



The 411

All the news that fits we print

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Announcements

The 411 is a quarterly newsletter of the Partnership for Family Health (formerly Northern Manhattan Women & Children HIV Project). We welcome your contributions to the newsletter. Please submit articles, information, and announcements to lolani Grullon via the contact information listed below.

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Get Connected: Adolescent Initiative Project Hosts Youth Conference



"I need a job." "I want to go to college, but I don't have the grades." "I think I'm pregnant." "My boyfriend just tested positive for HIV." Today, adolescents face issues unimaginable to many adults - but all too often lack the knowledge and support network to confront these problems. Without vital connections to services, youth have no resources and no options.

Since its inception, The Adolescent Initiative Project of the Partnership for Family Health (AIP) has worked to meet this need for the youth of northern Manhattan. On October 30, 2003, AIP launched a tremendously successful new strategy to achieve this goal with the "Get Connected" campaign. The event to kickoff this campaign was the "Get Connected" Youth Conference, an event targeting youth in northern Manhattan to link them to health, social, educational and other services. Held at Lerner Hall on Columbia University's main campus, over 500 youth made connections to more than 70 agencies.

Youth guided the entire planning process. AIP's Youth Board worked in collaboration with the staff and the youth of the New York City Mission Society, the Greater Harlem Youth Alliance, Harlem LIVE, Harlem Hospital, Harlem Impact, Northern Manhattan Perinatal Partnership, and The Valley Inc, designing a day focused entirely on connecting northern Manhattan youth to existing services in a way they would find accessible and friendly. In order to address

many different service needs, we brought together 70 agencies to table. Each agency was encouraged to make as direct a link as possible to youth at the event, whether it was through appointment slips, referrals, or exchange of contact information.

Raqiyah, a DJ from popular hip hop radio station Power 105.1, served as emcee. Between seminars, there were performances by youth-led organizations such as Planned Parenthood's peer education program, Harlem Impact, and Holla Black, each promoting a message of respect and empowerment for youth. Seminars on education, health, and personal finance ran concurrently throughout the afternoon.

The benefits of youth engagement in the planning process were clear. Youth attending the event were enthusiastic and absorbed in the day's activities. As AIP Youth Board member Sujeidy Marte explained, "I got informed on different topics, and I met cool people." When examining AIP's "Guide," which catalogs adolescent services in northern Manhattan, one youth described it as "hot." By engaging youth, listening to their ideas and working hard to meet their needs, the "Get Connected" youth conference was a major success. We look forward to reaching even more youth through the "Get Connected" campaign.

For more information on AIP's "Get Connected" campaign and upcoming events, please call Dawn Dickerson at 212-305-1189 or Elizabeth Lee at 212-342-0154.

Hands of Hope Conference

by Akosua Gyimah

Our Hands of Hope: Family Matters Sixth Annual Conference for Parents and Caregivers of HIV-Positive Children and Youth was held on November 1, 2003 at the Hammer Health Science Building on the fourth floor auditorium and riverview lounge. The conference started at 9:30AM and lasted until about 3:30PM. Breakfast was served at 9:30AM and lunch at 12:00PM. Some of the workshops included "Faces of the Family: Grandparents and Foster/Adoptive Parents, Searching for Answers" by Eleanor Tuomey, "How I Affect My Siblings" by Shelia Ryan, MSW, MPH, and "Continuing Concern of Disclosure" by Sharon Schifler, RN and parent.

The conference turned out to be a great success. It was well attended by parents and caretakers of HIV-positive children and youth, many of whom had attended the conference in previous years. Some of these parents shared their experiences with the other parents and caretakers, which in my opinion was very beneficial for the

parents. It helps parents to know that they were not the only ones in any given situation and that other parents could relate. We also saw many new parents and caretakers attended. Personally I was very happy to see so many people there.

I sat in one of the workshops, which was entitled "Medical Update on Pediatric HIV Treatment" by Michael Rosenberg, MD, PhD. I enjoyed the workshop a lot Dr. Rosenberg provided information on new HIV medications and their side effects. He also explained how HIV attacks the body and why different medications are needed. I learned a lot. It was a learning experience for me and, I believe, for many parents and caregivers.

Overall the conference was very informative. I am happy to have been able to participate and I look forward to next year's conference. Thank you to everyone who helped with the conference and all who attended.

RECIPE CORNER

AFRICAN PEANUT SOUP

Can be prepared in 45 minutes or less.

- 1 tablespoon vegetable oil
- 1 garlic clove, chopped
- 1/3 cup tomato paste
- 2/3 cup creamy peanut butter
- 1/8 teaspoon cayenne
- 4 cups low-salt chicken broth

In a saucepan heat oil over moderate heat until hot but not smoking, cook garlic, stirring, until golden, about 1 minute. Add tomato paste, peanut butter, cayenne, and 1/4 cup broth stir until smooth. Stir in remaining 3 3/4 cups broth and simmer, covered, stirring occasionally, for 10 minutes. Simmer soup, uncovered, for another 10 minutes, or until oil floats to the surface. Skim oil.

Makes about 4 cups.
from Gourmet, April 1996



AIDS, Prison, and Condoms by Alina Orozco

According to Theodore Hammett, PhD, of Abt Associates in Massachusetts, it is estimated that about 3% of the HIV+ people in the U.S. are state or federal inmates. This may be an under representation because many persons passing through the prison system are not identified as HIV+ due to a lack of uniform testing policies and procedures.

Here's what we know about inmates and HIV:

HIV rates range from less than 1% up to 20% in correctional facilities.

HIV rates are generally higher for women than for men. HIV rates are four to five times higher in prisons than in the general U.S. population.

Persons at high-risk for HIV infection and transmission are over represented in correctional facilities. Most of these individuals will eventually be released and return to the larger community. But only about 10% of state/federal prisons and 5% of city/county jails surveyed in 1996 provided comprehensive HIV/AIDS education and prevention programs. An important component of HIV risk reduction activity is condom use. This is a major challenge in our nation's prison system because most facilities prohibit inmates from having condoms.

Condoms are available to inmates living in a dormitory for gay men in the New York City jail on Riker's Island, to all inmates in the state prison of Vermont, and to all

those in San Francisco County jails through the medical staff (who counsel as they distribute). Philadelphia jail inmates get condoms upon arrival. In Mississippi, condoms are sold from vending machines. The Washington, D.C. jail system also provides condoms for inmates. In a 1992 World Health Organization-sponsored survey, 11 of 17 European countries reported that condoms were available to inmates. Canada has offered condoms to inmates since January of 1992.

For more information on prisons and HIV please contact the U.S. Department of Justice at 1-800-851-3420 or visit their web site at <http://www.ojp.usdoj.gov>.

Sources:

U.S. Dept of Justice Document #NCJ 176344

"HIV Behind Bars," International Association of Physicians in AIDS Care, 4/98

"HIV Transmission and Prevention in Prisons," <http://hivinsite.ucsf.edu/InSite>, 5/98

Alina Orozco is an HIV treatment advocate in Miami, Florida.

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The Partnership for Family Health is actively engaged in this issue. We recently joined the Legislative Action Coalition on Prison Health.



"I've Known Rivers"

courtesy of Kenneth Mitchell

Visual AIDS promotes AIDS awareness and assists artists living with HIV/AIDS. For more information, please visit www.visualAIDS.org

Dolores y Alegrias

Habia una vez una niña, la cual sufrió mucho desde su niñez ya que ella nunca conoció a su verdadera madre y que tampoco sabia lo que era ser feliz y tener una familia unida.

Su historia empieza cuando a los cinco años de edad fue abusada por su propio padre. Esa noche el había llegado tomado y nunca se dió cuenta de el daño que el le había causado a su hija. Además el siempre fue un padre irresponsable, borracho, mujeriego y que nunca se dió cuenta de que tenía una hija que lo necesitaba. Ella necesitaba su cariño, su comprensión y su ayuda. El jamás se la dió mientras el vivía y tampoco nunca supo como hiba en la escuela, si le faltaba algo, si alguien le hacía daño ó si se sentía mal.

Esa niña vivía con su madrastra una mujer que la encerraba en un cuarto para irse a trabajar y no regresaba hasta las dos o tres de la mañana. Tampoco la quería y le pegaba demasiado. Apesar de todo eso, la niña la quería porque en ese tiempo ella creía que era su verdadera madre. La niña siguió creciendo y viviendo con golpes y desprecios hasta la edad de siete años, edad en que perdió a su padre. Ella se sentía sola, triste y abandonada.

Meses despues de que el padre de esa niña muriera su madrastra la abandonó y la entregó con su tío. Ella pensó que su vida hiba a cambiar, pero su tío le hizo la vida imposible porque al llegar a vivir con el ella empezó a trabajar y a cargar cosas pesadas que solamente un hombre podía levantar. Ella tenía que ayudar a su tío porque si no lo ayudaba el la golpeaba hasta dejarla marcada. No le importaba donde fuera ya que a veces la golpeaba delante de la gente.

Ella empezó a ir a la escuela en donde sus compañeros se burlaban de ella porque cada vez que había una junta en la escuela no tenía a sus padres para que fueran. Había veces que ella tenía que faltar a clases por ayudar a su tío. Sin embargo, el no la mantenía, no le daba dinero para la escuela y no le compraba ropa. La niña obtuvo una beca en la escuela con la cual se ayudaba y tambien, parte de ese dinero se lo tenía que dar a su tío. A pesar de todo eso, su tío tambien trató de abusar de ella y ella nunca pudo decirle esto a nadie porque el la tenía amenazada.

Ella seguía creciendo y no podía ser feliz hasta que un día conoció a unas muchachas de su misma edad en las cuales ella confió y les contó lo infeliz que

era. Ellas la apoyaron y le brindaron su amistad. El cariño de esas amigas la ayudaba a soportar los maltratos de su tío. El le tenía prohibido salir y ella le obedecía por el temor de los golpes.

Al crecer más, ella conoció a una señora que la aconsejó y le dijo que ella no tenía porque aguantar todos esos maltratos y que su tío no tenía ningun derecho de golpearla así. Le aconsejo que recurriera a los derechos humanos y que no tuviera miedo. Ella siguió el consejo y así pudo parar a su tío de maltratarla.

Pronto decidió emigrar a los Estados Unidos y lo consiguió. Al llegar aquí ella se enferma y deja de comer por varias semanas. Al pasar esto su prima quiere regresarla a Mexico pero ella no quiere. Ella se encuentra con uno de sus primos el cual vivía aquí. El la ayuda y la lleva a un hospital en donde la internan y no saben lo que tiene.

Despues de varias semanas es cuando ella y su primo se enteran de que ella tiene sida. Cuando se entera de esto se deprime y quiere morirse. Ya con el apoyo de su primo y de otras personas que la ayudan, ella logra recuperarse y sentir ganas de vivir. Cuando salió del hospital su prima no la quiere en su casa y la muchacha se muda. El mudarse la beneficia mucho ya que se encontró con gente buena que le dió mucho cariño. Ya que tambien estaba rodeada de muchas oportunidades para salir adelante, progresar y aprovechar esa gran oportunidad que le estaba dando la vida.

Empezo a estudiar y conoció nuevas amigas con las cuales decidió decirles lo que tenía. Poco antes de entrar a estudiar trató de quitarse la vida, sin embargo recapacitó y se dijo que ella tenía su propio valor por ella misma. A travez del tiempo conoció gente que la ayudaron. Ahora la niña que ya es mujer tiene ganas de vivir. Ella sueña con volver a su país y ver a su abuelita a la cual quiere mucho y la que es uno de sus buenos recuerdos de niñez. Ahora esta jovencita está ayudando a otros con la misma enfermedad. Ella les dice que nunca se deben perder las esperanzas. Espera que esta historia los ayude y los insta a respetar sus padres. Sigán adelante mientras hay vida, hay esperanza.

Esta historia fue compartida con nosotros por una cliente del Partnership for Family Health.

Pain and Happiness

This is the story of a girl who never got to know her real mother. She suffered greatly and never knew happiness.

Her story begins at the age of 5 when she was abused by her father. Her father couldn't even recall that abuse due to the fact that he was drunk. Her father was always drunk and was very irresponsible. Aside from not being a loving father, he also was not a good provider. He never knew what the girl needed, never cared about her school progress and was unaware of how she felt emotionally.

The girl lived with her stepmother, a woman that would lock her up in a room while she went to work and wouldn't return home until two or three in the morning. Her stepmother never loved her and was physically abusive to her. In spite of all this the girl loved her stepmother because she thought the woman was her real mother. The life of the girl became even more tragic when at the age of 7 she lost her father. She felt alone and abandoned.

A few months after her father's death her stepmother abandoned her at the home of an uncle. The girl thought that her life would change for the better, but actually her uncle made it worse. He made her work as if she was an adult and if she refused he would beat her. She suffered many humiliating moments at the hands of her uncle. Sometimes, he even would beat her in public.

The little girl started attending school. She had a difficult time at school as the children teased her because she didn't have parents. Many times she had to miss school and go to work with her uncle. Her uncle was not supportive of her; he didn't give her any money or buy her clothes. She received a scholarship to continue school, but she had to give a large part of the money to her uncle. Her uncle took advantage of her and abused her. He even threatened to kill her if she told anyone.

As the girl grew older, she became happier because she was having more fun at school with her new friends. She felt that these friends were

giving her more love than she had ever known before.

Later, she met a lady who offered her a shoulder to cry on. The lady advised her to start thinking of herself and of leaving her uncle's house. This woman gave her the courage to report her uncle's abuse. This finally put an end to her suffering at the hands of her uncle.

Soon after leaving her uncle's house she decided to come to the United States. Shortly after arrived in the U.S. she became very ill and stopped eating. Her cousin, whom she lived with, thought of this as a burden and wanted to send her back to Mexico. The girl didn't want to return to Mexico so she sought the help of another cousin. This cousin took her to a hospital where they learned that she has AIDS.

At first learning this depressed her to a point where she wanted to commit suicide. But her cousin and his friends convinced her that this was not the end of the world and that she still could live a long life. All these people together helped the girl to recover and fall in love with life again.

The girl started school in the U.S. and found friends who love her for who she is and help her forget about her deadly disease. For the first time she is living a more or less normal life and she dreams of going back to Mexico to see her grandmother, who is the only person she remembers with love.

In the meantime, this girl has become an advocate for other young people with HIV/AIDS. She tells them her story and gives them hope. She hopes that her story will give them inspiration and remind them to respect their parents. Her message to everyone is that while there is life there is hope.

This story was graciously shared by a Partnership for Family Health client.

HIV Disclosure and Children

By Wendy Preisman, Program Coordinator,
Special Family Assistance
Program of Metropolitan Hospital Center

As perinatally HIV infected children continue to live into and beyond adolescence, caregivers are realizing that they need to confront the issue of HIV disclosure with their children. Caregivers' disclosure concerns tend to center around when and how to share disease-related information with their children. For example, they often wonder "Is my child ready to learn about his/her illness?", "What is the proper age to tell him/her?" and "How in the world do I begin talking about something that I don't like to talk about?" Moreover, since HIV and AIDS carry stigmas, disclosure to children often brings caregivers fears to the surface, such as fears of potential discrimination or mistreatment of their children.

The "Pediatric HIV Disclosure Study", an interview study which was conducted at Metropolitan Hospital Center and Lincoln Medical and Mental Health Center throughout 2002-2003, helped to explain how caregivers feel about HIV disclosure to their children. Results of this study suggested that caregivers were hesitant to discuss HIV/AIDS with their HIV-positive children since they felt that sharing the HIV secret would bring harm to their family. Therefore, they often delayed disclosure in efforts to protect their children from harm.

Some of the main fears that caregivers identified during this study were similar to fears revealed in

previous studies on disclosure, and observed by providers in their work with HIV affected families:

Disclosure Fears: Some reasons why caregivers said they delayed disclosure

- Loose Lipped- Parents sometimes feel that if their children know that they are HIV positive, they will tell their friends or neighbors or people at school (they won't be able to keep a secret).

- Discrimination- Parents may fear that having other people learn of their child's status may lead to acts of discrimination, such as being teased or treated differently.

- Loss of Innocence- Parents sometimes report that they want their children to remain "innocent" and unaware of their HIV status; they want them to remain a child who is free of adult concerns and worries.

- Emotional Devastation- Caregivers are often afraid that children will become upset over learning that they live with HIV/AIDS, and may even become severely depressed and lose their will to live.

Step-By-Step

Child-directed disclosure may be a process beginning with "partial" disclosure, in which a child is given some information regarding their status (ie: "You have a virus in your blood") and proceeding to "full" disclosure, when a child eventually learns the full information regarding their diagnosis. Full disclosure involves naming the virus and learning of the method of transmission. In general, partial disclosure is recommended as a way for caregivers to begin the disclosure process, since it is a process through which all parties involved

can ease into HIV health education. Caregivers slowly become more comfortable with discussing HIV with their children, while at the same time, children become more comfortable with the concepts presented. Thus, partial disclosure is viewed as a useful step in the disclosure process, as it is a good compromise between a child's need for information and a caregiver's wish to maintain secrecy until the child is "old enough" to learn all about his/her serostatus.

How to Do It?

Caregivers who wish to gradually disclose to their children should "break down" disease information to a level that their children will understand; the information should be appropriate for their developmental level. For example, what is initially understood as "soldiers" which help your body fight off sickness can later be termed "white blood cells" and eventually the more specific "CD4" cells." Dr. Kathryn Salisbury, family therapist at Metropolitan Hospital, advises "It is also important to repeat concepts over time, as children are unlikely to immediately grasp the meaning of abstract concepts such as illness. Caregivers should bring up health related conversations over and over again to make sure that their children are really taking the information in."

Pointers for Disclosure

- Don't wait until you think you child is "old" enough to discuss health and illness; you don't have to "fully" disclose their status to begin health communication at a basic level.

- Begin conversations in simple steps: ask your children why they think they are going to the doctor

and how they feel about taking medicine and any other questions you can think of. Silence about a chronic illness does not help children cope with it.

- Don't lie! Telling your children that they have another disease besides HIV/AIDS will not help things in the long run, especially since they will eventually find out what virus they are living with. If you think they are too young to learn of their status, it is okay to discuss their illness in simpler ways without naming the virus.....and without lying.

- Be aware that children are smart-even though they are not directly told about their illness, they are often aware that something is wrong. It is better to give them some basic information than to allow them to imagine something worse.

- Ask your providers at your clinic for assistance, they will help you find easy ways to talk with your children about their health!

Microbicides

A microbicide is any substance that can substantially reduce the transmission of sexually transmitted infections (STIs) including the HIV virus when applied either in the vagina or rectum.

Microbicides can be produced in many forms including gels, creams, suppositories, films, or in the form of a sponge or a vaginal ring that slowly releases the active ingredient over time.

Unfortunately microbicides are not currently available. However scientists are pursuing many product leads. With sufficient investment and commitment they can be available by 2007 according to a series of reports by the Rockefeller Foundation-funded Initiative on Microbicides.

Microbicides can provide women power to protect themselves from HIV and other STIs. A woman can apply the microbicide to her vagina or rectum and protect herself and her partner. This is especially important since many women face barriers that prevent them from requiring their partners to use condoms and almost 6 out of every 10 new HIV infections occur in women.

There are over 60 agents being explored as potential microbicides but product development has been slow. Resources for the development of microbicides are scarce. Major pharmaceutical companies are reluctant to invest money in the development of microbicides because they don't feel there will be a profit. There are coalitions in place such as the California Microbicides Initiative made up of health researchers, pharmaceutical companies, and health advocates trying to increase the amount of advocacy and funding necessary for microbicides to be developed and distributed in the near future.

Locally, Gay Men's Health Crisis (GMHC) and Harm Reduction Coalition are working with The Global Campaign for Microbicides in North America on legislative advocacy and education for the development of microbicides.

The Partnership supports the development of microbicides and will continue to follow the progress of development.

*For further information on microbicides visit
www.global-campaign.org
www.microbicide.org*

UPCOMING CONFERENCES

February 23 - February 24: Washington, D.C.
2004 National Conference on African- Americans
and AIDS
(866) 901-6267 www.minority-healthcare.com

March 5 - March 7: Toronto, Canada
Let's Talk...A National Capacity Building Conference
on Children, Youth, and Families Affected by
HIV/AIDS
(416) 596-7703 www.kidstalkaids.org/conference

March 16: New York, N.Y.
Antiretroviral Update 2004
(518) 262-4674

March 27 - March 30: Miami, FL
2004 National HIV/AIDS Update Conference
(NAUC)
(514) 874-1998 www.amfar.org

March 28 - March 31: London, U.K.
Microbicides 2004
(44) 20 7720 4411
www.microbicides2004.org.uk/front.html

May 23 - May 25: Arlington, VA
VOICES 10th Anniversary Conference
(202) 785-3564
www.aids-alliance.org/aids_alliance/voices.html

Upcoming PFFH Event:

May 6th & 7th, 2004
Spring Fever

Be on the lookout in early May-- adolescent health advocates will staff five health stations throughout New York City to link their peers to health services and information. The Outreach Coalition, a program of the Adolescent Initiative Project, is sponsoring the distribution of information on accessing essential health services throughout New York City, free condoms, and HIV and STD information. HIV counseling and testing and mobile health vans will also be on hand at certain locations.

For more information please contact Dawn Dickerson, 212-305-1189.

The five health stations will be located at: 106th Street and 3rd Avenue, 116th Street between Lexington and 3rd Avenues, 125th Street between St. Nicholas and 8th Avenues, 145th Street and Broadway, and Dyckman Street and Broadway.



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