

STATE OF EMERGENCY TASK FORCE

AIDS Epidemic in the African American Community of Alameda County

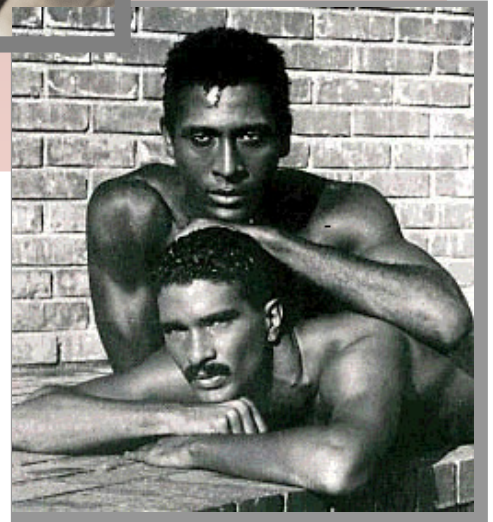
VOLUME No.II, 4TH QUARTER



Who's Most Effected By HIV/AIDS

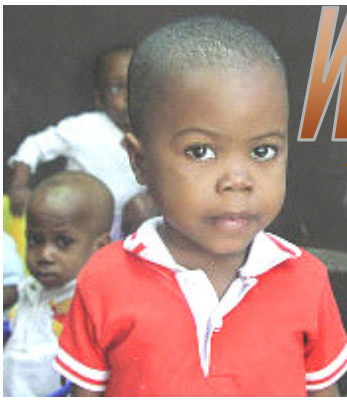


And Where Did The Funding Go?



INSIDE THIS ISSUE

4	Aid for AIDS Africa: True Perspectives
6	Directory of Local Support Groups
8	Task Force Members Active in the Field
9	What's Up on the Down Low?
10	Four Steps You Can Take
11	Task Force Collaborative Agencies
11	Become a Task Force Member
12	Food Safety for Persons with AIDS



Who's Feeling the Impact?

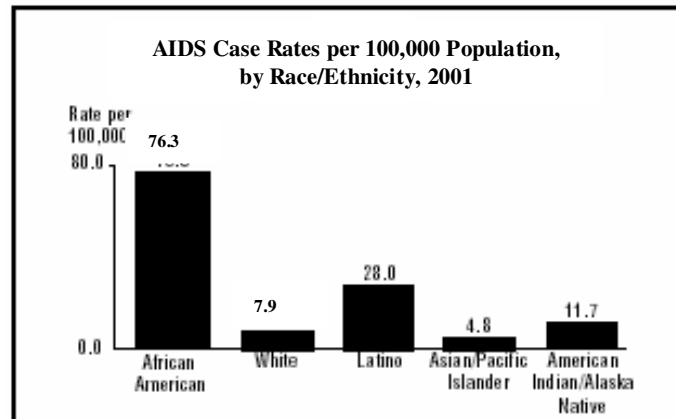
This article summarizes the Kaiser Family Foundation's HIV/AIDS Policy Fact Sheet

AIDS is not an equal-opportunity disease. The statistical likelihood of contracting HIV varies with age, ethnicity, geographic region, gender, and socio-economic status. Youths, in particular, are profoundly impacted. Although, African American teens (ages 13-19) represent only 15% of U.S. teenagers, they accounted for almost two thirds (61%) of new AIDS cases reported among teens in 2001. A similar impact can be seen among African American children under the age of 13. [1]

Since the beginning of the epidemic, African Americans have been disproportionately affected by HIV/AIDS and the disparity has deepened over time. African Americans represent 12% of the U.S. population but now account for more than half of all new HIV infections in the U.S. each year and half of new AIDS cases reported.[2] Blacks account for more people living with AIDS and more deaths with AIDS than any other racial/ethnic group. HIV was the number one cause of death for African Americans between the ages of 25 and 44 in 2000.[3] The epidemic has had a disproportionate impact on different subgroups of African Americans: including women, teens, children, and men. Moreover, African Americans face exceptional barriers to accessing care.

Men: The AIDS case rate for African American men in 2001 was 8 times that of white men (109.2 per 100,000 compared to 13.7).

Women: Among women, the AIDS case rate for African American women was almost 20 times the rate for white women (47.8 per 100,000 compared to 2.4).[1] African American women accounted for a third (34%) of newly reported AIDS cases reported among all African



[1] CDC, HIV/AIDS Surveillance Report, Vol. 13, No. 2.

[2] US Bureau of the Census, 2000 Summary File 3 (SF3)-Sample Data.

[3]. CDC Divisions of HIV/AIDS Prevention, "Young People at Risk: HIV/AIDS Among An Youth," updated March 11, 2002, www.cdc.gov/hiv/pubs/facts/youth.htm.

[4] CDC, HIV/AIDS Surveillance Reports, 1991-2001.

[5] CDC, "HIV/AIDS Among U.S. Women: Minority and Young Women at Continuing Risk," M

Blacks in Survey

According to new survey results released by the Kaiser Family Foundation, a majority of African Americans believe that HIV/AIDS is the most urgent health problem facing the nation and that the country is losing ground in dealing with the problem. Conducted earlier this year, the survey found that 56% of African Americans believe the U.S. is losing ground when it comes to HIV/AIDS—a 18 % increase since October 2003—compared to 33% of whites and roughly 30% of Latinos. Young African Americans between the age of 18 and 29 are even more pessimistic, with 67% saying the U.S. is losing ground.

The survey also found that 43% of African Americans think HIV/AIDS is the most urgent health problem facing the nation compared to 31% of Latinos and 17% of whites. And 43% of



2001. [4] African Americans and Hispanics comprise less than one-fourth of the female population, yet they account for 78 percent of all cases of AIDS in women reported to date. For 2000, that figure reached 80 percent.[5]

With health figures like these rising while funding decreases, public-private collaborations like the African American State of Emergency Task Force have become important forums to advance action and give voice to the community. ■ **African American State of Emergency Task Force 2**

African Americans are personally concerned about becoming infected with HIV, compared with 30% of Latinos and 10% of whites. "The sense of urgency revealed in the survey should send message to local leaders and especially elected officials that HIV is something that the African American community really cares about," said Kaiser Foundation president and CEO Drew Altman. A summary of the survey, including 15 charts, can be found at <http://www.kff.org/hiv/aids/7141.cfm>. ■

AIDS FUNDING: Wha' Happened??

In a Center for Disease Control (CDC) initiative, already scarce funds have been being shifted from AIDS prevention programs that focus on the HIV-negative to people who are HIV-positive. This shift, in addition to massive funding cuts, has forced many AIDS service organizations to scale back HIV prevention and care services. For the first time in many years, vibrant organizations have not receive CDC funds. Is it moral to cut HIV prevention funds?

The AIDS community will have a rough ride this year. The FY 2004 federal appropriations process was the worst for HIV/AIDS programs on record. State and local health departments are still surviving the impact. The final FY 2004 Omnibus Appropriations bill passed by Congress cut all programs by **0.59 percent**. This translated into millions of dollars in cuts to HIV/AIDS care, prevention, housing, and research programs.

Despite having already passed \$2.25 trillion worth of tax cuts, President Bush proposed an additional \$1.1 trillion new tax cuts in his FY 2005 budgets. Huge tax cuts mean less money for HIV/AIDS and other important priorities. The decisions made in this year's budget will likely determine federal funding priorities for years to come. Recently passed House and Senate budget resolutions call for multi-year spending restrictions that could be applied regardless of need or utilization of government programs.

The House has passed an even more draconian resolution. It calls for a \$13 billion cut in entitlement programs, including Medicaid and welfare, over the next 5 years and imposes deep annual cuts in nondefense discretionary spending.

As grassroots and public service agencies struggle for funds, the African American community—devastated by the impact of HIV/AIDS—is desperately searching for alternatives to sustain health resources. *This article summarizes "HIV Policy Watch/March 2004 –San Francisco AIDS Foundation."* ■

On the Continuing AIDS Crisis

We're living in the sound byte era. As a result of 30 seconds of commercials, instant e-mail, cellular phones, pagers, and finally we're bombarded with information. News and events have been sensationalized to hold our attention. And that's sad, because the casualties have been attention to the ongoing AIDS crisis.

It's true: The focus on AIDS is waning. There is a new myth and it is a myth—that says, "With all the new drugs and therapies the AIDS epidemic is over."

As an African American, I'm particularly concerned about what's happening to people of color. In spite of reality, federal funding for HIV/AIDS resources in communities of color is scarce. I'm thankful for the commitment of the Black Congressional Caucus and encouraged by federal studies of AIDS in communities of color. But this is not unlike placing a Band-Aid on a gaping wound. As a result of pervasive and continued racism and homophobia, the growing HIV and AIDS epidemic in the African American and Latino communities is not given the attention nor funding it would receive if the epidemic were still growing in the white community.

AIDS is one of the worst mass plagues in global social history. But in the United States, AIDS is no longer a 'sound bite'. Somewhere we have forgotten that this disease is not over. As funding is dropping and we who have carried the scars of loss of our loved ones are left with an ache in the pit of our stomachs.

As a Black man living with HIV, I know all too well the need for increased awareness. The AIDS crisis is a federal issue. Health care should not be a luxury. Healthcare, for everyone, should be right.

This is what I owe to everyone who has died of AIDS and to those of us today who are living with HIV and AIDS. This is what



Make no mistake, we are in a "State of Emergency" in the African American community in regards to HIV/AIDS. Therefore it is time for us to be silent no more -- to cut up, act out, pitch a fit, stomp, and do what ever we have to do to mobilize the African-American community to eradicate the HIV/AIDS virus "by any means necessary." Jamal Bey, Manager of the SF AIDS Foundation Black Brothers Esteem Program

owe to the children and the families and friends who are left only their panels, and pictures, and memories of their loved ones. And this is what I owe to my father, who died of AIDS. It's true: Silence equals death. And activism equals life. ■

Shortened article by Duane Cramer, a resident of San Francisco and an AIDS activist.

one



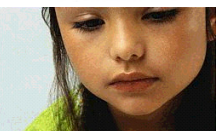
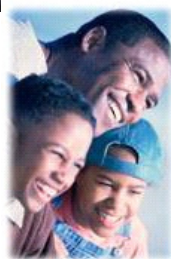
person

makes



a

difference



Food Safety for Persons with AIDS



Persons with AIDS are susceptible to many types of infection including illness from foodborne pathogens. They are at higher risk than others for severe illness or death. People must be especially vigilant when handling foods. These recommendations are designed to prevent bacterial foodborne illness.

Why Do Bacteria Endanger People with AIDS? When the AIDS virus damages the body's immune system, the person becomes more vulnerable to infection by bacteria and other pathogens.

How Can Persons with AIDS Prevent Foodborne Illness? Food must be handled safely at every stage from purchase through consumption. Critical points are transporting perishable foods home from the store immediately; prompt, safe storage; thorough cooking to destroy bacteria and other pathogens; and prompt refrigeration of leftovers.

How to Shop Safely for Perishable Food: When shopping for raw and cooked perishable foods, be sure the food is being stored at a safe temperature in the store. Don't select perishable food from a non-refrigerated aisle display. Never choose packages which are torn or leaking. To guard against cross-contamination, put raw meat and poultry into a plastic bag so meat juices won't drip on other foods. **Put refrigerated or frozen items in the shopping cart LAST, and take food home immediately.**

Food Storage At Home: Immediately refrigerate or freeze perishable foods after transporting. Use a thermometer to be sure the refrigerator is cooling to 40 °F or below; the freezer should be at 0 °F.

Refrigerator. Make sure thawing juices from meat and poultry do not drip on other foods. Leave eggs in their carton for storage and don't place them in the door of the refrigerator. Keep the refrigerator clean. Store ground meat, poultry, and fish up to 1 or 2 days; other red meats, 3 to 5 days. After cooking, use within 3 to 4 days, or freeze for longer storage.

Freezer: Food stored constantly at 0 °F will always be safe. Only the quality suffers with lengthy storage. Once thawed, however, these microbes can again become active.

Pantry: Store canned foods and other shelf stable products in a cool, dry place. Never put them above the stove, under the sink, in a damp garage or basement, or any place exposed to high or low temperature extremes.

Eating Out: People at risk should avoid the same foods when eating out as they would at home. Meat, poultry, and fish should be ordered well done; if the food arrives undercooked, it should be sent back.

Deli Foods: When ordering from the deli, be sure the clerk washes his hands between handling raw and cooked items, or puts on new gloves. Don't buy cooked ready-to-eat items which are touching raw items or are displayed in the same case. ■

Alameda County



State of Emergency
African American
Task Force

1755 Broadway, 5th Floor Oakland, CA 94612

-postage-

Mail to:

Partial doc