## **HIV/AIDS Program for New York's Immigrants**

By Jean Oxendine Closing the Gap, HIVS/AIDS • April 1999

Por many immigrants, making a living by driving taxis, braiding hair, street vending and performing other service jobs is an unpleasant but necessary way of life. Immigrants that are not lucky enough to have legal immigration status and work authorization are most often the ones who must work in jobs which have little or no health insurance. It is this lack of health insurance and health benefits that reduce the worker's chances of receiving adequate health treatment, especially for HIV/AIDS.

Now, thanks to a New York City based organization called African Services Committee, Inc., or ASC, legal and undocumented immigrants and refugees from throughout Africa, the Middle East, and the French speaking Caribbean can find the help they need in overcoming some of the health obstacles placed in front of them.

"When it comes to treatment for HIV/AIDS in this community, workers unemployed or without health insurance have huge barriers to overcome," said Kim Nichols, development director for ASC. According to Nichols, ASC was founded in 1981 by Ethiopian refugees as a refugee resettlement and supportive service community based organization. It serves clients where only one percent speak English fluently.

A HIV services program was opened in 1991, to promote HIV prevention risk reduction and access to HIV counseling and testing for African-born New Yorkers who have immigrated in the last decade. The organization devotes 50 percent of its efforts to fight HIV/ AIDS, although it focuses on other communicable diseases, including sexually transmitted diseases (STDs) and tuberculosis (TB). It now provides health, social and legal services, including employment, housing, mental heath and medical referrals.

HIV/STD/TB prevention outreach services are provided by ASC to over 35,000 African, Caribbean, and Middle Eastern immigrants each year through community outreach using mixed media (television, radio, print), HIV prevention case management, comprehensive case management for HIV positive clients, community-level interventions, and development of peer leadership.

Currently, New York has immigrants from 54 countries in Africa. Of the approximately 250,000 people born in Africa now living in New York, only one-fifth are legal immigrants. According to Nichols, the number of new immigrants continues to rise.

Staff members "meet 90 percent of the language needs of clients," said Nichols. ASC conducted a study of 3,655 people of African birth, and found that 35 languages were spoken. French is the language spoken most widely by African immigrants in New York City, followed by Arabic, Fulani, Mandingo, Wolof, Amharic, Bambara, and Soninke. Each of these languages are spoken by members of ASC staff. "If we don't have a staff member who speaks the language of a client, we find college students, or others who are willing to interpret for us," said Nichols.

In addition, ASC built a program to train African peer staff as skilled community health worker. ASC interpreters receive training before they are hired to work with clients. They are trained by the New York Task Force on Immi-

grant Health, and receive a certification in medical interpretation. The interpreters are trained in HIV pre- and post test counseling by the New York City Department of Health. Interpreters often receive training in addition to that which is required.

"When the program started, it was like pulling teeth, as people were wary about going for help because of their legal status. They were non-documented, as are most of our clients," said Nichols. Now over 1000 people a year use ASC medical interpreter services and hospital/clinic escort services. "We are referred by 15 public hospitals, as well as clinics in NYC. People also hear about us through word of mouth," said Nichols

HIV/AIDS case management staff at ASC provide referrals, medical interpretation and advocacy for treatment at Department of Health STD clinics, TB clinics, and to hospitals and legal, mental health, housing, nutrition, and other supportive service providers, throughout the five boroughs of NYC. Staff also provide HIV pre- and posttest counseling.

Clients who are younger or those recently diagnosed with HIV come in for services more readily than those who have had the disease for a while, said Nichols. She reported that those 40 and older hold off longer for treatment. "The older people are usually quite ill by the time we see them for services. We have been increasing outreach services so that we get people in for early treatment," said Nichols.

ASC staff are often called into counseling sessions, where they may be asked to tell the mother of a newborn not to breast-feed if she has HIV/AIDS; or they may assist a woman with telling her husband that she was found to have HIV. These situations are occurring more often due to a law in New York state which requires all newborns to be tested for HIV. If antibodies are found in a newborn, the mother must be tested.

ASC clients often see an impatience on the part of the medical staff, and at times become frustrated with the difficulty in interpretation. "The medical staff does not realize that there is often not a direct translation of some words, and the clients are of low literacy levels, and low language skills. They may not understand biological concepts," said Nichols. She went on to say that clients often do not like African doctors and nurses to assist them because they are afraid the health professional will go back to the community and spread the news of their disease. "Confidentiality issues are big," said Nichols.

"Our hope of the future is to establish a clinic in our building so that we can provide additional services, such as HIV screening and testing for other diseases," said Nichols.

ASC's programs are funded by the Office of Minority Health, as well as Ryan White Title I and II, the Centers for Disease Control and Prevention, and the New York Community Development Agency. Services covered by the funding include agency staff specializing in HIV, and assisting with medical interpreter services in the HIV program.

For more information on ASC, please call Kim Nichols at (212) 683-5019, or access its Web site at: www.africanservices.org. ��

