



Mayor Declares HIV State of Emergency for Houston African-Americans

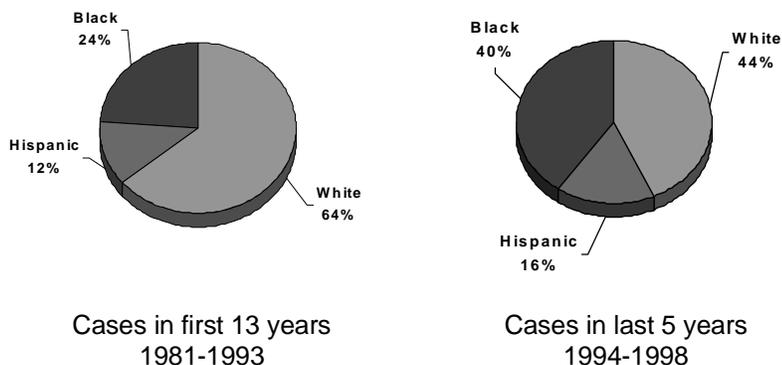
On Wednesday, December 1, Mayor Lee Brown joined County Judge Robert Eckels in declaring a state of emergency in the African-American community because of the alarming increases of HIV infection. The declaration was made at Bread of Life Inc., 2019 Crawford. The declaration coincided with World AIDS Day. "The HIV infection rate in the African-American community has reached a crisis level. Sixty-one percent of the 1999 infection reports were of African-Americans in Houston and Harris County. The city and the county must mobilize to stop this," said Mayor Brown. (see related story, page 2)

Five years ago, 25 percent of the Houston/Harris County AIDS cases were in African-Americans. In the past five years, African-Americans made up 40 percent of the AIDS cases. New reporting requirements for HIV infection implemented in January, 1999 provide a more timely picture of the epidemic since it usually takes several years for HIV to develop into AIDS.

Also attending the press conference were M. desVignes-Kendrick, MD, MPH, Director of the Houston Department of Health and Human Services, representatives from various community based organizations and planning councils.

Bread of Life, Inc. is one of 20 community based organizations which provide HIV counseling, testing and prevention services through a contract with the Houston Department of Health and Human Services HIV Prevention Program. Bread of Life is affiliated with the St. Johns United Methodist Church.

Comparison of Race/Ethnicity Houston/Harris County AIDS Cases



Changes in the HIV/AIDS epidemic from cases diagnosed in the first 13 years to those diagnosed in the last 5 years show that:

- Reported AIDS cases in Whites decreased from 64% to 44%.
- Reported AIDS cases in Hispanics increased from 12% to 16%.
- Reported AIDS cases in Blacks increased from 24% to 40%.
- Reported AIDS cases among heterosexuals increased from 4% to 17%.
- Data suggests that AIDS rates are seven times higher in persons incarcerated in state and federal prisons than that of the general population.
- Of the 17,731 cases of AIDS diagnosed in Harris County through June 30, 1999, 15,677 (88%) were residents in the City of Houston.

Third Ward Multi-Service Center Groundbreaking February 14

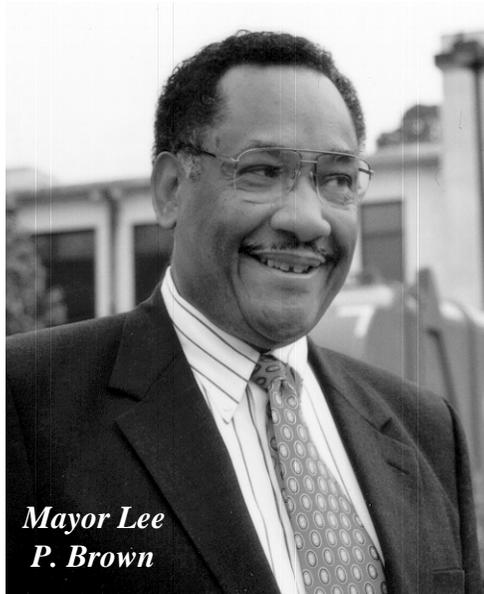
Houston Mayor Lee P. Brown, M. desVignes-Kendrick, MD, MPH, Director of the Houston Department of Health and Human Services and Ed Banks, Chair of the Third Ward ADHOC Advisory Committee cordially invite you to the groundbreaking ceremonies of the future Third Ward Multi-Service Center. The event is planned for 10:30 a.m. to 11:30 a.m., Monday, February 14 at 3611 Ennis. The new Third Ward Multi-Service Center will be near Riverside Health Center, 3315 Delano. Mayor Brown and Council Member Jew Don Boney, Jr. are scheduled guests for the groundbreaking. Those who plan on attending this event should R.S.V.P. to Linda Simmons at 713-794-9175.

Declaration of a State of Emergency for HIV in the African-American Community - Houston Mayor Lee Brown's Comments

Wednesday, December 1, 1999 -- Bread of Life, St. Johns United Methodist Church--2019 Crawford

December 1 was initially recognized by the World Health Organization in 1988 as World AIDS Day, a time to recognize and energize communities to the devastation of the human immunodeficiency virus which causes AIDS.

We are here today to declare a state of emergency in the Houston African-American community. African-Americans account for 40 percent of the Houston AIDS cases in the past five years, up from only a quarter of the cases five years ago. More alarming, new 1999 reporting procedures for HIV infection, our most timely indicator of the epidemic, indicate that 61 percent of the new HIV infections in Houston and Harris County are in African-Americans.



Mayor Lee P. Brown

It is time for the Houston community to recognize that the face of AIDS is no longer a white gay man or a drug abuser, it is heterosexual African-Americans, primarily women. And these infections are transmitted primarily through heterosexual sex. African-American homes and families are being devastated by a disease that thrives in an environment of denial and misinformation.

Dr. Kendrick, the Director of the Houston Department of Health and Human Services, originally briefed me on this situation shortly after my first inauguration. This summer, I received additional briefings from Dr. Kendrick and Dena Gray of the Houston HIV community planning group on the situation based upon the new reporting data. The subsequent report showed an alarming, undeniable increase in the African-American community.

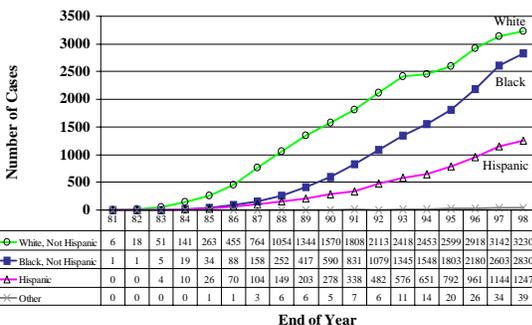
I instructed Dr. Kendrick to prepare a plan to address the problem of HIV in the African-American community. We need to address this problem aggressively, using all the assets available in our community, learning from the communities who have suffered before us.

We do not need a declaration which will only garner a five second sound bite on the evening news. We need a program which will ensure that no African-American in Houston can remain uninformed on the dangers of HIV and how to prevent it.

We must utilize the lessons learned from the gay community about changing behaviors. We must incorporate their strategies of community saturation of prevention. We must recognize the terrible price paid in the gay community or risk repeating it.

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Living Houston/Harris County AIDS Cases, By Race/Ethnicity Living As Of The End Of Each Year (1981-1998)



- Despite the decline in AIDS related deaths, AIDS will remain a public health issue in Houston for a significant period.
- The number of persons living with AIDS increased dramatically, from 7 at the end of 1981 to 7,346 at the end of 1998.
- In addition to new HIV infections each year, the development and improvement of highly active antiretroviral therapies plays a role in contributing to the number of persons living with AIDS. These drugs are effective in combating HIV, and many AIDS defining illnesses are manageable via therapy.

Mayor Brown's Comments, continued

With this declaration, I ask all of Houston, and especially the African-American community, to join me in incorporating HIV prevention into your daily lives. We need ministers, businesspeople, educators, social organizations, the media, athletes and spectators to embrace the concepts of good sexual health.

Parents and pastors alike must openly discuss the appropriate expressions of human sexuality. Sexually active, non-monogamous teens and adults must recognize that every sexual encounter carries risk and that no sexual encounter is worth risking your life.

Teachers and teen peers must incorporate the concepts that waiting is worth it, and when it comes to partners, the fewer the better. Mentors and mothers, fathers and friends must work together to counteract the hundreds of daily media messages which glorify casual sex.

The Health Department has developed a plan of enhanced intervention to the African-American community which targets the highest risk groups through one-on-one and small group outreach and broad based media. The Health Department will be working with all of our partners in the HIV community, the county, the Hospital District, the Ryan White Planning Council, Houston Area Community Services and the local Texas Department of Health, to develop a seamless system of services from prevention to treatment for as long as this virus infects our community.

Additionally, I will convene an HIV leadership forum comprised of Houston's leading African-Americans to change the course of this epidemic. The meeting will take place next month and Council Member Jew Don Boney will be in charge.

I will also take the lead in this initiative by incorporating into my speeches and appearances, the HIV prevention message. It doesn't do our community any good to enhance the schools, libraries and parks for our youth, if we have not also done all that we can to protect them from HIV.

There are those who will doubt the urgency of today's declaration. They may think that the drug therapies that are now available are the answer to HIV infection. I challenge them to follow the drug regimen for a week. The doubters may think they and their family will never be touched by HIV. There are about 40,000 parents in and around Houston who can tell them differently.

If we fail in this initiative, the future is very clear. More families will be devastated by disease and soaring medical expenses. Parents who once dreamed of a brighter future for their kids will divert college savings to pay for lifesaving drugs. And our community will be poorer for the loss of a generation of young people who hold so much promise for the future of our city and our nation.

Immunization Summit Scheduled February 10

The Houston Area Immunization Coalition, Episcopal Health Charities, Houston Department of Health and Human Services and Merck Vaccine Division will sponsor an Immunization Summit at the Sheraton Astrodome Hotel, from 9 a.m. to 3 p.m. on Thursday, February 10. The theme for this summit is **Houston, we have a problem: Our children are under-immunized.**

The goals of the summit are:

- To draw attention to the fact that Houston's immunization coverage levels are unacceptably low.
- To develop strategies that will improve the immunization coverage for preschool aged children.
- To solicit participation from various sectors of the community who are not currently engaged in improving immunization rates.
- To demonstrate that low immunization coverage is not just a public health issue, but a community wide problem with far reaching implications.

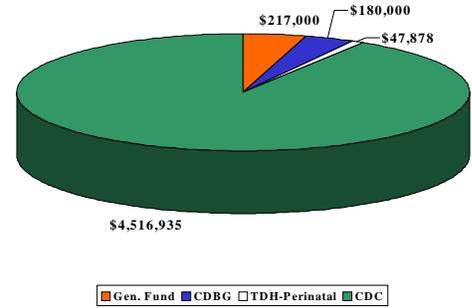
This summit plans to attract approximately 100 to 150 participants from business, health care providers, insurance, medical, nursing schools and public health agencies. The Sheraton Astrodome Hotel is at 8686 Kirby at the South Loop (Interstate 610).

HIV Prevention Program Budget

HDHHS receives \$4,961,813 to support activities of the HIV Prevention Program. Funding amounts and sources include:

Centers for Disease Control and Prevention (CDC) - \$4,516,935

Due to the prevalence of HIV, Houston is one of six cities directly funded by CDC to conduct HIV primary and secondary prevention activities, including Health Education and Risk Reduction (HERR); Counseling, Testing, Referral and Partner Notification (CTRPN); Early Intervention Program (EIP) and Public Information (PI).



CTRPN, EIP and PI target populations at greatest risk for acquiring or transmitting HIV. The CDC guidance directs the community planning process to assist in identifying the priority populations and interventions to address the HIV prevention needs.

Texas Department of Health - \$47,878

HDHHS and the Texas Department of Health (TDH) received a collaboration grant to conduct a joint project to eliminate perinatally transmitted HIV. The project focuses on women of childbearing age who are at risk for HIV or who present late for prenatal care.

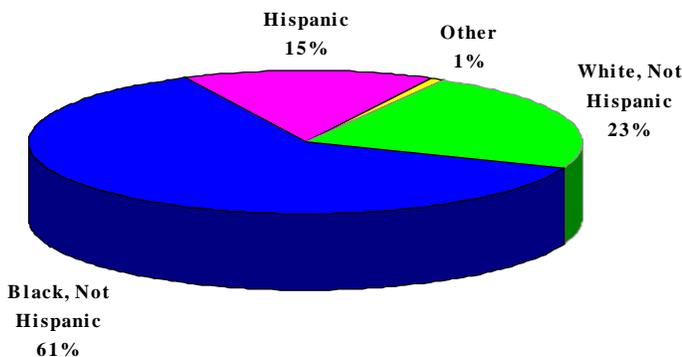
Community Development Block Grant (CDBG) - \$180,000

HDHHS receives a grant from the Houston Department of Housing and Community Development funds from CDBG to conduct HIV awareness and education sessions for youth from low to moderate income households. These funds support school and community based HIV awareness and education sessions for elementary, middle and high school aged youth.

City of Houston General Fund - \$217,000

The General Fund allocation is utilized to support school and community based HIV awareness and education sessions for elementary, middle and high school aged youth.

Houston/Harris County New HIV Infection Reports, Percents By Race/Ethnicity Reported January-June 1999



1999 Houston HIV infection reports

- Whites represent 23% of new HIV reports
- Hispanics represented 15% of new HIV reports
- African-Americans represent 61% of new HIV reports
- Asian and other ethnic groups represent 1% of new HIV reports
- In 1992, HDHHS conducted an HIV seroprevalence blinded study in the Harris County Jail, showing that 5.6% of this incarcerated population was HIV positive. New studies are being conducted currently by the UT School of Public Health to assess current prevalence levels of HIV infection in the incarcerated population.

HIV/AIDS Cases Among Gay and Bisexual Men of Color Exceeds Cases Among White Gay and Bisexual Men

Men of color now account for a greater proportion of AIDS cases among men who have sex with men than do white men, according to the January 14th, 2000 issue of CDC's *Morbidity and Mortality Weekly Report*.

Based on an examination of US AIDS cases for the past ten years, the study found that men of color represent an increasing proportion of AIDS cases among gay and bisexual men, rising from 31 percent in 1989 to 52 percent in 1998. African-American men comprised one-third of AIDS cases among gay and bisexual men, while Hispanic men represented 18 percent of cases. While declining from 69 percent in 1989, white men continued to represent 48 percent of AIDS cases among gay and bisexual men.

The report examines the areas hardest hit by AIDS and finds that in recent years (January 1996 to December 1998), 85 percent of AIDS cases among gay and bisexual men of color were concentrated in cities with populations over 500,000. The five cities with the highest proportion of cases were New York City (12 percent), Los Angeles (9 percent), Miami (5 percent), Washington, DC (4 percent) and Chicago (3 percent).

New York City had the highest number of cases among African-American gay and bisexual men, followed by Washington, DC and Atlanta. Los Angeles had the highest number of cases among Hispanic men who have sex with men, followed by New York City and Miami.

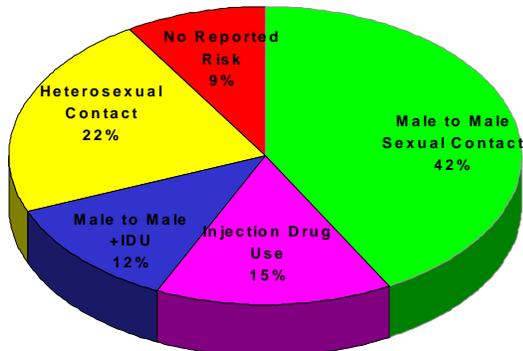
The researchers outline possible factors contributing to the disproportionate toll of HIV and AIDS among gay and bisexual men of color. Economic factors, such as higher rates of poverty, lack of access to health care and cultural factors, such as the stigma of homosexuality, may be playing a role in the higher HIV rates of infection.

The study reports the results of a multi-site CDC survey of 8,870 HIV-positive men who have sex with men. Of those surveyed, 24 percent of African-American and 15 percent of Hispanic men who have sex with men identified themselves as being heterosexual. By contrast, only six percent of white men who have sex with men identified themselves as being heterosexual.

Researchers believe the stigma of homosexuality in communities of color may inhibit men of color from identifying themselves as gay or bisexual, despite having sex with other men. By not identifying themselves as gay or bisexual, these men may not accept their own risk for HIV and may unintentionally put their female partners and children at risk. HIV infection has increased significantly in women of color over the last decade.

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Houston/Harris County African-American Male AIDS Cases Diagnosed in 1998, By Mode Of Infection



- Men who have sex with men (MSM) account for 54% of all 1998 AIDS cases in African-American males.
- Preliminary data from an ongoing study shows that a large number of African-American men who have sex with men do not self identify as gay or bisexual. Of the respondents to date, 94% said they had sex with both males and females and 6% had sex with only females. However, when asked about sexual orientation, 44% identified as heterosexual, 22% identified bisexual, 11% identified gay, 11% identified with all three orientations, 6% identified undecided and 6% had no comment.
- Among African-American MSMs attending STD clinics in Houston, the proportion that are HIV positive is 40% (292/724).

HIV/AIDS Cases Among Gay and Bisexual Men, continued

“This is a very sensitive issue requiring increased dialogue and leadership in communities of color,” says Houston Health Director M. desVignes-Kendrick, MD, MPH. “The stigma associated with homosexuality in African-American and Hispanic communities only compounds the traditional factors associated with high disease rates in our communities.”

The CDC study also points to the need to reach African-American and Hispanic men with HIV prevention services at an earlier age. Because AIDS cases alone are no longer indicative of new HIV infections, the CDC study also examined data collected from 1996-1998 in 25 states that report HIV diagnoses in addition to cases of full-blown AIDS. Data on HIV diagnoses among men in the youngest age group (13-24) provide the best indication of recent trends in infection in these states.

Among gay and bisexual men diagnosed with HIV during this period, 16 percent of African-Americans and 13 percent of Hispanics were age 13-24, compared with nine percent of white men. Although the data is not national, it suggests that men of color are being infected at younger ages.

In addition to expanding prevention programs for men of color, locally based community efforts must also address the need for HIV testing, diagnosis and treatment to reduce new infections and improve survival. Since powerful new drug treatments became available in 1996, annual AIDS cases and deaths have declined among all gay men. Declines have not been as sharp among gay and bisexual men of color as among white gay and bisexual men. Between 1996 and 1998, new cases of AIDS among gay and bisexual men dropped 23 percent among African-Americans, 26 percent in Hispanics and 39 percent among whites. AIDS deaths among gay and bisexual men dropped 53 percent among African-Americans, 60 percent among Hispanics and 65 percent among whites.

Prevention initiatives to address the growing epidemic among gay men of color include expanded data gathering surveillance to track to course of local infection. Efforts have been increased to reach individuals with HIV counseling and testing linked to prevention and treatment services. Initiatives also include continued expansion of community-based prevention programs. One important element of prevention efforts for gay and bisexual men is the availability of anonymous HIV testing sites. Access to anonymous testing may help ensure that stigma and fear do not prevent individuals from seeking HIV testing.

Issues Contributing to Increased HIV/AIDS Among African-Americans

Real and perceived issues, myths and barriers impact delivery of HIV prevention services to persons at risk for HIV infection:

Issues

- Substance use
- Incarceration
- Sexually transmitted diseases
- Lack of perceived risk
- Complacency
- Historical mistrust of governmental agencies
- Socio-economics factors
- Perceptions of confidentiality
- Spiritual beliefs
- Perceived or real effects of societal issues, including racism and homophobia
- Non-gay identifying MSM

Myths

- HIV disease is a government conspiracy
- The reported increase of HIV disease among African-Americans is another attempt to make African-Americans look bad
- There is a cure for HIV (look at Magic Johnson)
- HIV disease primarily impacts gay men

Barriers

- Disparities in health care which influence early diagnosis and treatment
- Lack of preventive health care
- Lack of infrastructure of community-based organizations
- Lack of active, community wide involvement in HIV prevention efforts

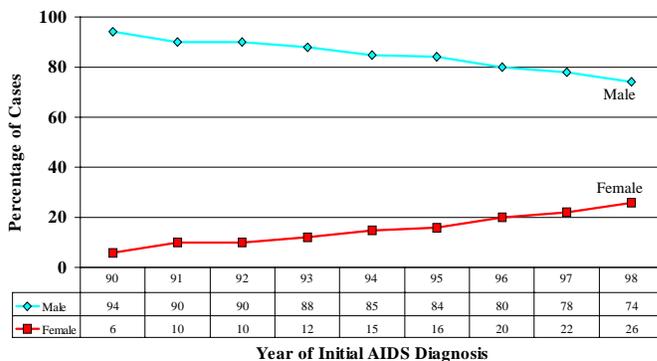
Community Partnerships Impact HIV/AIDS

HIV/AIDS has impacted the Houston community for more than 18 years. The overwhelming majority of people first diagnosed with AIDS were gay white men. In recent years, however, the demographic profile of people with AIDS has shifted, as people of color, especially African-Americans and heterosexuals are currently at greatest risk for infection. Houston's epidemiological changes are consistent with trends reported nationally in the Centers for Disease Control and Prevention (CDC) 1998 documents *Trends in the HIV and AIDS Epidemic*.

Because the dynamics of the HIV epidemic are different in each subgroup, multiple data sets must be utilized to compile a complete picture of the epidemic in the United States. Similarly, multiple interventions are required to address the individualized issues, contributing factors, behaviors and risk activities that directly and indirectly impact HIV transmission. The most recent years of Houston HIV/AIDS surveillance data demonstrates a dramatic shift in new HIV infections and diagnosed AIDS cases to communities of color and heterosexuals. African-Americans are disproportionately impacted by HIV/AIDS, representing 61 percent of 1999 HIV infections and 54 percent of 1998 diagnosed AIDS cases. With this in mind, several organizations in Houston are engaged in strategic partnerships. This list includes, but is not limited to:

- **Harris County Judge** – The Harris County Judge oversees the administration of Ryan White and state services funding. To impact the health outcomes of African-Americans, a jointly coordinated effort with the County is essential.
- **Ryan White Titles I and II** – This entity funds early intervention and HIV/AIDS related treatment programs. As African-Americans have delayed AIDS diagnosis, access to early treatment is essential.
- **Houston Area Community Services (HACS) and Harris County Hospital District** – A community-based organization funded to conduct intensive health planning to identify and address the issue of HIV/AIDS in African-American communities.
- **The HOPE Project** – A community based organization funded by the Centers for Disease Control and Prevention (CDC) to conduct HIV prevention planning activities to incorporate HIV, STD, TB and other health issues in African-American communities
- **Housing Opportunities for People with AIDS (HOPWA)** – The HOPWA Program assists in the maintenance of a full continuum of care for people living with and directly affected by HIV/AIDS.
- **Sisters on Sunday Program** – A new community mobilization strategy targeting African-American women in low income housing units.

**Houston/Harris County AIDS Cases
Percents By Gender
Diagnosed 1990 - 1998**



- Trends show increases in female AIDS cases.
- Females diagnosed with AIDS increased from 6% of new AIDS diagnoses in 1990 to 26% in 1998; males diagnosed with AIDS decreased from 94% of new AIDS diagnoses to 74%.

Public Health, a Proud Profession

M. desVignes-Kendrick, MD, MPH

Twenty years ago, when I chose to pursue public health as a medical specialty, my medical colleagues reacted as if I'd suddenly dropped two quartiles in intelligence. To them, public health represented poor people, poor conditions, poor pay and no respect. To me, public health represents the ideal opportunity to make significant improvements in the lives of a great many people.

The goal of public health is to create the highest level of health for the greatest number of people. Public health interventions are noteworthy in their simplicity, multi-disciplinary approach, population-based applications and cost effectiveness. While no one would diminish the importance of primary medical care, it is inconceivable that we can make significant progress in improving human health by treating only one patient at a time.

My public health colleagues and I took pride this winter as we reviewed the various end of the century and millennium lists of greatness. Prominently displayed on virtually every millennium list was at least one public health professional or innovation which has made a significant improvement to the human condition. Public health innovations are so thoroughly integrated into our daily lives that we can scarcely imagine a time when they did not exist, nor can we fully appreciate the suffering which occurred before their implementation.

Surprisingly, public health innovations have not always been warmly received. Water fluoridation was viewed in some circles as a communist plot. The removal of lead from gasoline was not necessarily seen as protection for children, but a marketing ploy to sell newer, more expensive cars. Of course, no one encountered more resistance than Margaret Sanger and her campaign to introduce family planning techniques to women. Sadly, resistance to effective family planning and disease preventing devices continues one hundred years later.

Few public health innovations were as enthusiastically received as the polio vaccine in the 1950's and '60's. By the 1950's, because of the success of public health, the public expected a relatively disease free state. Polio literally withered the limbs of previously healthy children and had a chilling effect on the nation. When the oral vaccine became available, whole communities enthusiastically lined up at the local school or church on Sunday afternoons to receive their dose. The vaccine ushered the return of the casual joys of summertime for millions of families.

The control of mosquitos and the diseases they carry was another public health imperative during World War II. Malaria, yellow and dengue fever were endemic in much of the United States and the world. The discovery of DDT as an effective pesticide for mosquitos sent the tropical diseases to the lowest levels seen before or since. The subsequent discovery that DDT caused cancer and genetic abnormalities forced its removal from most developed countries. The legacy of DDT and the attempt to eliminate malaria is the US Centers for Disease Control and Prevention (CDC), the epicenter of communicable disease fighting.

There are many interesting stories in public health. Many are of great successes, some are of catastrophic failures. After one hundred fifty years as a profession, we have accomplished much, and have much more to do.

The three greatest challenges facing our and most American cities include:

- reducing ethnic disparities in health outcomes
- creating environmental regulations which achieve the intended goal
- improving educational standards and methodologies which contribute to physical and social well-being

The tasks are daunting, but not insurmountable when compared to the challenges and obstacles faced by the public health pioneers.



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