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Volume 2, Issue 1

# HCS Newsletter

## A NOTE FROM LEADERSHIP

This is the first edition of our HIV Community Service Newsletter for 2023. We've done a lot of work in the past year, and it's time to welcome the new journey. This issue highlights notable events from last quarter with a focus on safety and [HIV stigma](#).

Humans need to feel safe and connected to others. Equity, inclusion, and diversity all require a sense of belonging. If we don't feel safe and secure, as a society we won't achieve equity. To feel safe, we need to recognize our fears and accept that every life activity has risks. Often we fear things we don't understand and situations beyond our control. When we fear something we often stigmatize those associated with it. This can lead to social stigma. Stigma can lead to labeling, stereotyping, discrimination, and other negative behaviors toward the group of people experiencing the issue. As a community and public health leaders, we can help prevent stigma and promote safety by:

**Speaking out** against stereotyping groups of people who experience stigma.

**Speaking out** against negative behaviors and statements and correcting negative language that can cause stigma by sharing accurate information.

**Using your voice** to suggest and promote trustworthy resources and information for mental health or other social support services for people who have experienced stigma or discrimination.

Thank **YOU** for the work you do every day to improve the lives of people living with HIV. It is your commitment, passion, skills, and connection to the community that will produce healthy outcomes for people living with HIV.

Sincerely,  
Lydia Guy Ortiz  
Health Equity & HIV Community Service Manager



## INSIDE THIS ISSUE

- Agency Spotlight, Sean Humphrey House ..... 2
- DOH Staff Highlights & Shout Outs .....4
- Collecting Trans-Data..... 5
- Agency Program Project Highlight ... ..... 6
- Dating & Safety ..... 7
- Program Updates ..... 9



## AGENCY SPOTLIGHT

### SEAN HUMPHREY HOUSE — “THERE’S NO PLACE LIKE HOME.”



*Pictured: Spoiled house dogs, Daisy & Sitka wearing Halloween costumes, and the exterior of Sean Humphrey House.*

**Contributor:** *Elizabeth Page—Director of Sean Humphrey House*

Sean Humphrey House (SHH) is a nonprofit adult family home in Bellingham, WA serving extremely low-income people living with HIV who may experience comorbidities and syndemic conditions, including mental illness and substance abuse. The house is named for Sean Humphrey, a chef and restaurant manager from Seattle who died of AIDS-related complications in 1992. Sean's last wish was to have a facility built for those who didn't have access to the support and medical care he had. His mother, Karen Durham, established the organization with the help of family, friends, volunteers, and city and county support. It was an innovative project at the time, and the opportunity to create a hybrid of professional care in a home-like setting captured the imagination of everyone involved. Karen went on to lead us for decades on the board of directors and remained the invisible, tireless backbone of the organization until she passed away in 2009. Karen and Sean's combined legacy endures today as a place of hope for people with nowhere else to call home.

Since we opened in 1996, our mission has not wavered, but how we fulfill that mission has evolved along with the changing face of HIV. Today, residents can experience the security of knowing they have safe and stable housing as they look to the future and fulfill their goals and aspirations. Our integrated care planning manages all aspects of permanent supportive housing: medication assistance, transportation, healthy nutritional support, advocacy and connection to services, and social or physical activities that combat depression and anxiety.

#### PICTURES INSIDE SEAN HUMPHREY HOUSE



*Pictured: A sitting-room or lobby with a Christmas tree and decorations.*



*Pictured: Bright yellow kitchen with white appliances leading to a dining area.*



*Pictured: A dining-table with bright orange table cloth and bright blue table mats.*

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*“Since we opened in 1996, our mission has not wavered, but how we fulfill that mission has evolved along with the changing face of HIV.”*



*Three ladies who are a part of the Sean Humphrey House staff-family who help keep Sean’s last wish going. Left to right: Kristi Nason, Terry Rinas, and Director, Elizabeth Page.*

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Instead of end-of-life care today, we focus on living. With the sweetest (and most spoiled) house dogs, Daisy & Sitka, and a newly-donated salt-water aquarium (many, many fish names, also spoiled), caregiving staff and provider partnerships, the goodwill of our neighbors and friends, and the support of agencies like HOPWA and our local government, we are thriving. Therefore, it is time to grow! We are excited to announce the beginning of a new project; our expansion into a second home for low-income PLWH: The Karen Durham House project is underway and scheduled to open in 2023. We're inspired all over again at every point in the process.

We look forward to sharing more news with our community partners soon and wish everyone the safety of home through the coming season.





## CONGRATULATIONS AND HONORABLE MENTIONS!

- Congratulations to Lisa Hannah, Infection Prevention Supervisor in the Office of Communicable Disease Epidemiology, who received the 2022 national Healthcare Outbreak Heroes Award
- Vanessa Rojas awarded the WSPHA 2022 Health Equity Award
- Steven Erly is our new Health Equity and Syndemics Epidemiologist Supervisor
- Victor Ruiz, our new Care Connectors Coordinator

## SHARE YOUR STORIES!

Is your agency doing something awesome or innovative?

Did your coworker go the extra mile to help a client?

Do you have news you want to share?

If so, HCS would like to hear from you!

Please submit your kudos, brags, shout-outs, articles, accomplishments, and pictures to an HCS staff member and we will try our very best to include them in our next issue. You can also send your stories directly to our Culturally and Linguistically Appropriate Service (CLAS) Implementation Consultant, Columba Fernandez, at the following email address: [columba.fernandez@doh.wa.gov](mailto:columba.fernandez@doh.wa.gov).

## DOH EMPLOYEE SPOTLIGHT

**Suzanne Hardaswick**, HIV Data to Care and HIV Disparity Reduction Project Coordinator



*Picture of Suzanne smiling*

Hello community partners, wishing you all a good start to 2023!

For the past 10 years, I have worked in public health spending the first 7 years working on prevention and intervention.

In 2019, I was hired by WA Department of Health (DOH) under the Assessment Unit as the Data to Care Coordinator

and in 2021 my work was moved under the HIV Community Services section of DOH.

The transition from prevention to data to care (out of care) has given me a unique opportunity to learn more about the work and how these very different yet overlapping sides of the house are interwoven. Prior to starting my adventures in prevention, I spent time working in the social sciences which helped to build my understanding and passion for public health.

I am thankful and appreciative of the opportunity to work with DOH under the HIV Community Services team and look forward to learning how to best support the out of care work, in addition to reducing disparities in HIV.

## Shout-Out to Ray Harris!

Ray Harris, stigma reduction consultant, gave us a remarkable presentation on the basics of stigma. Not only did he address the impact of stigma, but the reality of burn-out among prevention staff, healthcare workers, and community members, and how this affects the healthcare system and access.



*Ray pictured above in his Zoom presentation*

This interactive session was straightforward and relatable without speaking in riddles and nonsense. Eager staff participation and feedback imply there is a need for more discussions on stigma and the multiple ways it manifests in our lives. Congratulations Ray! Thank you for providing meaningful examples of words misunderstood or prized as overused, meaningless 'buzzwords.'



## COLLECTING TRANS-DATA

*“Depending on where a transwoman lives, she deals with stigma, constant fear for her safety, housing discrimination, securing employment”...*

I don't speak for all transwomen but write from a lived experience as an individual who stands under the broad spectrum of the transgender umbrella. A recent presentation providing data on transgender women living with HIV reported there are five new cases, which seemed low to me, and I wanted to find out why such a small number. I have often felt HIV data for transwomen are conflated with MSM and, therefore, not counted. After thinking about it, some transwomen drop the 'trans' and identify as women when testing; who they were in a former life no longer matters; the life they live now is all anyone needs to know. I can speak on this subject from my lived experience and the experiences and conversations with others.

As difficult as it was to transition in bible-belt Memphis in 1986, I aimed to blend in with other women for safety reasons. If you put a group of women in a lineup, I didn't want anything about me, good or bad, to stand out from the rest. If in a relationship, I needed my partner to see me as a woman, not a transwoman. On the job, I wanted my coworkers to see me as a woman, not a transwoman.

Depending on where a transwoman lives, she deals with stigma, constant fear for her safety, housing discrimination, securing employment, being fired from a job if she is outed for her trans-identity, rejection in relationships, and sometimes enduring physical, verbal, and emotional abuse to maintain a relationship. Transwomen dating men who are fully aware of their transition are usually not ok with others knowing. Men dating transwomen also deal with stigma, being ostracized by family and friends who find out, and fear for their safety.



*Transgender woman holding a sign during a demonstration in the street*

Though society is more enlightened on trans-identities 36 years later, there are still consequences depending on where you live for being out. It is improbable a transwoman who passes exceptionally well would participate in a study on transwomen or even disclose a 'trans' identity when testing. There should be a better way to collect data on transwomen that doesn't deny their identity and documents their assigned gender at birth. It starts with a conversation in a space the client feels safe enough to disclose with a provider they think is free of judgment. Explaining there are transwomen in need of HIV prevention services, which agencies cannot do without funding, and without data, there will be no services. It is also up to discerning providers to document any information they believe the client is unwilling to share.

**Contributor:** *Vanessa Grandberry—HIV Community Engagement Coordinator*





## AGENCY PROGRAM PROJECT HIGHLIGHT

### CASCADE AIDS PROJECT BRINGS HIV PREVENTION TO RURAL WASHINGTON

An established face in Vancouver and Portland, Cascade AIDS Project (CAP) has a new destination for HIV prevention efforts: rural counties in southwest Washington, with a specific focus on Cowlitz County.

Enticing people to get tested is a difficult process. The current, highly effective treatments for HIV can reduce it to a chronic illness rather than a death sentence—but many people don't know this, and are afraid to be diagnosed. People living with HIV are often demonized as dirty and contagious, and many people assume that anyone with HIV (or getting tested for HIV) is gay. Both beliefs can place them at risk of discrimination and violence.

The barriers around HIV testing are worsened in small, rural communities. Services are more limited, physicians may be unfamiliar with HIV, and small populations can mean privacy is harder to come by. Environmental barriers can be an obstacle, too. Residents are more spread out and transportation to testing locations can be difficult and expensive.

CAP's prevention team has had to think creatively to overcome these barriers and get rural residents tested. Much of the process relies heavily on building relationships with community service providers: free clinics, local health services, case managers, shelters for the unhoused, churches, local businesses. Anyone who has a connection with vulnerable community members is a potential partner. A sense of scale and perspective is also needed.

While testing numbers may be small in these communities, CAP's team stays motivated by remembering that every test we do conduct is an opportunity to provide health education that can then be passed along to family, friends, and communities.

One major victory for CAP has been the development of an HIV and Hepatitis C testing program operating at a Longview encampment for the unhoused. Testing is free, and tests are conducted onsite, so the challenges of cost and lack of transportation are avoided. Many residents of the camp have a history of injection drug use, putting them at significantly higher risk of HIV and HCV transmission. Through this testing program, CAP has been able to reach a population with the highest need as well as the highest barriers to care.

CAP offers walk-in rapid HIV and HCV testing in its Longview location (1338 Commerce Ave, Suite 204) on Wednesdays from noon to 5 p.m. For alternate times or to request an at-home test kit, please call or text Beau Finan at 360.363.0510. Other CAP testing locations and times can be found at the [CAP Know Your Status Website](https://www.capnw.org/get-tested) (<https://www.capnw.org/get-tested>).



*Image of trees in rural Southwest Washington, courtesy of Dave Hoefler, Unsplash. free images*

## DATING & SAFETY — THINK A LITTLE BIT DEEPER



*Images of the victims curtesy of Bristol University*

The Netflix series *Monster* dramatized the real-life murders of Black and Brown men and boys in Milwaukee from 1988 until 1991, which made me wonder how close the gay community was at the time of the killing spree, and if this same thing could happen again in 2022.

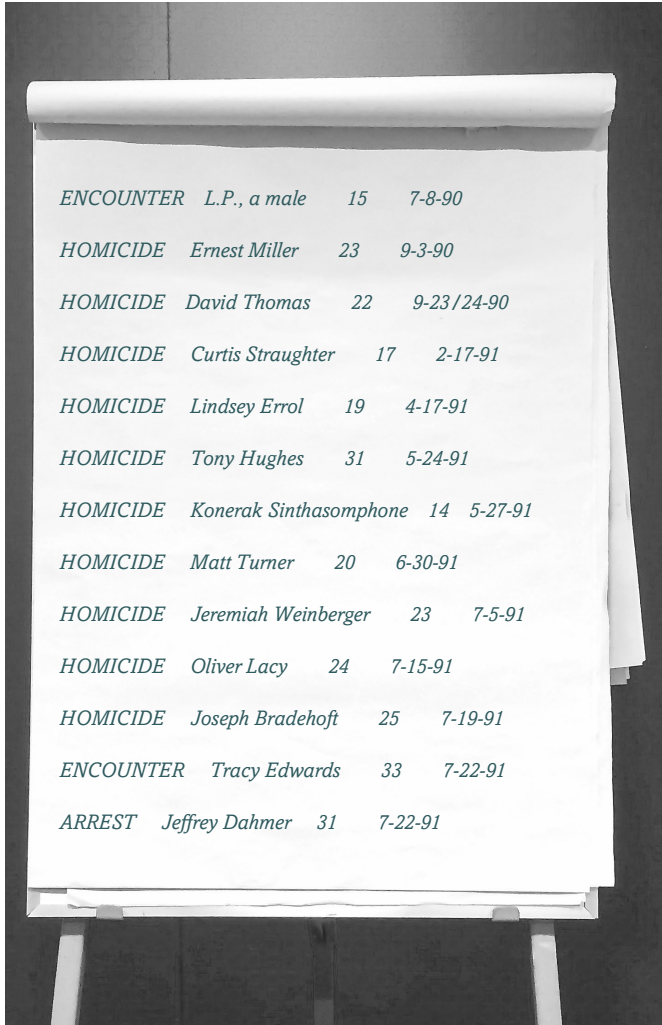
It is well-known this serial killer picked up his victims at gay bars, malls, and bus stops. Malls are too busy for anyone to pay attention when someone leaves, and bus stops can be too isolated to see anything at all. Like malls, bars are busy with people dancing, drinking, and trying to get a piece of the action for themselves – both are perfect places for a predator to recruit for a kill. Most of the victims were Black, Brown, and gay. For these reasons, police put minimal effort into investigating what happened to these young men. Who knows how many more men would have murdered if Tracy Edwards hadn't escaped the serial killer's apartment? The end of the body count did not end the nightmares and traumas faced by the victims' families that continue to this day.

In 2022, you don't have to go to a bar to meet someone; most hookup apps do the work for you. All you have to do is click on a profile photo of your person of interest, and if you like what you see and read, that's it. Someone on a dating site was using a friend's photo as his profile pic – he removed it after my friend contacted him. I said to my friend; "Unless this guy can pass for your twin, his date is gonna be disappointed." I wondered if anyone attracted to the picture went on a date with this person, and what happened next.

Regarding dating and safety, on a personal note, my coworkers and I had a client who regularly came to get tested for HIV. During a testing session, this client told me he'd used a dating app and met this guy who worked as a trainer at a downtown Seattle gym. I guess it may have been a month or two before the client came back to make another appointment for a test. I was in the middle of testing another client and couldn't stop to say hi, but hoped to see him the next day. When the client came back for his test, I was testing yet another client and couldn't stop to see him. Another coworker expeditiously conducted the client's HIV test because I heard him say he had to go to work. I could tell the client was leaving the office, and that's when I excused myself from the testing session.

*Continued on the next page...*

## DATING & SAFETY — THINK A LITTLE BIT DEEPER



ENCOUNTER	L.P., a male	15	7-8-90
HOMICIDE	Ernest Miller	23	9-3-90
HOMICIDE	David Thomas	22	9-23/24-90
HOMICIDE	Curtis Straughter	17	2-17-91
HOMICIDE	Lindsey Errol	19	4-17-91
HOMICIDE	Tony Hughes	31	5-24-91
HOMICIDE	Konerak Sinthasomphone	14	5-27-91
HOMICIDE	Matt Turner	20	6-30-91
HOMICIDE	Jeremiah Weinberger	23	7-5-91
HOMICIDE	Oliver Lacy	24	7-15-91
HOMICIDE	Joseph Bradehoft	25	7-19-91
ENCOUNTER	Tracy Edwards	33	7-22-91
ARREST	Jeffrey Dahmer	31	7-22-91

*A flip chart with the names of some Dahmer encountered, and victims. Victims not listed: Eddie Smith, 28, Ricky Beeks, 33, Anthony Sears, 24, Richard Guerrero, 25, Jamie Doxtator, 14, Steven Tuomi, 28, and Steven Hicks, 18.*

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I opened the door and saw the client was halfway downstairs. I called his name, he turned around, we hugged each other, then he left for work. - this was on a Thursday.

That Saturday, the client and a group of friends went to R Place, a gay bar that used to be on Capitol Hill in Seattle. The client received a text message from the guy he'd met on a dating app, gave his location, and the guy came to meet him at the club. When the clients' friends saw the guy, they all had the same gut feeling,

"He doesn't look like he belongs here," said one of his friends. The friend who rode to the club with the client didn't want to ride with the guy, but the client must have made him feel everything would be ok.

The client, his friend, and the dating app guy were down the street from the friends' home when something made them get out of the car and start running. The friend was shot twice in the head: our client got eight bullets in the face at close range. Police did find the guy who had flown to New Jersey, where he killed another young man. For the murders of Leroy Henderson, Ahmed Said, and Dwone Anderson Young, Ali Muhammed Brown received a 93 year sentence consecutively, and for the murder of Brendan Telvin of New Jersey, life without parole.

I can only imagine how the client felt when he realized his friends at the club and the friend in the car were right about their suspicions of the dating-app guy.

We cannot live our lives in fear; this tragic situation is not the outcome of all online dating. Safety first, safety last! Pay attention to your gut instincts or comments from those around you. In this case, it could have made a difference.

**Contributor:** *Vanessa Grandberry, HIV Community Engagement Coordinator*





# PROGRAM UPDATES

## HOPWA Program Update

This is not a specific HOPWA update but a housing update: DOH will facilitate a monthly housing meeting for both Ryan White Housing and HOPWA staff on the last Wednesday of every month at 3:00 p.m. The goal is for us to get to know one another, share ideas and resources, and build connections.

We will also be starting to work with project sponsors for the HUD OHH HOPWA Equity Initiative the first few months of 2023. Once that phase is complete, we will work to build some client groups at various agencies to work with DOH staff on this project.

## HIV Community Service Program Update

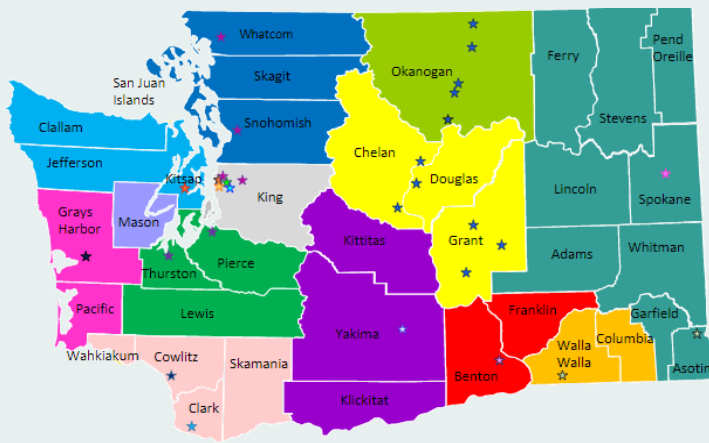
Our office has a new integrated planning group, the [Washington Syndemic Planning Group](#). This group serves as the state’s CDC Division of HIV Prevention and the Health Resources and Services Administrator HIV/AIDS Bureau Integrated Prevention and Care planning body. The group coordinated and managed the state/city HIV prevention and care plan to address inequity and improve HIV health outcomes in people living with HIV. The result of this effort is a new plan that complements existing planning efforts. Find out more by visiting our [HIV planning web page](#).



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## Community-Service Partners, thank you for making a difference!



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