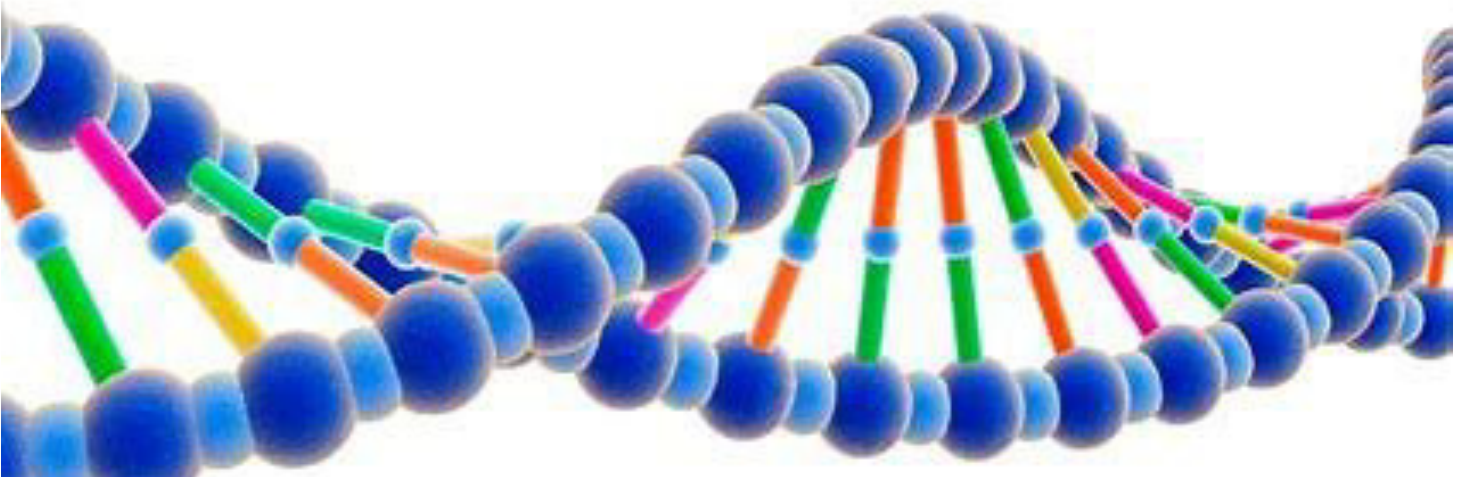


SAMARITAN MINISTRY

OUR MISSION:

“Our church should be a beacon of light and hope, by way of Christ, to anyone who suffers from or has family or friends who suffer from this disease.”



Ending HIV in this Decade

The tools are in place. Is it possible to realistically look toward and end to HIV in America?

In the U.S., out of the 1.2 million people living with HIV, a portion (15%) are unaware of their infection. Of the total, only about 50% are on sustained antiretroviral treatment that can control the virus and suppress it to such a degree that it's not possible to infect others (CDC). The goals are clear.

- * Identify everyone with HIV.
- * Get everyone in treatment.

Easy, right? And we know that HIV service organizations in the U.S., like Samaritan Ministry, have been working on this for a long time. We

know that progress has been made. So, what is the hold up, and why do we think things are different now? Here's what is different...

1. Gaps are closing.
2. New strategies are available.
3. Some states (N.Y.) and D.C. are demonstrating the strength of concerted efforts with REAL, measurable progress.

We are also learning that ALL of the tools in the toolbox need to be used; we cannot let our attitudes shape policy when science is clear.

It is possible to end this. Political will? Grass roots advocacy? Good people taking action. What is the role of the Christian community?

END.

Let's end this.

Ending HIV - Read More

Lots more to see on Page 6.



Gotta have a plan. Here's ours.

Gospel

We were formed and founded upon the work and words of Jesus. It is Jesus who calls on us to care for the sick ([Matt. 25:31-46](#)) and to reach out to those shunned and disenfranchised of our community ([Luke 10:25-37](#)). Jesus demands that we love each other ([John 15:12](#)).

Work to End HIV/AIDS

A model to end HIV/AIDS has been developed and is being used across this country in the hopes of ending this epidemic. Here are the 3 prongs as outlined by the New York Department of Public Health in their Blueprint to END AIDS.

1. Identify persons with HIV who remain undiagnosed and link them to health care;
2. Link and retain persons diagnosed with HIV to health care and get them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission ([Read More](#)).
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk persons to keep them HIV-negative. ([Read about PrEP](#))

Impact the Opioid Epidemic

Since mid 2013, Samaritan Ministry has worked with our secular partners to search for ways to address the opioid crisis in our region of the country. This journey usually means that we are the only "faith partner" at the table, but our presence, and the presence of Christ, is important. Here are some of the ways that we are addressing this urgent public health crisis:

1. We sit at the table with two local groups, The Harm Reduction Coalition, and the Metro Drug Coalition.
2. We engage with the Tennessee Department of Health to help address the Hepatitis C epidemic, especially in the Appalachian region. This partnership includes HCV training and testing.
3. We actively support 3 new Syringe Services Programs in East Tennessee.

Engage with Others

Samaritan Ministry is committed to providing support, encouragement, and advocacy in a community where the influence of the faith community in ending this epidemic is minimal. We are proud to partner with a great variety of agencies and churches:

- Knox Co. Health Dept.
- TN Dept. Health
- Helen Ross McNabb Center Hope Center (Covenant Health)
- Positively Living
- TN Dept. of Corrections
- Knox County Sheriff's Department
- FOCUS Prison Ministries
- Midway Rehab Center
- TN Cooperative Baptist Fellowship
- Compassion Coalition
- Serenity Shelter (A&D Facility for Women)
- Knox Co. Lions Club
- Faith Coalition
- FISH Food Pantry
- National Minority of AIDS Council
- Operation Inasmuch
- Planned Parenthood
- CDC - Centers for Disease Control
- World AIDS Day Steering Comm.
- University of Tennessee Nursing
- Pellissippi State Community College
- Walters State Community College
- Central Baptist Bearden, Knoxville,
- Cedar Springs Presbyterian Church
- Central Baptist Church, Fountain City

NEW WEBSITE LAUNCHES

Samaritan Ministry is working with one of our partners and fiscal supporter, Slamdot, to upgrade our website and smart phone platforms. Please check out our new website [soon](#) at www.samaritancentral.org.





IMPACTING THE OPIOID EPIDEMIC

It seems like there is a story about the opioid crisis almost every day. In East Tennessee, we are right in the middle of this epidemic and Samaritan Ministry is responding.

The connection between IV drug use and HIV infection is unmistakable, as the 2015 outbreak in Indiana demonstrates. The CDC has identified 220 counties across the U.S. that are especially vulnerable to such an outbreak and 42 of those counties are in Tennessee. We need to pay attention.

Testing - During 2016 and 2017, we conducted over 1000 HCV tests, working in cooperation with our testing partner, Helen Ross McNabb Center. Our overall positivity rate is 37%. We are at pace to equal or exceed those numbers in 2018.

Training - Samaritan Ministry is committed to covering basic opioid abuse and Hepatitis C (HCV) education at EVERY opportunity. Wayne is one of the official Tennessee Department of Health HCV trainers.

Syringe Exchange - Between 1991 and 1997, the U.S. Government funded seven reports on clean needle programs for persons who inject drugs. The reports are unanimous in their conclusions that clean needle programs reduce HIV transmission, and none found that clean needle programs caused rates of drug use to increase. AIDS United publishes information about the effectiveness of Syringe Services Programs (SSP).

https://www.aidsunited.org/data/files/Site_18/2014AidsUnited-FactSheet-SyringeExchange.pdf

We are excited to be a part of this changing landscape in the fight against the opioid epidemic. We believe that Syringe Exchange is an important tool in this fight and we are partnering with two East Tennessee organizations to make SSP a reality in Tennessee.

STEP TN is the name of the new Syringe Services Program (SSP) launching in Chattanooga, part of Cempa Community Care. STEP TN is a new Samaritan Ministry partner.

OMG... WAYNE IS WORKING FOR THE STATE!

No, he has not gone over to the dark side, just providing some contracted services for the Department of Health.

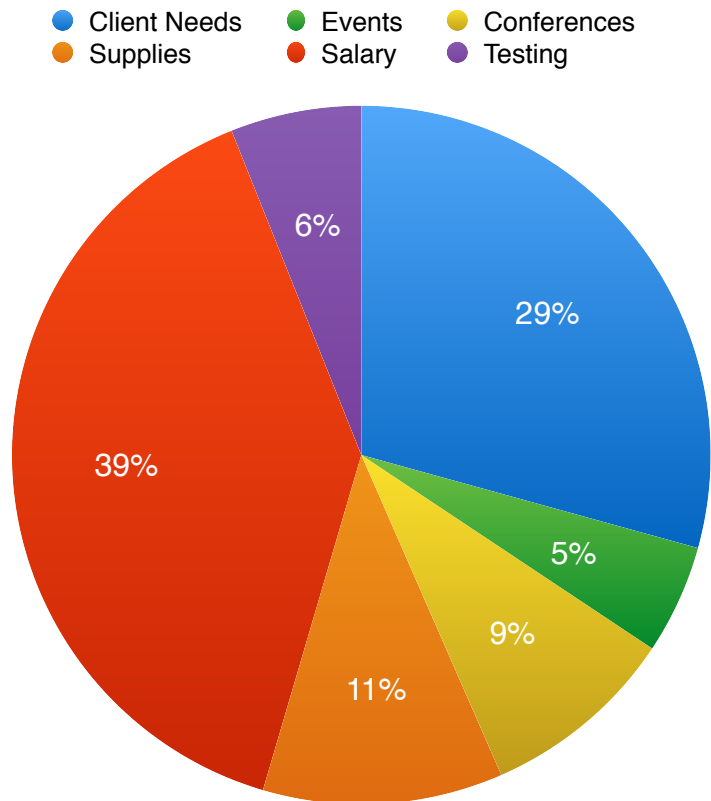
Wayne will be visiting our Hepatitis C testing partners and providing Quality Assurance and Quality Improvement services.



FUNDING CHANGES AND CHALLENGES

Not-for-Profit and Faith Organizations are all hurting financially. Samaritan Ministry is not exempt. We need your help to fund our 2018 budget.

Our annual budget relies on several foundations, government entities, and of course, individual donations from people like you. Actually, about 30% of our budget comes in as individual donations. Take a look at the chart to the right to view our funding needs. WE NEED YOU!



You can make a Tax Deductible gift to Samaritan Ministry right [HERE!](#)

Select Quick Give and then Samaritan!

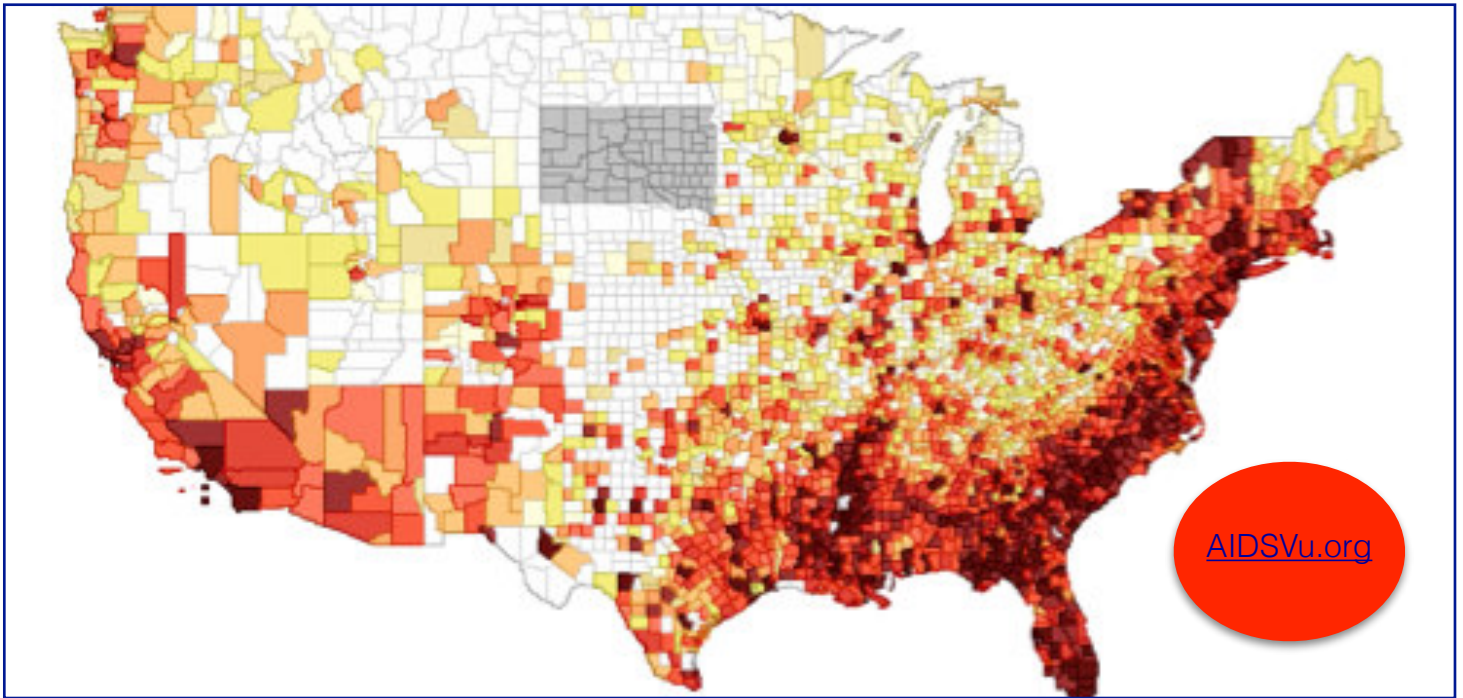


FAITHWALK AND AL ICHIKI 5K TAKES A HIATUS

After much thought and reflection, we have decided not to have a FaithWalk 5K in 2018.

We have had a successful 6 year run with FaithWalk and we are so grateful for the community support and especially for the support of Dr. Al Ichiki's family.

We hope you will continue to support Samaritan Ministry as a volunteer and by giving generously to our mission.



Remember... It's a Southern Thing

Across the Southern U.S. HIV continues to be an epidemic that won't go away.

Loss of family. Loss of friends. Loss of faith community. Loss of love, children, job. Loss of dignity. Loss of power and of hope. These are the byproducts of stigma... of living with HIV, of having a son or daughter living with HIV. Of homosexuality. Homophobia may be the single greatest driver of this epidemic, especially in the Bible-belt South. What is going on here?

HIV is a Southern Epidemic. The map above (aidsvu.org) illustrates the shape of HIV in America. What we know is that the South is home to the most undiagnosed HIV and the most new HIV diagnoses. Why the South?

Poverty is at home in the South with many states having the highest rates of poverty in America (More than 18.5% falling below the poverty line.) Learn more about poverty in the South at talkpoverty.org.

Religious Fundamentalism creates barriers for uncovering stigma and sharing public health information. The Bible Belt, while home to many wonderful religious people, is also a place where shame, ignorance, and intolerance thrive. Many southern states restrict access to sex education and family planning. This is a particular concern in public schools where many southern states restrict student access to public health information by statute. Ignorance around sex and sexuality, sexual identity, and "abstinence only" policies are issues that help to drive the HIV epidemic. What we need is a comprehensive approach to sex and sexuality, where abstinence as a choice is valued and respected, and where the reality of early sexual debut is acknowledged along with competent messages around safer sex and disease prevention.

Access to Healthcare is a major issue in the South as well, with many southern states electing not to participate in Medicaid Expansion. According to healthinsurance.org expanding Medicaid in Tennessee would make coverage newly available to roughly 352,000 of the state's poorest residents. But it hasn't happened, and it is not likely to happen all across the South.

To end the epidemic in the South will require a full frontal assault on HIV, with politics and moralism set aside. HIV is not a moral or political problem; it is a public health problem.

ENDING HIV - REALLY? (FROM PAGE 1)

Modeling after New York, many states, including Tennessee, are working to PLAN for an end to this epidemic. Here's the outline.

Expanding HIV testing so everyone knows their HIV status -

For many years there has been a significant gap between the estimated numbers of people living with HIV and the number of people who had been tested (diagnosed) with an HIV infection. Because of a concerted effort across the entire country, more HIV testing has been done, and with the advent of several "rapid" HIV tests that are designed to be "non-laboratory", this has become the purview of community based organizations like Samaritan Ministry. The gap is closing with the latest data showing that about 15% of those infected are unaware of their infection (CDC).

Helping everyone with HIV get treatment to stay healthy and prevent transmission to others -

Several studies (PARTNER Study 2016) have shown very dramatically, that HIV treatment can successfully suppress the virus in an individual, making transmission virtually impossible. We address the issue elsewhere in this NEWSLETTER.

This is another gap, between those who are diagnosed and those who are "in care", i.e. taking anti-HIV drugs leading to depressed HIV levels (also called undetectable levels). Currently in America, of those identified as HIV positive, about 58% are living with suppressed viral levels, and these 58% are "non-transmittable".

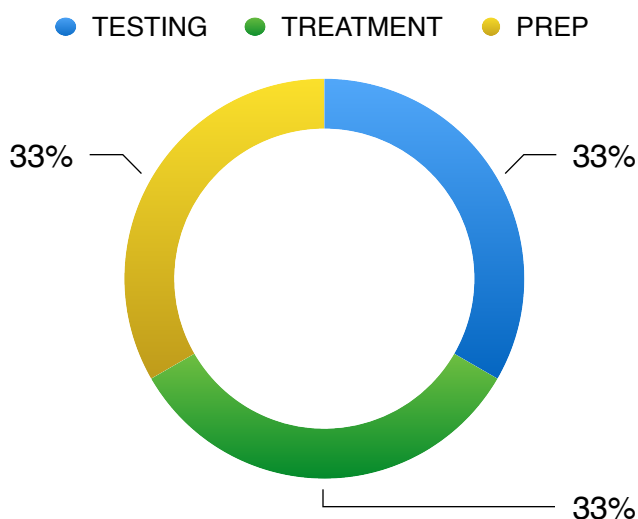
The challenge for everyone working in the HIV field today, is to close this most important gap. We need everyone to be undetectable because UNDETECTABLE = UNTRANSMITTABLE!

Expanding access to pre-exposure prophylaxis (PrEP) to prevent new infections -

The third arm of this outline is prevention and a concept known as **pre-exposure prophylaxis**. For a long time, the only pre-exposure prevention tool was the condom, effective, but not a choice for everyone.

Today, pre-exposure prophylaxis (PrEP) has become synonymous with the use of daily oral medications that are proven effective in reducing HIV exposure to the uninfected. TRUVADA, is currently the only medication FDA approved for PrEP, although other medications are currently under study for PrEP use.

In New York, this three pronged effort is working to reduce the gaps in diagnosis and treatment and this sets a model for everyone else.



Samaritan Ministry - A Ministry arm of Central Bearden

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