



SOLIDARITY

P R O J E C T

APRIL 2007 • Issue 4

In This Issue:

Survivors in Action: Disaster, conflict, and displacement—communities struggle to heal.....p.01

Katrina’s Aftermath.....p.01

Violence and Destruction in the Congo.....p.04

TAKE ACTION.....p.06

HIV Prevention with New Orleans’ Newly Arriving Latino Workers
An Interview with Alicia Negron
.....p.07

Homeless New Yorkers Win Harm Reduction Victories.....p.08

Veterans: Casualties of War.....p.09

Poll—Money for AIDS: What Do You Think?.....p.10

War and the Economy
—A workshop from United for a Fair Economy.....p.11



En Español
<http://www.champnetwork.org/index.php?name=solid>

Survivors in Action:

Disaster, conflict, and displacement—communities struggle to heal

— *Suzy Subways, Editor, Solidarity Project*

War and natural disaster affect the AIDS pandemic in ways that can be devastating to individuals and their communities. Service disruptions increase HIV risk, interrupt treatment, obstruct continuity of care, and impede the provision of other necessary services, although the specifics vary depending on the nature of and response to the crisis. This article looks at two disparate regions of the world in which communities are determined to heal after experiencing severe crises. On the U.S. Gulf Coast following the 2005 hurricane season, and in the Democratic Republic of the Congo, ravaged by civil war, activists and providers are identifying community needs, developing creative ways to meet them, and demanding that government and the international community support their efforts. These two very different situations provide examples of how disaster—whether natural, caused by humans, or a combination of both—and the resultant displacement of people affect those living with and at risk for HIV.

Katrina’s Aftermath

Stranded Without Medication and Medical Care

A disaster that uproots large numbers of people causes an immediate public health emergency, and the effects continue to be felt if the damage isn’t quickly repaired. Soon after the hurricane, P. Gregg Greenough, MD, MPH and Thomas D. Kirsch, MD, MPH went a step further in an October 2005 *New England Journal of Medicine* [commentary](#), observing that, “Given the ineffective response mechanisms that were in place, Katrina could become a public health catastrophe.” They cited potentially devastating sanitation and immunization problems, among other concerns. “The biggest health

issue, however, was and will continue to be the inability of the displaced population to manage their chronic diseases,” they argued. “Katrina disproportionately affected the poorest residents of New Orleans, who did not have the health reserve or the access to care needed to absorb the blow of a breakdown of the local public health system. In the long run, the destruction of the public health and medical care infrastructure has the potential to be more devastating to the health of the population than the event itself.”

Before the hurricane, Charity Hospital’s respected HIV Outpatient (HOP) Clinic served about half of New Orleans’ 7,000 HIV-positive patients. Severely damaged by Katrina, the clinic closed for two months, then operated out of several temporary facilities. Rebecca Clark, MD, says, “Seventy percent of our patients experienced disruptions in their medications for a month or two.” This is far more than a temporary inconvenience, since it can lead to HIV drug resistance and dangerously weakened immune systems, increasing the risk of serious illness and death.

In its 2006 report *Voices of the Storm: Health Experiences of Low-Income Katrina Survivors*, the Kaiser Family Foundation, documented cases of lower CD4 cell counts due to medication disruptions. One resident of a group home said that her facility gave her only a three-day supply of her HIV medications when she was evacuated. An incarcerated man with HIV missed his medications when he was moved to another prison. An HIV-positive man with severe mental health needs lived on the streets for weeks after evacuation from his group home. These incidents illustrate what many people with HIV experienced when a major natural disaster was combined with a callous and inept government response.

Charity Hospital is now permanently closed. The HOP Clinic is back in its original location but shares the space with other clinics—and only half of its former patients have returned. Many no longer have homes to come back to.



In June 2006, members of the Survivors’ Village tent city marched on the affluent Garden District of New Orleans to protest plans to replace low-income public housing with “mixed income” developments. Photo by Nick Fuller Googins, NOLA Indymedia.



Housing Crisis Increases HIV Risk

Following the hurricane, serious barriers made it difficult or impossible for people to return to their homes or obtain new housing. The lack of affordable housing in New Orleans has created new gaps in HIV prevention services, as many providers themselves haven't come back. Five of the city's ten community-based HIV prevention contractors went under in the wake of the storm due to the hurricane's destruction and to staff not returning. Residents who have made it back are dealing with housing instability and stress, heightening their HIV risk, says Noel Twilbeck, co-chair of the Louisiana AIDS Advocacy Network and executive director of [NO/AIDS Task Force](#). "When people are living in stressful situations, they have a tendency to engage in risky activities," he says. "There are people living in houses that still don't have walls up, waiting for repairs."

HIV prevention worker Tamachia Davenport of St. John #5 Faith Church agrees: "Since Katrina, we're seeing more high-risk behavior, people in recovery relapsing, doing things to pay their bills—they're in survival mode, and that puts them at risk for HIV." (Click [here](#) to read a recent interview with her father, Pastor Bruce Davenport, about the church's efforts against HIV in post-Katrina New Orleans.)

For ten years, Tamachia Davenport has been handing out condoms in housing projects in the 7th ward, one of the neighborhoods most damaged by the hurricane. "Some people evacuated to the projects because they were some of the strongest buildings in the city—they're made of stone and bricks," she says. Yet the city has kept them fenced off and plans to tear down four of them, replacing them with "mixed income" housing. Davenport says, "People who were paying \$100 or \$200 a month, will now have to pay \$600." And most people can't afford that monthly \$600.

Housing activists have launched tent cities and building takeovers in protest. To many people from New Orleans, the government's housing policies seem designed to keep low-income people from remaining in or returning to the city. New Orleans *Times-Picayune* columnist Lolis Elie, in a January 5, 2007, [interview](#) with psychiatrist and *Root Shock* author Mindy Fullilove, argues that his hometown is intentionally keeping poor people from coming home. Fullilove agrees. "There is definitely an attempt in New Orleans to label this as a moment of progress, meaning you can bar the poor from returning," she told Elie. "I read this as a message of how society feels about people... It is a betrayal of a fundamental contract, as if your mother wanted to murder you."

Violence and Destruction in the Congo

In New Orleans, an extraordinarily incompetent official response compounded Katrina's brutal impact. In another October 2005 *New England Journal of Medicine* [article](#) about the response to Katrina, disaster relief experts observed that "ignorance of the lessons learned from managing similar crises in other countries" played an important role in the U.S. government's insufficient response to Katrina. In the [Democratic Republic of the Congo](#) (DRC), destruction caused by governments and militias has created a humanitarian disaster of tsunami proportions. Living in the U.S. is very different from living in a developing country in Africa. But in both places, we can see how powerful forces sometimes worsen and even take advantage of catastrophe, while others with power do their best to help people whose lives have been shattered.

Healthcare: Another Casualty of War

Although the Second Congo War officially ended in 2003, violence continues, especially in the east. The conflict has directly involved eight African nations and 20 armed groups, and it continues to include the Hutu militia that took part in the 1994 genocide in Rwanda. Since 1998, nearly four million people have died—more than in any conflict since World War II. As in other violent conflicts, most of these deaths weren't caused by bullets but by disease and malnutrition that could have been treated or prevented if not for the violence and its effects on healthcare, farming, and housing. As in Rwanda, the conflict has facilitated HIV transmission and made it far more difficult to deliver healthcare to the increasing number of people with HIV.



Counselor Jeanne Banyere (far right) and fistula patients in Masisi, DRC. Photo from the new documentary film [Lumo: A Young Woman's Struggle to Heal in a Nation Beset by War](#). (Courtesy of Goma Film Project).



Rape as a Weapon of War

Historically, rape has been used against civilians as a weapon of war, although it's relatively recently that feminists and humanitarian groups have been able to draw media and world attention to this atrocity. During the Second Congo War, rape was widespread, and this brutality continues today as violence persists in the east. Immaculee Birahaeka, director of a women's rights group in Goma, a city in Kivu province in eastern Congo, told the *Guardian* in November 2006, "It is impossible to know how many women have been raped in the war, but it is hundreds of thousands."

In the chaos, with no reliable government authorities to protect civilians or rebuild the already limited public health infrastructure, nongovernmental organizations have done their best to step in. [HEAL Africa](#), a nonprofit started in 1994 by a Congolese doctor to improve rural health, provides continuing medical education to local physicians with support from international funders and medical schools. Joseph Ciza Nakamina, a Congolese nurse who runs HEAL Africa's North Kivu sexual violence program Heal My People, [presented](#) preliminary research at the global AIDS conference in Toronto last summer, confirming that conflict increases the risk of HIV. Of the militiamen and armed gangs who commit most of the rapes in the region, 12 percent are HIV-positive, Nakamina reported.

A Community Takes Action

In March 2003, hundreds of women held a protest against rape in the center of Goma, demanding medical care for fistula, a severe resulting internal injury. Since then, trauma counselor and activist Mama Jeanne Banyere has brought women from remote areas to HEAL Africa's Goma hospital, which offers surgery for fistula, HIV treatment, and post-exposure prophylaxis (PEP)—a short course of antiretrovirals used to prevent HIV infection immediately after exposure.

Ciza Nakamina recommended making PEP more accessible through trained nurses in places where doctors will not go due to safety concerns. Judy Anderson, a HEAL Africa consultant from the U.S., says, "There's a huge need for help in getting the PEP kits out to the clinics in outlying areas—a virtually unlimited need, as there are not many others out there doing so." The stigma of surviving rape can also be a barrier. "We are trying to get more PEP kits out there and inform the public of the treatment option—the difficulty is getting people to come forward within the 72 hours for PEP," she says.

Nakamina also called for keeping the DRC conflict and gender-based violence on the world's agenda. While global attention focuses on other conflicts, the war that's over in name only continues to terrorize civilians and spread HIV. And as most Americans forget about the destruction of New Orleans, another preventable disaster whose impact continues to increase in many ways, Gulf Coast survivors still fight for their homes.

As AIDS activists and human beings, we can never forget to honor the dignity of all displaced and brutalized people in the U.S. and around the world, listening as communities define their own needs and offering our solidarity, rather than patronizing charity.



TAKE ACTION

Last summer in New Orleans, former public housing residents built a tent city called [Survivors' Village](#) to protest being locked out of their homes as 86 percent of pre-Katrina public housing units, mostly undamaged, remained fenced off. In early April, Survivor's Village will re-launch with cottages instead of tents, along with a legal clinic, first aid station, and chapel. Visit their "[How to Help](#)" page to download flyers, email legislators, donate, and sign up for action alerts.

Encourage your Senator (www.senate.gov) to co-sponsor and support the federal [Gulf Coast Hurricane Housing Recovery Act of 2007](#), which would re-open 3,000 New Orleans public housing apartments by August 1, 2007 and maintain pre-Katrina levels of federal housing assistance. This bill, approved by the House of Representatives on March 21, is a direct result of grassroots organizing by local activists. Now it's up to the Senate to pass it and get it to President Bush.

Donate money or volunteer your healthcare, education, counseling or administrative skills by emailing the [New Orleans Women's Health and Justice Initiative](#) (WHJI), which is opening a clinic at 1406 Esplanade Avenue this spring to offer quality, affordable healthcare and counseling services to low-income and uninsured women of color, regardless of immigration status. The clinic aims to fill gaps left by Charity Hospital and other closed facilities. WHJI also plans to expand its community organizing for healthcare and social justice. To receive a tax deduction, please make checks out to Women With a Vision, with "New Orleans Women's Health Clinic" in the memo line, and mail to P.O. Box 51325 New Orleans, LA 70151.

Check out this [Letter from the People of New Orleans to our Friends and Allies](#), by New Orleans-based activists, published in *Left Turn* magazine's April/May 2007 issue.

Check out CHAMP's [comic book version of Mindy Fullilove's Root Shock](#).

[Global Strategies for HIV Prevention](#) supplies the post-exposure prophylaxis (PEP) kits to HEAL Africa in Goma, DRC. Specify that your check go toward PEP kits and mail it to Global Strategies at 104 Dominican Drive, San Rafael, CA 94901.

[Women's Equity in Access to Care and Treatment](#) (WE-ACTx) provides HIV treatment, primary care, trauma counseling, income generation activities, and family planning services to thousands of women who were raped during the 1994 genocide in Rwanda and works in solidarity with grassroots Rwandan women's associations to advocate for improved treatment access. Mail donations to WE-ACTx, 3345 22nd Street, San Francisco, CA 94110. Call (415) 648-1728 or email weactx@gmail.com for more information.



HIV Prevention with New Orleans' Newly Arriving Latino Workers

An Interview with Alicia Negron

— As told to Pedro Soto, CHAMP, West Coast

Alicia Negron was hired by the city of New Orleans to provide HIV prevention services for Latinos after hurricane Katrina hit in 2005. Up to 120,000 Latinos have arrived to work on the reconstruction of New Orleans, where a devastated HIV/AIDS infrastructure remains unprepared to serve them.

New Orleans. This is a different world. Everything has been destroyed. Everything is broken, from politics to police service. Most of the Latinos—Mexicans, Guatemalans, and Salvadorians—who have arrived looking for work are undocumented workers who live under bridges or in abandoned houses.

Local government and politics have tied up all the funding for food and housing; they don't offer it to anyone. People spend two or three days without food; they roam the streets asking for food. People have no knowledge of what HIV is because, in the places that Latino workers live, no one even knows the word. They live in absolute informative discrimination.

White, African American, and Vietnamese women who may have become dependent on alcohol or drugs and living in misery (major factors that influence infections and HIV transmission) come to the homes of Latinos, knocking on their doors, offering themselves as prostitutes. The women don't speak Spanish, the men don't speak English, and unprotected sex is the norm because the men either don't know how to use a condom or don't want to use one.

Another obstacle in providing health and prevention services to this Latino community is that so many community members are undocumented, and most existing clinics require a Social Security number before they will provide medical services due to a recent Medicaid policy change made by the federal government. The only clinic that offers services to undocumented people is NO/AIDS Task Force, even though other sources of funding without citizenship requirements exist.

We need a clinic where Spanish is spoken, where access to education, prevention counseling, and medical care isn't limited. There aren't enough Spanish speakers available to provide condoms and explain HIV/AIDS to undocumented workers.

Also, HIV testing should be included in the care of pregnant women. About 265 undocumented Latinas give birth at local hospitals every month. The Latino migrant worker population is mostly male, but there are also some women. Due to harsh circumstances and the inhospitable environment, men may abandon their partners as their work opportunities change, even while the women are pregnant. To survive, they don't want to take their women along. As a result, with little or no opportunities or support, some women turn to sex work.

We must emphasize the urgent need for Spanish-speaking people who can help. Above all, clinics can and must use unrestricted funding to serve these undocumented immigrants who are in desperate need of treatment and prevention services.

If you identify as Latino and/or speak Spanish, volunteer at the [Latino Health Outreach Project](#) of the



Common Ground Health Clinic, which works out of a parking lot every Thursday morning at Martin Luther King Jr. and Claiborne Avenues from 7am to 9am. Non-health workers can offer interpretation or other help. Call (504) 377-7281 (Español and English).

If you'll be visiting New Orleans for the [HIV Prevention Leadership Summit May 20-23](#), you can volunteer to help stuff condom packets with the Latino Outreach Team, NO/AIDS and other organizations by registering [here](#).

Homeless New Yorkers Win Harm Reduction Victories

Even without a visible conflict or catastrophe, the everyday devastation of poverty can easily lead to the disaster of homelessness for individuals and families. And like other forms of displacement, [homelessness increases HIV risk](#). “We see housing as a form of HIV prevention,” says Jennifer Flynn, director of the [New York City AIDS Housing Network](#) (NYCAHN). “If you’re housed, you’re more likely and able to take care of yourself and others, which lowers the risk of HIV transmission.” NYCAHN’s **HASA for All** campaign is fighting to get the city’s HIV/AIDS Services Administration (HASA) to guarantee non-medical HIV services such as housing, transportation, and nutritional support to all low-income HIV-positive New Yorkers. Because of activist pressure, the city currently guarantees these services to people with an AIDS diagnosis

Along the way, activists have won some impressive victories—condoms and HIV educators in the shelters, which serve roughly 35,000 people every night. And now, clean syringes for safer drug injection. “They just trained all the shelter medical directors on overdose prevention and how to dispose of [used] syringes,” says Flynn. “When people leave, they’re given clean syringes. The shelters are acting as clean needle distribution sites. By the end of the year, every shelter will have that.”

How did homeless and low-income activists at NYCAHN and allied organizations win these HIV prevention advances? Flynn says activists started by demanding that the city release statistics about the health of the homeless. Two years of direct action and advocacy later—after the city council passed a law requiring the health department to release the data and further foot-dragging by the health department—the stats were finally released in 2005. They showed that 11% of deaths in the shelter system were AIDS-related. Activists targeted the city council again, hearings were held, and New York City hired a former director of CitiWide Harm Reduction to implement serious changes in the shelters.



But condoms and syringes in the shelters are piecemeal victories, Flynn says. The real goal is **HASA for All**, so that nobody with HIV will need to stay in shelters in the first place. To support this effort, whether or not you live in New York, call City Council Speaker Christine Quinn at (212) 788-7210 and ask her to pass the **HASA for All** legislation. Organizations, low-income HIV-positive New Yorkers, and their allies can join the campaign. Call Shirlene Cooper at (718) 802-9540 x.18 or e-mail cooper@nycahn.org.

NYCAHN activist Juan Santos, 76, wore this hat of many condoms throughout the fall 2005 Campaign to End AIDS march from New York to Washington DC.



Veterans: Casualties of War

Iraq Veterans Demand Comprehensive Care for Returning Vets

War takes an unimaginable toll on its victims, which includes civilians caught in the crossfire as well as active troops and veterans. February's *Washington Post* [exposé](#) of neglect and unsanitary conditions at Walter Reed Army Medical Center prompted congressional hearings and the firing of the Army secretary and two generals. Various [commentators](#) pointed out the similarities between the Bush administration's undermining of the Federal Emergency Management Agency (FEMA) and the Veterans' Health Administration (VA).

Until recently, the VA was known for providing the best healthcare in America. The media and the public largely ignored numerous reports over the past few years that described the grossly inadequate healthcare combat vets were receiving. Revelations of the conditions at Walter Reed have changed that. As at FEMA, budgets were cut, cronies were hired, and private firms were contracted to do work that could have been done at lower cost by government employees. Just as Katrina highlighted FEMA's incompetence and inability to protect the residents of New Orleans, the Walter Reed scandal brings to light the shoddy medical treatment of soldiers returning from Iraq [see [animation](#)].

The VA is the largest provider of HIV and hepatitis C care in the United States. People concerned about HIV/AIDS in this country should pay close attention to VA funding and veterans' health. One way to do that is to support the work of [Iraq Veterans Against the War](#) (IVAW). As well as speaking out for an end to the occupation of Iraq, the group advocates full funding for the VA and complete access to quality healthcare (including mental health) and benefits for returning veterans.

One IVAW member from Alabama, [Douglas Barber](#), knew the VA's neglect all too well. Barber committed suicide in January 2006, after fighting the VA for more than two years to get counseling for post-traumatic stress disorder (PTSD). Now, according to IVAW member Mark Lachance, the group has about 400 members—all veterans who have served since 9/11, some of whom are currently stationed in Iraq—and is growing by five to ten new members every day.

Vietnam-Era Vets on the Hepatitis C Battlefield

About one in ten U.S. military veterans has hepatitis C virus (HCV). The vast majority of vets with HCV served during the Vietnam War era—in Southeast Asia, Western Europe, the U.S., and elsewhere. Studies indicate that the most common risk factor for HCV infection was injection drug use. Transfusion was also a major risk factor. Medical advances saved many soldiers who would have died in previous wars, but the blood supply was not yet screened for HCV (the virus wasn't identified until the late 1980s).

[HCV Advocate](#) is packed with the latest news and research, information about hepatitis C (and hepatitis B), and lists of support groups and clinical trials. For up-to-date action alerts asking you to speak out for funding and research, visit the site's [advocacy section](#), which also discusses how to write effective advocacy letters.

Veterans with hepatitis C have built a supportive and active community. At [HCVets.com](#), for instance, vets with hepatitis C discuss ways people may have been exposed during military service and offer information for vets to determine their eligibility for filing a related military service-connected claim.

Money for AIDS: What Do You Think?

Think U.S. taxpayers spend too much on global AIDS compared to the domestic epidemic? What if we could spend a lot more on *both*?

The National Priorities Project keeps a running total of the [Cost of War](#) in Iraq, which at press time had hit almost \$417 billion, based on Congressional appropriations. Divided between the war's four years, that's more than \$100 billion per year. Total U.S. spending on HIV/AIDS in 2006 was \$21.1 billion, which breaks down to \$3.2 billion for low- and middle-income countries, and \$17.9 billion for U.S. programs.¹

Whether you support the war in Iraq or you're one of the two-thirds of Americans who oppose it, these numbers may suggest that more money can be found to fight the pandemic. Let's think even more ambitiously...

Solidarity Project Poll:

Do you think the AIDS pandemic could effectively be ended with \$417 billion?

Here are some global stats to work with:

- Six million people need antiretrovirals immediately, but only 12% are getting them.²
- A year's worth of generic medications for someone just starting treatment costs \$200.³
- 2.9 million people died of AIDS in 2006.²
- Less than 20% of people at risk for HIV worldwide have access to prevention services.²
- \$18.1 billion a year would provide comprehensive prevention, care, and treatment for all.²

Get out your calculators, consider the future treatment needs of people getting HIV now, second-line therapy for people whose HIV develops resistance to their first regimen, and the possibility of new infection rates actually going down... Then crunch the numbers and reply to us at champ@champnetwork.org. We'll include some of the most interesting responses in future issues of *Solidarity Project*.



War and the Economy

— A workshop from *United for a Fair Economy*

Do you ever wonder why the smaller community-based HIV prevention and service programs are always being cut? Do you wonder why your city and/or state suffer constant budget crises? One reason is the way that our federal money is allocated and spent. This workshop from [United for a Fair Economy](#) challenges us to think about the meaning of the word *security* when the military budget continues to increase at the expense of community needs, and how we can protect what's important to our communities. Using a popular education model, the workshop can be adapted to work with your group. The materials can be downloaded for free (simple registration is required). The materials explain how to plan and present the workshop in a way that will be most effective for the participants you'll be working with.

Workshop goals:

- 1) Explore the impact of militarism on the U.S. economy.
- 2) Examine the impact of war and militarism from the perspectives of race, gender, and class.
- 3) Demonstrate that war and militarism drain resources from basic family and community needs in general and from addressing state budget crises in particular.

[Download](#) the workshop in PDF format.

Letters to the Editor Welcome!

We would love to hear from you about a specific article or issue of *Solidarity Project*. Community input helps us keep *Solidarity Project* relevant to our readership while remaining true to CHAMP's mission. If you'd like to contribute a Letter to the Editor, please email it to champ@champnetwork.org or mail it to one of the CHAMP addresses below.

We'll publish interesting and provocative letters in future issues of *Solidarity Project*. If you'd rather not include your name with your Letter to the Editor, we will respect your confidentiality. Please provide contact information with your letter in case we need to get in touch with you for clarification or verification.

We look forward to hearing from you!



232 West Exchange Place, Providence, RI 02903

t. 401.427.2302 f.401.633.7793

32 Broadway, Suite 1801, New York, NY 10004

t. 212.937.7955 f.212.513.1367

www.champnetwork.org

email: champ@champnetwork.org