eddie Washington-Waukegan, speaks out for Hepatitis Awareness.



Father Clements from page 1

this AIDS crisis. It is on our door steps right now - under our noses right now - in our faces right now - facing us right now -. The crisis is not an impending epidemic. It is wreaking havoc at this moment. - And nowhere is it prevalent more so than in our institutions of incarceration.

Spirituality raises us to the level where we open our eyes to the victims, listen to the cries of the victims and forcefully speak out on behalf of the victims.

My leader, Jesus, like the leaders of most faith based Institutions, loudly proclaimed belief in a law immensely higher than any civil law, any human law - a Divine Law of Love.

This Law of Love demands that before we reach out to the victims' of the HIV AIDS and Hepatitis C crisis that we first learn what the disease is. Ministers, Priests, Deacons, Preachers know little or next to nothing about Human Immunodeficiency Virus or inflammation of the liver.

It is their responsibility to dispel the ignorance that abounds regarding this crisis. There are so many misconceptions, inaccuracies and downright lies flying around in our Churches about this disease. False information is being passed around back and forth in so called spiritual circles.

Many folks who are supposedly steeped in spirituality do not even have a clue as to how the disease is contracted.

Our Churches are taking definitive stands on issue after issue - immigration, feminism, unions, environment et alii.

We must take this issue off the back burner. It must be preached in our pulpits. If we do not break the silence, we will be forced to accept the spiritual reality that what our Lord really said in the 25TH chapter of Matthew was: "I was sick and you visited me - after I died".

Many, many years ago Johnny Mercer popularized a song whose lyrics are always as "on time" today as they were 30 years ago.

"Man they said you gotta accentuate the Positive, Eliminate the Negative, Latch on to the affirmative, and don't mess with Mr. In Between."

I have stressed the dynamics of Johnny Mercer's song numerous times to many Ex-offenders. I believe in the Latin Adage "Mens sana in corpore sana" - A healthy mind inside a healthy body.

Many of those who re-enter society after periods of incarceration do not have healthy mental attitudes. I am working with the Georgia Doty Health Education Fund to instill a level of spirituality that will enable them to overcome the challenges that have arisen from the deadly disease of HIV and Hepatitis C.

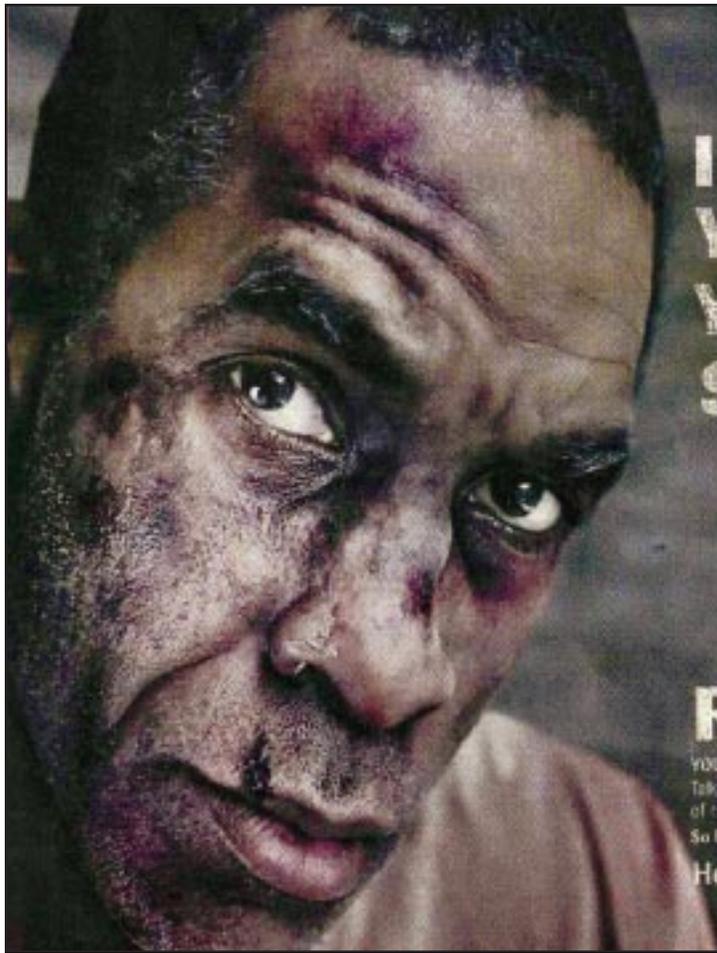


Pictured left to right:

Senator Donne Trotter, Honoree, "Fergie" former lead singer - ToTo, Dr. Samuel Evans, Honoree, Africa AIDS Fund, Andre Rawls, Dir. HIV Unit IDPH accepting for Honoree Louanner Peters, Gov's Rep., Dr. Terry Mason, Honoree, Com. CDPH, Curtis Nelson - Dinner Chairman, Don Doty, and Rev. Tyrone Crider, Sr., supporter.



Joseph Harrington, Asst. Commissioner of the Chicago Department of Public Health receiving The Georgia Doty & Curtis Nelson Health Advocate of the Year Award on behalf of Dr. Terry Mason, Comm. of CDPH



**IF HEP C WAS ATTACKING
YOUR FACE INSTEAD OF
YOUR LIVER, YOU'D DO
SOMETHING ABOUT IT.**

READY TO FIGHT BACK?

YOU'LL NEVER BE STRONGER THAN YOU ARE TODAY TO STOP THE DAMAGE HEP C IS DOING TO YOUR LIVER. Talk to your doctor now about prescription treatment. Patients in clinical studies overall had a better than 50% chance of reducing the Hep C virus to undetectable levels. Response to treatment may vary based on individual factors. So log on or call, then talk to your doctor to find out if treatment is right for you. And help put Hep C behind you.

HepCFight.com 866-HepCFight 866-437-2344



**GEORGIA DOTY
HEALTH EDUCATION FUND**

8135 S. Stony Island Ave.
Chicago IL 60617



www.georgiadotyfund.org

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"The views expressed in this newsletter are not necessarily the views of the Department."