

Onondaga Citizens League
2007 Study: Health Inequalities in Onondaga County

Public Session #4: HIV/AIDS

Wednesday, May 23, 2007

5:00 to 6:30 p.m.

Syracuse Community Health Center
523 South Salina Street, Syracuse, NY

Panelists:

Steve Waldron, PhD, Director of CNY HIV Care Network

Moustafa Awayda, MD, HIV Specialist, Syracuse Community Health Center

Rosemary Arroyo-Perez, Public Health Representative, NYS Dept. of Health

Melody Holmes, Director, Jail Ministry and Community Activist for HIV Concerns

Session Coordinator: Peter Sarver, OCL 2007 Study Committee

Steve Waldron introduced himself, explaining that the CNY HIV Care Network is a health care planning agency and consortium for providing services to HIV/AIDS patients. Steve has been involved in the world of HIV/AIDS issues for 25 years, and says that this world is an epidemic of color, of women of color.

AIDS, says Steve, is “just the latest thing to happen to someone,” explaining that prior behaviors or being of the third generation of abuse, have contributed to the fact people are marginalized and by a lack education and employment.

Education affects how we design and deliver services, and we are not doing a good job.

The 90s were largely a death sentence for those with AIDS. HIV/AIDS, which is a complex disease. Treatment was complicated by a national care act that placed funds in a pool that states had to wrangle to obtain. New York State is one of the best systems in the U.S. for HIV/AIDS.

Although the disease is no longer a death sentence, the epidemic is still here and it is not going away. This is due to a decreased awareness in certain communities about the disease. Those who witnessed the tragedies of the 1990s are older now, and the younger people have not seen the high number of deaths associated with the disease. Those who have the diseases now still suffer from the stigma of having the disease and from fear of it.

Dr. Moustafa has been involved in the treatment of HIV/AIDS for 28 years, and he sees that racial and ethnic issues affect disparities in healthcare.

The World Health Organization says that the state of health is the ability for one to live a social and productive life. The U.S. is not the best model in the world for helping its citizens to achieve

this definition of health. The future health of our nation as a whole depends on how we work with communities to eliminate health disparities.

In the U.S. now there are hurdles to overcome in delivering healthcare, especially with the disparities between Whites and African-Americans, Native Americans and Hispanics. For example, infant mortality is still two times more prevalent among Blacks than Whites, with rates being 14 deaths per thousand versus 7 deaths per thousand for Whites. Cancer screening occurs more frequently in Whites, while Blacks are getting cancer and dying because it is diagnosed later. There are disparities in the way people are treated for who have cardiovascular disease, stroke or diabetes. There are wide disparities in the way the elderly, those with HIV/AIDS, and those with mental issues are treated. We are far from the goals of Healthy People 2010.

Why is this a major problem? Partly because all minorities are increasing at a faster rate, especially Latinos. Projections show that by 2038, the White population will have decreased in the U.S. by 50 percent.

At Syracuse Community Health Center, a major part of the mission is access.

Dr. Moustafa says that 1 million people are afflicted with the virus, and one-quarter of them do not know they are infected. We see big disparities in healthcare – if tested, they can be treated. In African-American men, AIDS is the third leading killer; in African-American women ages 22 to 35, it is the number one killer.

At Syracuse Community Health Center, we began to develop a comprehensive HIV/AIDS program to provide more access to testing and treatment.

Rosemary Arroyo-Perez has been a Public Health Representative for New York State for 17 years, and is a founding member of Salud. Rosie referred to her handout titled “Central New York HIV Care Network Regional Summary: 2007” [refer to Appendices, 2007 Study, Public Session #4, 5-23-07] to share statistics about the disease in Onondaga County. She said that Onondaga County has the highest rate of HIV/AIDS in the 11-counties encompassed by the Care Network. She said the county has the second highest rate of gonorrhea and chlamydia in New York State. Barriers to testing include language barriers and the attitude that “it’s not going to happen to me.” At risk persons are those between 14 and 25 years of age. In the last 20 years, the Latino community has doubled. A major focus at Salud is HIV/AIDS prevention, testing and treatment.

Melody Holmes has spent most of her professional and personal life witnessing the HIV/AIDS epidemic. She has seen first-hand how the disease take hold and destroys lives, saying that she has gone to too many funerals and has watched talent and promise die away as well.

She shared the scenarios of three inmates: “Mr. Douglas,” who is HIV-positive and is concerned about treatment. He is European-American and has health insurance. “Mr. Dennis” is also HIV-positive and is having difficulty in prison getting medications and treatment. If he plays crazy, he may get treatment for mental health issues. “Mr. Ruiz,” also HIV-positive, has no trust in a

Spanish interpreter and writes questions in Spanish for Melody to have translated. The Jail Ministry asks, "How can we help these people?"

Melody first came in contact with HIV/AIDS in 1983 when she was a grad student at Vanderbilt University, where, in the hospital's emergency room, nobody would speak to him because they were afraid to because of the disease. In 1985, the seminal question was posed, "When will people understand that this is a black man's disease?"

Melody returned to Syracuse and met Wendy Modeste, whose story of her affliction with HIV/AIDS was chronicled in The Post-Standard. By this time, Melody had already become very passionate and involved with helping those affected by the disease. She quotes Harvard University professor Cornell West as saying that the government doesn't care about folks of color, which is what has created the disparities between healthcare for Whites and non-Whites. Melody says there is a very real economic racism, and the reality is we have to deal with it.

The question and answer period brought out the point that HIV/AIDS has spread exponentially among the prison population. An HIV/AIDS staff member from the Syracuse Community Health Center pointed out that when prisoners are released from jail, they should already be assigned a healthcare provider.