



COMMUNITY HEALTH AWARENESS GROUP

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Out from the shadows

A message from Phill Wilson

When we look at black history in America we are always overwhelmed by the cruelty of others. We are particularly overwhelmed by the cruelty of Europeans and white Americans who participated in the barbaric institution of slavery. The unwillingness of others to face their shadows is always before us and it is unforgettable.

In the present, I think it's important for us to focus our attention on our own shadows and our own fears. For each event of cruelty in our history that has come about because of someone else, the pain for us is compounded by our own inability to face the fear. So we will treat one another with the same disrespect as the majority has treated us. We will demand better health care from an unjust government but we won't do what we have to do in order to keep ourselves healthy. We insist on just a little more salt, even though we know we have high blood pressure. And we refuse to practice safer sex, even though

we know about HIV and AIDS.

As the epidemic has grown darker and darker, the African-American community has mobilized on many fronts to fight the war on AIDS. We have worked with the CDC to obtain additional funding for prevention programs, won funding through the Congressional Black Caucus, and raised the call for AIDS awareness from the pulpits. But lost in this outcry has been real discussion about some of us who are forced to live in the shadows—African-American gay and bisexual men still represent the largest number of African Americans infected with HIV.



Phill Wilson
Founding Director,
African American AIDS
Policy and Training
Institute

If we are serious about stopping AIDS, we have to end that silence. We have to confront the shadows—and in the process rethink our beliefs about what it means to be black and male in America today.

The latest statistics from the CDC show the terrible toll of HIV on African-American men. Half of all new infections among

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CHAG models the non-traditional

The ability to reach out into the community and provide HIV counseling, testing and referral (CTR) to those most at-risk – where they are – is an important first step in the prevention – care – prevention continuum of services for African Americans. Community Health Awareness Group (CHAG) has been recognized by the national Centers for Disease Control and Prevention (CDC) for this.

“This program serves as an excellent example of delivery of the revised guideline recommendations in Non-Traditional

Settings,” stated the CDC. It is the CDC in Atlanta that sets the guidelines for all HIV counseling and testing done by agencies approved by the Michigan Dept. of Community Health (MDCH) to provide CTR services. CDC rolled out the new guidelines in a November satellite broadcast, which featured several exemplary programs nationally including CHAG's.

CHAG has been providing outreach to neighborhoods in Detroit with a needle-exchange van since World AIDS Day 1996. Mobile HIV counseling and testing out-

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in the news

World AIDS Day 2001 targets young men and youth

"I care... Do you?" is the slogan for the second year of a two-year UNAIDS International World AIDS Day Campaign intended to create a sustained focus on the role of men in the AIDS epidemic.

The new Campaign aims to involve men, particularly young men, more fully in the effort against AIDS; to bring about a much-needed focus on men in national responses to the epidemic and to involve leaders both as politicians and in their personal lives in the response to the HIV epidemic. In the United States the focus for World AIDS Day is on youth – young people under the age of 25 represent all of the new HIV infections.

BLACKS DISPROPORTIONATELY AFFECTED BY HEPATITIS

Blacks have a "significantly higher prevalence" of hepatitis B and C — two strains of the virus that can be transmitted through blood, sexual contact and intravenous drug use — than whites. Blacks also tend to develop chronic hepatitis infection more often than whites because they are "typically" diagnosed later. Other factors such as alcohol use, poverty, poor nutrition and "overall worse health status"

World AIDS Day 2001

Estimated number of adults and children living with HIV:

- 36.1 million worldwide (1/1/2001)
- 440,000 in United States (1/1/2001)
- 13,500 in Michigan (10/1/2001)
- 6,050 in City of Detroit (10/1/2001)

increase African Americans' chances of disease progression, National Medical Association President Dr. Lucille Norville Perez said.

She noted that blood transfusions before 1990, when hepatitis screening became standard, also led to more infections among African Americans because blacks require more blood transfusions than whites due to race-specific diseases such as sickle cell anemia. Vaccine access has also been unequal, she noted, adding that black infants are less likely to be inoculated against hepatitis B.

"This doesn't get highlighted often, but if a mother is chronically infected, about 90% of infants who are not immunized will themselves develop chronic hepatitis B," she explained. *Summary from the Kaiser HIV/AIDS Report (10/23/01)*

MEN WHO SLEEP WITH MEN

Years ago HIV-infected women usually contracted the disease through drug use. But these days one of the main methods of infection is heterosexual sex. In some instances, women are having sex with men infected through drug use. But researchers say that, more female infection than is generally suspected has come through the "bridge" population of men who also have sex with men.

It's hard to quantify this population, but a survey by the CDC found that nearly a quarter of black HIV-positive men who had sex with men consider themselves heterosexual. Because these men don't consider themselves gay, AIDS prevention messages and programs often elude them. It is with this concern that health care workers are now using the phrase "men who have sex with men" (MSM), designed to make men more open to information about safe sex and HIV testing. Shame and stigma lead MSM to carry on elaborate double lives.

"These men live in a racist society and a homophobic black community," according to Ron Simmons, Ph.D., executive director of Us Helping Us, People Into Living Inc., an AIDS community outreach group in Washington, D.C. *Essence (10/1/01)*

mark your calendar

December 6-7 **Grand Rapids, MI**
An Odyssey of Health, Hope and Healing
2001 STD & HIV Conference

Featuring a special institute on mental health issues. Meet and greet Keynote Speaker Phill Wilson on Thursday, December 6. For information, call Diversified Management Services (517) 663-5147. Download the registration form at www.mihivnews.com/pdf/files/stdhiv-reg.pdf

meet the new staff at CHAG

- **Latisha Brayboy, MSW**, Case Manager
- **Sonya Morgan, MSW**, Jail Case Manger
- **Roger Arrington**, Outreach Worker
- **Theresa Webb**, Advocacy Case Manager
- **Adrianna Garza**, Bilingual Outreach Worker
- **Lamont McDaniel**, Transportation Driver
- **Donella Welton**, Outreach Worker
- **James Kennedy**, Outreach Worker
- **Terry Jenkins**, Support Group Facilitator
- **Stephanie Smith-El**, Support Group Facilitator

CHAG models the non-traditional

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reach has been a service provided by our agency since April 1997, when FDA approval of the OraSure test made this possible, and we acquired a second van. The OraSure test uses a swab in the mouth, so no blood is drawn, and the samples are easy to handle, store for the day’s shift and then mail that day to the state lab.

It was OraSure that really made CTR outreach possible, said CHAG Executive Director Cindy Bolden. “Injection users are hard to reach. It’s hard to get a blood draw from them. They won’t come into the office.

With a mobile van and OraSure you have taken away the barriers to testing.”

Since January 2001, CHAG has been working with a third generation van that is fully equipped for outreach CTR services. There is everything needed to provide confidential counseling and testing for two individuals at a time. In this third generation of vans, which was made possible by a grant from the CDC, Bolden

said, “This is what we were trying to get. It’s like having an office right on the street to do counseling and testing.”

Beverly Ethridge and Robert Soto are certified CTR counselors, part of a three-member team for the new outreach van, who have been working together since April. Both started out with the agency providing transportation for clients. Ethridge has been a trained counselor for four years and was previously doing institutional outreach – providing HIV education, counseling and testing in treatment centers. Soto has been trained as a CTR counselor for six months. He has also taken classes in human services and substance abuse. Besides the MDCH certification as CTR counselors, both Ethridge and Soto have been certified through the Community Health Outreach Workers (CHOW) training. This training gave them the skills they need to do their work out on the streets.

“They are very well trained,” said Bolden. “You have to be

well trained to work with this population.” The third member of their team, Adriana Garza, who is bilingual, was recently certified to do CTR.

Because the CTR van goes to sites in southwest Detroit, which has a large Hispanic population, Bolden said this ability to provide bi-lingual services is very important. “You’ve taken away language barriers (to accessing services),” she said.

The CTR van sites are scheduled in collaboration with the LifePoints needle exchange van. They are parked right behind that van. “Counseling and Testing compliments the needle exchange and visa versa, because (injection drug users) are the target group we are looking for,” said Soto. “I believe it’s a great incentive. A lot of people wouldn’t access our service if they weren’t already coming to exchange their needles,” said Ethridge.

Because this target population is also at high risk for Hepatitis C, this testing is also available from a counselor who rotates among the three CHAG outreach

vans. Another CHAG employee who is available to all three vans is a client advocate. She is available to come with them on the van when they have to give a positive test result.

The client advocate provides a sort of case management triage service, and can make an immediate referral for primary care. “She can assess (the clients) needs and get them pointed in the right direction – actually call places for them to make sure they get the services they need,” said Soto. CHAG can make referrals for drug treatment, STD testing and treatment, as well as other community services that may be needed including mental health.

Besides the alliance with the LifePoints needle exchange harm reduction program, it is also helpful for CTR that CHAG provides such a wide spectrum of care services, including case management, right at the office. This makes it easier for those who have tested HIV positive to come in to the agency – where they already know some friendly faces – for follow-up care services.



Beverly Ethridge and Robert Soto, certified CTR counselors, are part of a three-member team for the new CHAG outreach van.

Out from the shadows

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men are among black men. According to a recent CDC study, nearly a third of African-American men who are gay and/or bisexual have HIV before the age of 30. Even more shocking, further analysis of that study has just found that the majority of these men were infected only recently. The *New York Times* may be comfortable declaring, as it did in 1999, that we are in the “twilight of the epidemic” in the United States. But among black men, we may be just getting started.

Some communities have greeted the news of these infection rates by blaming the victims—demonizing us and characterizing us as sexual predators. Black homosexual men are still black men: And black men, if we are seen at all, are seen as problems.

Even in African-American communities, we are stigmatizing those among us who are most in need of help. If a friend, cousin, son or co-worker were in a car accident, few would think twice about offering help. When injustices like the police brutality against Abner Louima and Amadou Diallo arise, we are quick to organize thousands in marches across the Brooklyn Bridge and spur national debate. But when people hear that a black man has HIV, we immediately ask not what we can do, but what he did—and wonder what’s wrong with him. We refuse to look at the shadows.

Black men who have sex with other men learn early not to talk about our problems, seek care, get tested for HIV, or tell each other if we test positive for the virus. Some are shamed into silence even as they stay in marriages, putting their wives and children, as well as their male sex partners, at risk. Meanwhile, HIV multiplies in the shadows, having just as much of an impact on African-American life as drive-by shootings, sickle cell anemia, drugs, or any of the other problems we are so much more comfortable talking about.

All of us as African-Americans—male or female, openly gay or not—pay a price for not looking at the shadows. Over 50% of all new HIV infections in the US are African American. We have to confront the shadows.

Who among us doesn’t have some part of our life we do on the “down low,” or something that sets us apart? You may be shorter than normal, or fatter, or drink a little. Watching people be shunned for their “otherness,” every one of us begins to feel a little doubt about ourselves.

If we want to decrease the rate of HIV infection among African Americans, we need to increase the dialogue—not shut it down. We need to embrace that amazing grace. For African-American institutions, this means supporting visible gay black leadership, and not just assuming that anti-gay prejudice is someone else’s problem.

When injustices like the police brutality against Abner Louima and Amadou Diallo arise, we are quick to organize thousands in marches across the Brooklyn Bridge and spur national debate. But when people hear that a black man has HIV, we immediately ask not what we can do, but what he did—and wonder what’s wrong with him.

For the faith community, Luke 6:37 tells us

“Judge not, and ye shall not be judged: condemn not, and ye shall not be condemned: forgive, and ye shall be forgiven.”

For individual black men, it means expanding the way we think—not just about straight and gay, but about the whole range of human possibilities. What logic says it’s okay for a young black man to imagine himself as a rapper or athlete, but not as Chief Justice of the Supreme Court or the next Alvin Ailey? Similarly, what do we get out of denying the diversity of sexual identity and behavior in our communities? How many more lives will such narrow definitions of masculinity cost us?

Challenging what we can be as men, and

as people, may do more than any condom lectures to prevent the spread of AIDS. The idea that black men could help each other, or that we need help, seems embarrassing. But you can’t die of embarrassment. And with 30 percent of young African-American men who have sex with men infected with a deadly virus, too many of us are dying.

In her poem, “The Transformation of Silence Into Language and Action,” Audre Lorde wrote:

Death, on the other hand, is the final silence... while I planned someday to speak, or waited for someone else’s words. I was going to die, if not sooner then later, whether or not I had ever spoken myself. My silences had not protected me.

Your silences will not protect you.

Too many of us are afraid of the shadows. We measure our goodness by what we don’t do, by what we resist or whom we exclude. We must confront the shadows and measure our goodness by what we do, by what we embrace and whom we include.

We must break the silence about HIV among *all* people in our community. For it is not *they* who are dying. *We* are dying.

The day will come when this epidemic is over. When it does it’s important for them to know that we were not all cowards, we were not all monsters. Some of us dared to look at the shadows. Some of us dared to care in the face of it. Some of us dared to fight because of it. Some of us dared to love in spite of it. Because it is in the caring and the fighting and the loving, that we live forever.

Phill Wilson is the Founding Director of the African American AIDS Policy and Training Institute (www.AAAInstitute.org) in Los Angeles. Its mission is to address HIV/AIDS by engaging black institutions in efforts to combat the AIDS pandemic in black communities. He will present the opening keynote address at the STD & HIV Conference in Grand Rapids Dec. 6-7.

prevention research

Summaries provided by the CDC

HIV HIGHLY CONTAGIOUS BEFORE SYMPTOMS

10/18/01 *Reuters Health*

HIV may be highly transmissible before an infected person experiences its first, flu-like symptoms, and before HIV tests can detect the virus, researchers reported last week. The findings underscore the importance of consistent safe sex in preventing AIDS. The investigators studied five couples where HIV transmission occurred soon after one partner contracted the virus -and as early as one week before the partner developed the flu-like symptoms that characterize early HIV infection.

“The main thing that’s new is that we’ve shown for the first time that sexual transmission can happen readily and very soon after exposure,” said a statement from Dr. Christopher D. Pilcher of the University of North Carolina-Chapel Hill. Researchers had suspected but not documented this phenomenon, according to Pilcher. He and his colleagues reported their findings in the Oct. 10 issue of the *Journal of the American Medi-*

cal Association (2001; 286: 1713).

During the period shortly after transmission, known as primary HIV infection, virus levels soar in the blood, and short-lived symptoms such as fever, fatigue and swollen glands may occur. But because the immune system has not yet produced antibodies to the infection, standard tests for HIV antibodies cannot detect the infection. Researchers have theorized that during this period, large amounts of the virus are “shed” into the genital tract and make the patient highly infectious. The current study suggests that this is, indeed, the case.

LIVING WITH MOM MAY HELP CURB RISKY SEX

9/24/01 *Reuters Health*

Teenage African-American girls who live with their mothers and who feel that they have supportive families may be less likely to engage in sexually risky behavior, according to a new study. The study was published in *Preventive Medicine* (2001;33:175-178).

treatment

NEW GUIDELINES FOR VIRAL HEPATITIS

The National Medical Association, which represents African-American providers, has released new guidelines for the prevention and treatment of viral hepatitis focusing on the high number of cases found in African Americans. The guidelines focus on four “key” initiatives: universal vaccination, increased education, advocacy and disease surveillance. They also call for more research into eliminating viral hepatitis. Universal vaccinations for young adults are necessary “[b]ecause of the increased sexual activity and drug activity between the ages of 13 and 34,” NMA President Dr. Perez noted. Requiring the vaccine with college admission physicals or job placement

screenings “would be appropriate,” she added. *Reuters Health* (10/23/01)

FDA APPROVED AIDS DRUG

The U.S. Food and Drug Administration (FDA) approved Viread, a new once-daily pill to treat HIV at the end of October. One AIDS specialist who treated patients with Viread in clinical trials said the drug reduced HIV levels without the side effects that are common with other drugs. “This is going to be an important drug for AIDS treatment at every stage of the disease.” said AIDS activist Martin Delaney. The FDA approved Viread for all patients, including those being treated for the first time. A year’s supply will cost \$4,135. *Associated Press* (10/28/01)



WHERE TO CALL

HOTLINES

▶ **National AIDS & STD hotline**
(800) 342-2437
24 hours daily

▶ **in Spanish**
(800) 344-7432
8 a.m. to 2 a.m. daily

▶ **Michigan AIDS hotline**
(800) 872- AIDS (2437)
9 a.m. to 9 p.m. weekdays

HOTLINE FOR WOMEN

▶ **(800) 554-4876**
2 p.m. to 9 p.m. Mon., Wed., Fri.

COMMUNITY HEALTH AWARENESS GROUP

▶ **(313) 872-2424**

Founded in 1985, Community Health Awareness Group (CHAG) is a not-for-profit, minority operated, community-based AIDS service organization.

Our mission is to address current health issues and concerns of the African American citizens of Detroit, to provide compassionate and nonjudgmental services through culturally appropriate and ethnically sensitive programs, and to develop effective ways of promoting and implementing positive health strategies to influence the overall quality of life of the African American community.

Interviewing your doctor

By Glenn Gaylord

Choosing the right healthcare provider is one of the most important decisions you can make in your journey with HIV/AIDS. Regardless of your insurance status, you have the power to “hire” and/or “fire” a physician. Finding the right one for you may seem like a daunting task, but, unlike some aspects of HIV disease, it is something within your control.

In the late Michael Callen’s groundbreaking book on long-term survivors, “Surviving AIDS”, he cited the following study conclusion (Drs. Solomon and Temoshok): Survivors tend to have extraordinary relationships with their healthcare providers. Survivors spoke of a healing partnership with their healthcare providers, and were neither passively compliant nor defiant.” So how do you find the right one? The following are some basic tips for “interviewing” a physician.

- See if the staff is friendly. Are they sensitive to issues of gender, sexual orientation, substance use, etc.?
- Are the physician’s degrees posted in full view?
- How does the waiting room look? Do people generally wait a long time? Are there timely HIV-related materials visible?
- How much time does the physician schedule for each patient? Is the physician flexible with appointment times? Will he/she book a double appointment if you know in advance you will have a lot to discuss?



- Ask how large the physician’s caseload is and how much of it is HIV-related.
- Is the physician’s bedside manner warm and friendly? Does the physician encourage you to ask questions?
- Find out where the physician gets his/her information.
- Ask if the physician is receptive to being your partner and to receiving information you may bring to him/her (i.e., new study data, alternative treatments).
- Does the physician explain things to you in terms you can easily understand?
- If you have issues concerning billing and payment for services, it is best to discuss these in advance.
- Does the physician see you as a person living with or dying from HIV/AIDS?

Of course, a lot depends on what you would like out of your doctor/patient relationship. Some of us are content to let the doctor handle everything. Some of us want an equal partnership. Either choice is valid. Furthermore, once you have found a physician, keeping that relationship healthy is another challenge. It can be a lot like dating. Be assertive, respectful, and keep the communication lines open, and you may find this relationship to be among your most rewarding.

Glenn Gaylord is a Treatment Advocate at AIDS Project Los Angeles.

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