COUNCIL OF THE CITY OF PHILADELPHIA

PUBLIC HEARING - JOINT COMMITTEES ON HOUSING, NEIGHBORHOOD DEVELOPMENT AND THE HOMELESS AND PUBLIC HEALTH AND HUMAN SERVICES

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Room 400, City Hall

Philadelphia, Pennsylvania

Wednesday, June 15, 2005, 1:20 p.m.

Resolution 050585 - Resolution calling on City Council Committee on Housing, Neighborhood Development and the Homeless and the Committee on Health and Human Services to hold joint public hearings to bring attention to the AIDS epidemic in Philadelphia and to examine possible solutions to this crisis.

PRESENT:

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COUNCILWOMAN BLACKWELL: Good afternoon. Thank you all for your patience. This is a joint committee hearing, which we're now calling into order, from the Committee on Housing, Neighborhood Development and The Homeless that I chair and the Committee on Health and Human Services, chaired by the Majority with Marian Tasco is here.

We will now ask the clerk to read the title of the resolution.

THE CLERK: Resolution No. 050585, resolution calling on City Council Committee on Housing, Neighborhood Development and the Homeless and the Committee on Health and Human Services to hold joint public hearings to bring attention to the AIDS epidemic in Philadelphia and to examine possible solutions to this crisis.

COUNCILWOMAN BLACKWELL: Thank you very much.

Does the Co-Chair have a statement to make? Are you okay?

COUNCILWOMAN TASCO: No. I'm fine. I'm pleased be a co-sponsor of this

resolution and to have this discussion this afternoon. Hopefully we will be able to find some answers to many of the questions that you have.

We applaud all of the people who have been involved in keeping the issue of HIV/AIDS before the public and their efforts to try to bring about change in the field. So thank you very much for this opportunity.

COUNCILWOMAN BLACKWELL: Thank you again. The committee will now call on Robert Hess, Assistant Managing Director, Special Needs Housing and certainly Director of OESS, Office of Emergency Shelter and Services.

Mr. Hess.

DEPUTY DIRECTOR HESS: Thank you, Madam Chairs. It's a pleasure to have this opportunity to appear before you this afternoon in this especially timely public hearing. As you know, June is AIDS Education Month and through the good work of many of the folks that are sitting behind us today, Philadelphia FIGHT and others, there is a

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month-long variety of activities that are already planned to bring awareness to the epidemic in our community and to move people toward prevention and to get treated, and I'll be talking about that in just a moment. I even understand that the Mayor has agreed to be tested later in the month, and certainly that kind of leadership is what we applaud in this City.

My words will be brief, but I do want to point out that the AIDS epidemic has not gone away. While it is not readily discussed, in part because of the continuing stigma associated with the disease, it is still a public health problem facing many in our community.

Through HIV prevention efforts, the number of AIDS cases reported in Philadelphia have leveled off to between 900 and 1,100 new cases per year in each of the last five years. The mortality rates have dropped significantly since the beginning of this epidemic in our City due, in large part, to the good work of the Health Department, who you'll be hearing

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from shortly, the medical and service provider community, but this fact, coupled with the increase in the number of cases, has resulted in the need to provide a greater number of services to an increasing number of people that are affected.

The City of Philadelphia, Department of Public Health, AIDS Activity Coordinating Office is to be commended for its annual Ryan White Title 1 application submissions. The applications submitted by this Health Department have consistently obtained some of the highest scores in the country in terms of renewal. Unfortunately, these high scores have not translated into increased funding.

Over the past three years, federal funding for HIV/AIDS services in this area have actually decreased to our City from the federal government. In effect, service providers, some of which you'll hear from shortly, the AIDS Activities Coordinating Office and the Ryan White Planning Council, are being asked to determine how to do more for more people with less funding coming from

the federal government. We hear that all too often these days, I'm afraid to say.

The AIDS Activities Coordinating Office has worked hard to ensure that the services that we provide meet the needs of people living with the HIV disease identified through the work of the Office of HIV Planning and support of the Ryan White Title 1 Planning Council. The AIDS Activities Coordinating Office estimates there may be as many as 8,000 people in the Philadelphia region that know their HIV status but are not currently receiving medical care. You will be hearing more on this topic from the AIDS Activities Coordinating Office, service providers and recipients of services as the afternoon goes on.

I am pleased to take this opportunity to share the current status and ask for your continued support as we continue to work together as a community to make the best uses of our scarce resources to provide the highest quality of services to prevent HIV and to assist individuals who become infected.

And, again, thank you, Madam Chairs, for the opportunity to present this testimony to you this afternoon. With me at the witness table is Joe Cronauer from the Health Department who is, of course, Assistant Health Commissioner responsible for this area, and I think Joe has a few words.

COUNCILWOMAN BLACKWELL: Thank you. Good afternoon. Please identify yourself for our record and make your testimony.

COMMISSIONER CRONAUER: Good afternoon, Chairwoman Blackwell and Chairwoman Tasco. I'm Joe Cronauer, Assistant Health Commissioner for the Philadelphia Department of Public Health. I'd like to speak to you about some of the services provided through the Philadelphia Department of Public Health around HIV and AIDS.

The AIDS Activities Coordinating Office is a division of the Department responsible for the overall coordination and implementation of a wide range of care and prevention services for persons living with or

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at risk of contracting HIV and AIDS in the Philadelphia region. Individuals affected by or infected with HIV need access to life-saving healthcare, case management and other support services. Additionally, these individuals need information, education and advocacy to ensure appropriate utilization of AACO-funded care and prevention services.

AACO allocates $34,563,578 annually in federal, state and city dollars for HIV care and prevention services. The vast majority of this funding is federal Ryan White CARE Act funding and Centers for Disease Control and Prevention funding supporting community-based services.

The HIV/AIDS epidemic in Philadelphia, as across the nation, disproportionately affects African-Americans and Latinos, those who are poor and those who traditionally have been disenfranchised.

Since the beginning of the AIDS crisis in the early 1980s, the epidemic in Philadelphia has been focused primarily within the African-American community. While

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African-Americans make up about 45 percent of Philadelphia's population, they account for 65 percent of the cumulative AIDS cases in Philadelphia. Moreover, African-American women account for 74 percent of all AIDS cases among Philadelphia women.

Unlike most of the country, current HIV transmission in Philadelphia occurs primarily through heterosexual sex at 43 percent, followed by injection drug use at 29 percent, and men who have sex with men at 26 percent.

AACO funds a network of 74 providers to provide care and prevention services in Philadelphia. Of these, 41, or 55 percent, are minority providers. The centerpiece of this network is a diverse and geographically extensive system of HIV-specialized primary care providers that focus on neighborhoods most affected by HIV. This system provides primary medical care, vitally needed AIDS medications, HIV-specialized case management, dental care, transportation, food, emergency assistance, home health and other support

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AACO also supports primarily care at institutions and agencies most likely to serve uninsured and underinsured people living with HIV. AACO providers are a part of a region-wide network of 19 neighborhood clinics operated by the City in federally qualified health centers. AACO primary care providers also include 17 other hospital and community-based clinics and medical practices spread across the City.

Through long experience, AACO has determined that the most effective method of providing services to communities most at risk is in partnership with community-based organizations that understand the communities that they are a part of and who provide services in a culturally competent manner. As such, 85 percent of AACO's providers are community-based providers. Many of these providers provide both prevention and care services.

Funding for all AIDS services in Philadelphia are based on the work by local

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community planning groups operated by the Office of HIV Planning. The Prevention Community Planning Group, or CPG, works on prevention priorities and the Ryan White Planning Council works on care services priorities. At least 50 percent of the representatives of both groups are persons living with HIV and AIDS themselves. These groups identify funding priorities for the City, as well as services and interventions that have been proven effective in serving those living with or at risk of contracting HIV.

The Philadelphia CPG approved the Philadelphia HIV Prevention Continuum as the basis for the delivery of effective scientifically based HIV prevention services and interventions. These services include individual and group-level interventions, prevention case management, HIV counseling and testing, including the new rapid HIV test, and provision of public information, all delivered to those at highest risk for contracting HIV.

I want to give you some examples of

some of the services that AACO provides. For example, in 2004, 31,846 individuals received HIV counseling and testing services funded by the Department through our community-based providers at over 50 locations across the City.

In addition, 37,127 individuals received group-level intervention services and 137,939 individuals received outreach services.

While it is difficult to calculate the exact number of individuals who have been exposed to public information messages, it is estimated that more than 530,000 individuals were exposed to various HIV media efforts funded by the Department in 2004. These efforts include various public service announcements, a billboard campaign, distribution of posters and safer sex kits at bookstores and clubs, an AIDS hotline, various literature distribution campaigns, risk reduction packets and brochures and a public transportation poster campaign.

Last year, services for people

living with HIV and AIDS were funded through AACO and included 32,665 primary medical care visits for 7,276 patients. 94,450 hours of case management services were provided for 5,300 clients, and 3,553 30-day prescriptions for AIDS medications were provided to 1,424 patients.

Thank you for the opportunity to testify and if you have any questions.

COUNCILWOMAN BLACKWELL: Thank you very much. We note for the record that we have members of the committees here, Councilman DiCicco, Frank DiCicco, and Councilman Rick Mariano are likewise here.

I have several questions, but due to the number of people who want to testify, I'm happy to defer them.

Councilwoman Tasco.

COUNCILWOMAN TASCO: I just want to ask a question about the funding. Mr. Hess talked about the decrease in federal funding through the years, and here you have that we have 34,563,000 in care. Compared to other years, what was the dollar figure, say,

last year maybe?

COMMISSIONER CRONAUER: I'll tell you, the only funder who has maintained its commitment around AIDS services has been the City of Philadelphia. We've maintained every dollar that we've had committed to the epidemic. That's around $5 million.

Our funding comes primarily from the federal government, however, and the cuts over the last two years alone between the Ryan White application, the federal Ryan White CARE Dollars, the CDC prevention dollars, total a little over $700,000 in decreases.

Now, last year, our Ryan White application ranked second in the country. We did really well. We always do really well. We work really hard. We have a lot of good community-based partners. In spite of this, we got the cut, and it's not based on performance and it's certainly not based on need. It is apparently, however, based on different priorities at the federal level than we've had in years past.

COUNCILWOMAN TASCO: Have the

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funds in federal government overall been cut, budget cut, for HIV/AIDS? The federal budget has been cut?

COMMISSIONER CRONAUER: Yeah. The federal budget has been cut every year in the last two years, both through what they call administrative taps where the Congress will pass the same amount of money but the Presidential Administration will take money off the top. And the CDC has had shifting priorities away from HIV toward other illnesses.

COUNCILWOMAN TASCO: Who are the advocates in the federal government and the Congress for funding for HIV/AIDS?

COMMISSIONER CRONAUER: There are a lot of advocates. Primarily Senator Specter has been very helpful in helping us get money that the federal government would prefer sometimes for us not to have. He's probably been our very strongest ally, and there are also members of the House of Representatives are very helpful, Chaka Fattah. They are very helpful to us in trying

to at least maintain, if not expand, our federal funding to keep pace with the needs of the people that we're trying to serve.

COUNCILWOMAN TASCO: So it's an administrative decision to cut the money, the dollars?

COMMISSIONER CRONAUER: Absolutely. Yeah. The federal government has, under this President, established a new review process that they call an independent review process, and by that, they mean they won't let you know who is doing the reviewing. And we get a numeric score as a result of that for all of our applications. However, there is no explanation of the formula by which they determined what dollar amount goes to what jurisdiction.

DEPUTY DIRECTOR HESS: Councilwoman, this is put in context by the fact that many individuals thankfully with this infection are living much longer. We're still adding 900 to 1,100 cases a year, tragically, and so although $700,000 may not sound like a lot to be cut, it is a lot to be

cut when you have a lot more people to serve every year.

I would step out on a limb a little bit and call it shameful to cut funding when you know there's an expanded need, you know what you're doing is working, you know you have a City with the second highest-rated application in the country and then you cut it anyway, and that's what's happened here.

COUNCILWOMAN TASCO: Let me just ask one more question, then I think the Councilwoman has questions, too. I thank her for deferring to me, which is unusual for a Chairperson to do.

You talk about the increase in the epidemic in Philadelphia in the African-American community. Could you tell me why that is the case, you suppose? And one of the questions tie in with that is, that is primarily through heterosexual sex. Can you explain that to me?

COMMISSIONER CRONAUER: The epidemic has been shifting in Philadelphia over the years. Once at the beginning of the

epidemic, it was primarily men who have sex with men and injection drug use and a third cause was heterosexual transmission.

When we look at new infections, however, that's shifting, where now the number one mode of transmission is heterosexual sex, followed by injection drug use and men who have sex with men.

We're actually doing a study out there in the field now to determine -- to try and determine why our epidemic looks different than most of the country, but it definitely does look different. Not in the composition of those who get HIV in terms of their racial and ethnic in gender composition, but in terms of the mode of transmission. We're very different than most places in the country.

COUNCILWOMAN TASCO: So if it's transmitted through heterosexual sex, who is the carrier and how does the carrier -- someone has it. The male, female, they're interacting. Someone has it. They could get it from drug use or maybe they could have it from a relationship from same sex partner. I

mean, how do you get the heterosexual increase?

COMMISSIONER CRONAUER: Not every time a person is HIV negative and a person is HIV positive have sex is HIV transmitted, but you're certainly at high risk every single time. In transmission, in heterosexual transmission, the likelihood of a woman being infected per risky encounter, the chance of a woman being infected by a man is higher than a man being infected by a woman just by the way HIV is transmitted, but HIV can be passed either way.

COUNCILWOMAN TASCO: Does that mean that the male either has contracted it through a same sex relationship or through drug use?

COMMISSIONER CRONAUER: That's quite possible, or through sex with another woman who is infected is possible.

COUNCILWOMAN TASCO: Okay. Thank you. I have some more, but I'll wait.

COUNCILWOMAN BLACKWELL: Thank you.

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When people enter our shelter system, Mr. Hess, do they usually tell us if they need help in this area?

DEPUTY DIRECTOR HESS: Typically when individuals --

COUNCILWOMAN BLACKWELL: Especially given the health centers, with decreased funding in health centers, too. I know that's also an issue.

DEPUTY DIRECTOR HESS: Right. Many people who enter our shelter system would choose not to tell us at the front door. We do have a number of programs, a number of activities where folks can reach out later and are made -- access to health centers are certainly made available, but it's very similar to the challenge we face with respect to victims of domestic violence. When people come to the front door of our facilities, they are typically in crisis, and people in crisis are more likely to tell you what they think they have to tell you in order to get in and have a place to stay and less likely to tell you their whole life story at the front door.

So it's something that more likely we will gain that information over time and be able to link folks to services over time when there's some trust built between the individual and the case worker.

COUNCILWOMAN BLACKWELL: Or we get it on the back end if they have the problem or the disease and then they can't -- and then they need shelter.

DEPUTY DIRECTOR HESS: That's correct, Madam Chair.

COMMISSIONER CRONAUER: If I may add just a little to that, Rob.

OESS has been very helpful in working with the Health Department in the sense that once people with HIV are identified, we have two programs that are for transitional housing, one for men, one for women and children, so that those that are medically fragile that are identified through Rob's system can be diverted to a group living situation that has supportive services, both medical and social services. And that hasn't been possible in the past, and Rob and OESS

have been very helpful in making that happen.

COUNCILWOMAN BLACKWELL: OESS is wonderful.

Are we still able to hold on -- I know our numbers have gone down in about the past five years and given federal cuts, I mean, they're cutting housing choice vouchers or Section 8 programs, so our social service programs always suffer under republican administrations. Excuse me. But are we still, in spite of that, able to hold on? That means less money for advertising, less money for workers, less money for everything. How are we able to just hold on?

COMMISSIONER CRONAUER: In almost all cases in the last two years, we have absorbed almost all of the money administratively. So the infrastructure of the Health Department has been significantly damaged by the cuts. Very few of them have been passed on to community-based providers, although some of them have.

However, what it has prevented us from doing is expanding services where we need

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expansion for dealing with additional people who once died after ten years and are now staying alive for 20 years and more, while at the same time getting new infections. So the pool of people is growing exponentially.

So far, we have not had major community-level cuts, but we are at the point where if we do happen to ever receive additional federal cuts, the Administration doesn't have the ability to go absorb them anymore. We've absorbed everything we can.

COUNCILWOMAN BLACKWELL: I'll ask only one question. Would you explain what Ryan White CARE Act does, what that act provides?

COMMISSIONER CRONAUER: That's an emergency act passed by Congress every five years meant to provide -- it has a variety of titles. We're Ryan White Title 1, which is designed for cities that are disproportionately impacted with AIDS. We were one of the first 16 cities to participate in Ryan White funding. And that act is designed specifically to provide medical and

6/15/05 - Res. 050585 - Housing & Public Health support services for people living with HIV who are un and underinsured.

COUNCILWOMAN BLACKWELL: Thank you. I'll defer my other questions.

Councilwoman, do you want to ask real quick?

COUNCILWOMAN TASCO: Well, I do if you -- just one more.

COUNCILWOMAN BLACKWELL: Sure.

COUNCILWOMAN TASCO: And you can provide this to the Chair. You have 19 clinics operated by the City in the federally qualified health centers. How are they determined and where are they located? How do you determine where to locate them?

COMMISSIONER CRONAUER: We do competitive RFP processes for all of our services, and they rotate every so many years. So funding, even if it's current funding, will only go so long before we engage in a new competitive process.

All of our competitive processes, however, we target neighborhoods that we know are heavily impacted by HIV and AIDS,

neighborhoods where we know people with HIV live, and we house some clinics that are downtown, because we've also heard that some people are uncomfortable going into an HIV specialty clinic in their own neighborhood because they fear self-disclosure to their neighbors.

So we try and provide both options. We try and provide as many locations as possible, and it includes all of the major hospitals, it includes a lot of HIV specialty clinics and it includes a whole network of federally qualified health centers and the City's health centers as well.

COUNCILWOMAN TASCO: Okay. Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much.

Are there other questions?

(No response.)

COUNCILWOMAN BLACKWELL: Mr. Hess, we're happy to call on you to conduct the testimony for others who are here.

DEPUTY DIRECTOR HESS: Thank

you, Madam Chair. Then with the Chairs' permission, I would invite Mauri Russell, the Director of the Office of HIV Planning, and Jane Shull from Philadelphia FIGHT to the witness table.

COUNCILWOMAN BLACKWELL: Thank you. Good afternoon. Please identify yourself for the record and begin your testimony.

Jane, thank you for working so hard on this and thank you, Rob, Mr. Hess, for all that you are doing.

DEPUTY DIRECTOR HESS: Thank you, Councilwoman.

MS. ROSS-RUSSELL: Good afternoon. My name is Mauri Ross-Russell and I am the Director of the Office of HIV Planning, which is part of the Division of Social Services, Adult Services, Office of Emergency Shelter System.

The Office of HIV Planning is the office that is responsible for providing staff support to the planning bodies, as well as the documentation related to determining what the

service needs are within the community for both the Planning Council and the CPG, and most of the information, if not all, that we collect is based on research that is conducted within this area and/or around the country, and in this area, we actually oversee and conduct surveys, focus groups, key informant interviews, as well as town hall meetings annually.

The information that we collect actually provides the necessary support documentation to these planning bodies so that they can make determinations about where the money that is allocated through Ryan White would need to go for both the Planning Council as well as for the Community Planning Group.

The information that is received from consumers of service, the providers of service and the current research is then synthesized and documented and reported to the planning bodies as well as to the community. This is done, in part, so that we can obtain information related to new and emerging populations with respect to HIV disease and to

identify any needs and/or barriers experienced by all groups.

The planning bodies are being asked to make some very, very difficult decisions in the coming months, in the coming years. We will soon have to make determinations where services may be eliminated all together to try and ensure that the primary services are funded.

We normally write, on average, five rather large documents to support this process annually, and the Office of HIV Planning also provides the training for the planning bodies related to community planning service needs and so that they can actually understand the role within the process.

COUNCILWOMAN BLACKWELL: Thank you very much.

Ms. Shull.

MS. SHULL: Good afternoon. My name is Jane Shull. I am the Director of Philadelphia FIGHT and I'm also a member of the Board of Health of the City of Philadelphia, and I first want to thank both

Chairwomen of both committees for joining together to hold this hearing and also thank other members of City Council who are here, who might be listening in their offices, for taking the time this afternoon to help us bring to public attention the continuing crisis of the AIDS epidemic.

Philadelphia FIGHT in this year, along with 30 other organizations, has been sponsoring AIDS Education Month for the past 11 years. Each year, we have a theme. This year our theme is Get Tested, Get Treated, and I want to address in the context of the AIDS epidemic in Philadelphia why we chose that theme and also then bring to your attention two other issues that I think are of importance in our City right now.

Joe Cronauer alluded to one of the reasons why we have chosen the theme Get Tested. City of Philadelphia has had an estimate of something like 22,000 people living with HIV. The City then went through an exercise following a method proposed by the Centers for Disease Control and concluded that

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8,000 more people who know their HIV status are in the City and are yet not in care. They do not know at this time how many people in the City of Philadelphia do not know their HIV status, and because they don't know they're infected, they can't possibly be in care.

But we know what the national figure is. The Centers for Disease Control this week announced that there are a million Americans living with HIV and that a quarter of them do not know their status. Now, that means, I think, a quarter of a million Americans, 250,000 people, in the United States don't know their status. It, therefore, if that actually would hold for Philadelphia, means that there are thousands of more people, which is what all of us believe, in the City of Philadelphia who are infected who don't know they're infected.

Another piece of evidence that the Health Department has brought to attention in the past year or so is the increasing numbers of people who get an HIV test and already are at the stage which is a later stage, which is

called CDC-defined AIDS. Now, in the years before there were drugs, we knew what happened if you did nothing, because there were no drugs, and what we know is that on average, it takes ten years to reach that point where you would already be at a place where the Centers for Disease Control would define your situation as being AIDS.

So that means people are failing to get tested until they are already sick. Failing to get tested until you're already sick means your prognosis, what's going to happen to you, might not be as good as if you had gotten tested early and gotten yourself into care, and it certainly means that you have no motivation at all to believe that you need to take steps, which are well known and have been known since the beginning of the epidemic, to protect others, because you don't know your status.

It's also important in this context to emphasize again what Joe Cronauer also said, which is that the highest percentage of people who are now coming into the numbers in

our City who are getting tested positive, it's through heterosexual exposure, although we don't know why. I think one thing that we do know is if you are a woman, and most of these people are women, and you have no reason to believe you need to protect yourself and you haven't yet come to the realization that you need to protect yourself no matter what you think might be going on, until you're absolutely certain, you should protect yourself. You should use a condom. You should insist the man who you're with should use a condom.

That's why women are becoming infected and they don't know it and ten years later they get an AIDS test and that's because they're already sick.

So this is a very, very serious problem. It is a very serious problem in the African-American and Latino communities where the rates are much higher at this point in our City than among Caucasians. Now, that's not because there's some genetic disposition. It's not like Tay-Sachs in Jews. It is not

like sickle cell anemia in African-Americans or like cystic fibrosis in Northern Europeans. There's not a genetic difference. There's nothing about being African-American or Latino that predisposes you to acquire AIDS.

Instead, it is because as the epidemic has become more and more entrenched in these communities, if you're in the community, you are more and more likely to come across somebody, just an ordinary meeting, people deciding to start a relationship.

So one of the things that is absolutely critical if we're going to stop the epidemic, if we're going to stop the epidemic among all population groups, and we need to have a particular emphasis to be concerned about women but also everybody else, is, people need to get tested. Everybody who is not completely certain of their HIV status should get tested.

We now have rapid tests where results can come back in 20 minutes to an hour. You don't have to come back in two

weeks. They are highly reliable. You don't have to spend two weeks worrying, and there is far less reason for people to be reluctant to get an HIV test.

And I think it's also important to emphasize HIV testing is always free to people who need it. There are many, many centers, some of which are going to testify today, that provide testing, but there should not be an economic barrier to getting tested. So that's the first issue, that people need to know their HIV status.

The second part of our theme is Get Treated. In the 1980s when a person got a diagnosis of HIV, they lived an average of 19 months. There was nothing you could do. People would go around saying, Well, it's not a death sentence, but in fact that was because we felt we needed to encourage people in the 1980s it was a death sentence.

The first drugs came on the market in 1987 and 1988. At this point, we have 25 drugs that treat AIDS. Now, this is a disease that wasn't even noticed until 1981. There

are 25 drugs that treat AIDS. That is a miracle. It is a miracle that happened in large part because consumers; that is, people who were living with HIV, refused in the '80s and the '90s and in this century to lay down and die, and they marched and they picketed and they got themselves into the rooms where decisions were made, and we have 25 drugs to treat AIDS.

If a person who has HIV finds a doctor who is an HIV specialist -- and I agree with Joe, not necessarily at an HIV specialty clinic, but an HIV specialist, a person who is an infectious diseases doctor or has in other ways obtained specialized training in taking care of HIV and is taking care of many patients with HIV -- there is every reason to believe that individual will live a normal lifespan, meaning finish their education and go on to have a career, meaning seeing their children grow up, go to college, get married, start their own lives. There is every reason to believe that, but if people don't get into treatment, then there is less reason to

believe that. If people wait until they're already sick, then their chances are not as good.

One of the tragedies that is happening in this City right now because of this is, transmission from a mother while pregnant or during birth or when nursing her baby is 100 percent preventable. There has not been a baby born in Philadelphia with HIV if the mother was in care for several years. But women who don't seek care, who walk into an emergency room because they're in labor, which still goes on in Philadelphia, have continued to have babies in this City who aren't infected with HIV. It's the most dramatic evidence we have that treatment works, and if we get the message out, then I think we can really save many lives.

Now, in that context, I want to call one issue to your attention. Governor Rendell has proposed that we cut $400 million from the Medicaid budget this year in three weeks in the budget that's about to get adopted in the State of Pennsylvania. Some of the things

that the Governor has proposed cutting for outpatient services, because I understand the hospitals have been negotiating and they've basically won their case, for outpatient services are limits on the number of visits, co-pays on the part of patients for visits to the doctor, limits on the numbers of prescriptions per month to six prescriptions, co-pays for all prescriptions and co-pays for laboratory tests.

And I will tell you that if that happens with the patients we see in the Lax Center who are disproportionately people who are in Medicaid, managed care or have no insurance who are disproportionately low-income people, most of whom have at most a high school education, often less than that, history of homelessness, history of incarceration, very, very common, history of substance abuse, if these cuts go through, people will die. They will not be able to pay for their medication and, therefore, they won't get their medication and people will die. They will not be able to pay for lab

tests. They will not get the lab tests. People will die.

Office co-pays I believe personally in the AIDS service system will not be an issue because I have faith that the City health centers will not start charging co-pays. The Jonathan Lax Center will not start charging co-pays and I think some of the other programs won't, but seeing the doctor if you can't get your medicine is not going to do you very much good.

The limit on prescriptions is a really serious issue, because many, many people with HIV take more than six prescriptions, and if they need the seventh one or the eighth one, even if they get it, they may get it only after delays that will make their condition worse.

So that's the very bad news. And I know that Council is about to adjourn and I know there's not too much chance that you could do very much, but if there is anything that you as members of Council could do to speak to the Governor, speak to members of the

legislature to say to them that we cannot allow these cuts to affect people with HIV or with hepatitis or with other life-threatening illnesses, it would literally save lives.

Finally, I also just want to take this opportunity to mention that AIDS Education Month this year will culminate in the Elton John concert, which will raise money for programs in Philadelphia. Money will be raised for programs worldwide, but also for programs in Philadelphia that we hope will actually help to mitigate, to some extent, the budget cuts that Mr. Cronauer had talked about. And we very much appreciate the fact that the City has actually stepped up to the plate and has provided some funding for this concert. And I won't say more about it, because Mark Segal is here to talk about it.

Thank you very much for your attention.

COUNCILWOMAN BLACKWELL: Thank you.

DEPUTY DIRECTOR HESS: Jane is going to get excited one day.

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COUNCILWOMAN BLACKWELL: How about it.

Thank you very much. Thank you.

DEPUTY DIRECTOR HESS: With permission of the Chair, we'd invite Valencia Dillon-Donaldson and Mark Segal to the witness table.

COUNCILWOMAN BLACKWELL: Good afternoon. Welcome.

MS. DILLON-DONALDSON: Thank you. Good afternoon. My name is Valencia Dillon-Donaldson.

Good afternoon, Councilwoman Blackwell and the members of the committee. Again, my name is Valencia Dillon-Donaldson and I am an Advocacy Relations Manager for Abbott Laboratories.

Allow me to begin by thanking Councilwoman Blackwell and the members of this distinguished committee for the opportunity to speak to you today. I congratulate you, Councilwoman Blackwell, and your colleagues for examining the challenges of HIV in the Philadelphia community.

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I would offer a brief summary of the impact of HIV and AIDS in Philadelphia, nationally and locally.

Incredibly, as it seems, each day every day more than 8,000 persons die of HIV and AIDS and more astonishingly every day somewhere, someone, a total of 13,000 new infections occur.

Nearly half of these infections will be in the world's future. It's the young people, age 15 to 24. More people have become infected in the year 2003, 5 million, than any year since the beginning of this disease 20 years ago.

With resources for prevention, treatment and care coming well short of what is needed globally, certainly nationally and especially locally with the community of color. The communities of color are falling behind in its efforts to reverse the devastating, destabilizing courses of this epidemic.

Of particular concern to this committee, I know that the center of gravity

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of this epidemic is shifting to people of color. Unlike the past, consequences of HIV will increasingly envelope the most vulnerable portions of the population as women and children of this community.

I have statistics, but I am going to limit those. I have them -- I made copies and I know that you have them. And one of the things that I want to say is that due to the number of AIDS cases diagnosed per year, it has declined significantly since 1995 and it's due to the effective retrovirus therapy, which has become widely available. And when AIDS first surfaced in the United States, no drugs were available to combat the underlying immune deficiency and few treatments existed for opportunistic diseases that resulted.

Over the past ten years, however, therapies have been developed to fight both HIV infection and its association of infections and the cancers.

The Food and Drug Administration has approved a number of drugs for treatment of HIV. A class of anti-HIV drugs are called

protease inhibitors. This interrupts virus replication at the latest stage of the life cycle. They include Ritonavir and a combination drug of Lopinavir and Ritonavir, which are called Kaletra.

Abbott Virology, a division of Abbott Laboratory, are the makers of Kaletra and is the number one prescribed protease inhibitors used in combination with other HIV medications to fight the HIV infection.

It is Abbott's position that the war against HIV cannot be won with medicine alone. The company is committed to partnering with community-based organizations, clinics and hospitals in order to improve and support the messaging addressing HIV and AIDS.

My job is to act as the bridge that brings community concerns, programs, projects to Abbott. I align myself with the community leaders in this City in order to be available to provide support in many ways, such as financial, as well as educational.

My wish this afternoon is to bring awareness that this resource exists in the

City, and I am committed, as well as Abbott Labs, in supporting this City to wage a public concern to reduce the impact of HIV and AIDS in the community.

And I thank you, Councilman Blackwell and the members of the committee, for me speaking to you at this time. Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much.

Mr. Segal, please identify yourself and thank you for being here as well. And we hope that as you speak -- everybody has all these questions to ask you about Live 8, the whole AIDS weekend and how folks can access it and where they can stand, and we're told there are no tickets, and my colleagues say, We never get invited. Even we say those things. So we hope you'll give us a little information in that regard.

COUNCILMAN MARIANO: Mark also told anyone that needs anywhere to stay is able to stay at your house. Is that true?

MR. SEGAL: I'm not able to

stay at my house at this point.

COUNCILMAN MARIANO: He knows I'm just kidding with him.

MR. SEGAL: I am Mark Segal, Executive Director of the Dr. Magnus Hirschfeld Fund, which was designed specifically to put this concert on, and hopefully we'll go on from there.

But being in this building and -- I first want to thank Councilwoman Blackwell, Councilwoman Tasco and Councilman Mariano and the other Councilmen listening in to us today.

City Hall and this building and this government has always been supportive of HIV/AIDS, and I say that as someone who knows that very clearly, because 20 years ago Jane Shull and I produced or put together the first AIDS awareness day in the City of Philadelphia. When we did that 20 years ago, we had no idea we'd still be here today doing the same battle. I think we're shocked, surprised and we feel like we're at war.

And you've heard some of the numbers, but if you take a look at what's

going on around the world, I realize this City Council is looking at the problems of Philadelphia, but the concert is done primarily for not only just Philadelphia, it's done for international purposes. We want to get the world once again to concentrate on the most deadly disease, HIV and AIDS, and it is.

If you look in places in Africa, some countries there, 48 percent of the people are HIV infected. There are 11 million AIDS orphans in Africa as we speak today.

In some countries in Asia, they absolutely refuse to even discuss the fact that there might be people that have HIV, and in the developing nations and in eastern Europe, they don't have the funds for the drugs such as those from Abbott's Lab. They just don't have them. In our own country, our government keeps cutting the funds, and every time you cut the funds, the first thing that goes out the window is awareness and education.

And I remember somebody here was asking what do we have to fight this. What we

have is awareness and education. And the majority -- all these people behind me, all of the people who are going to testify today, that's what they do. They get to the neighborhoods, they get to people and they say, Hey, you should get tested. If you're sexually active, get tested, get treated.

I mean, that is our only defense at this point. And we can save lives. The point is, no one is taking it serious. That's the purpose for the concert.

Everyone keeps saying we're going to raise money. That's number two. The number one point of the concert is to raise awareness. So the week after the concert when all of these people go back to their community, they're going to be welcomed with welcome arms. They're going to have lots of people coming up to their doors and wanting information and wanting to see them, because the only way we stop this from spreading is to get information and awareness out there.

And I want to thank Jane for doing this for 20 years and fighting the good fight.

And I'm open for your questions.

COUNCILWOMAN BLACKWELL: Thank you very much. Very important information.

I'll call on my colleague, and then don't forget to before you leave the witness table to give other information.

MR. SEGAL: Yes.

COUNCILWOMAN BLACKWELL: Councilwoman Tasco.

COUNCILWOMAN TASCO: I'm going to ask this question and I hope you take it in the spirit in which I ask it, because it's basically for information and for the record.

When this whole issue of AIDS became public, I guess, 20, 25 years ago, most of it we were told or led to believe that it was solely dealing in the gay community. Seemingly, the gay community got smart and certainly probably lowered the incident of AIDS in their community. I guess that was the question. Did they get smart so that now the other populations are increasing -- the AIDS epidemic is increasing in particularly African-American and Latino community, because

while there's information, I guess we haven't gotten smart.

MR. SEGAL: I think it's a brilliant question, actually. The reason I think it's so brilliant is that being a publisher, I know how media and news affects people. I watch it every day. And I can tell you that if you run one advertisement in a newspaper in a month, that's going to get you nothing. But if you run it three times, people are going to begin to notice it.

Likewise, education awareness is very similar. In the gay and lesbian community, we have had so much information about HIV and AIDS for so long, that most of the people my age and a little younger than me understand it very well. That's why the numbers have gone down. I am very concerned, though, that the younger people in my community will not have that same information.

Twenty years ago when Jane and I did the first awareness day, we had seen many of our friends already die. We had seen many more that were already ill. Today we know

many people who are ill, but they're living normal lives. I want to see that to be true for everybody.

Just because it's not as strong in the gay community anymore doesn't mean that we're not as committed as we once were. I think we're now more committed, because it's gone exactly where we told everybody it would go. We said if you just concentrate on the gay community, it's going to go other places, and that's what's happened. And so now we have to double our efforts, rebound and get the message out to everybody. That's the reason for the concert.

And one of the most important things of the concert is, when we first got this idea together and brought it forward, people said, Well, how are you going to do this concert? A concert of this magnitude isn't done for 4th of July. A concert of this magnitude takes millions of dollars. I'm proud to say thanks to the City of Philadelphia, thanks to Welcome America, Sunoco and Philadelphia, they gave us a grant for $400,000 to put that on. The

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State of Pennsylvania also gave us a grant, plus the many other sponsors we have. All of that is getting the word out, and, again, thank you, Councilwoman. You jumped on the boat and got these hearings going. We have news media covering this. More information will get out. More people will know.

And, yes, I'll talk to you later about tickets.

COUNCILWOMAN TASCO: Thank you.

MS. DILLON-DONALDSON: Can I add on to what he was saying in reference to why is it happening in the community of color? Before I came to Abbott, I was the Director of an HIV clinic in Washington, D.C., with Whitman-Walker Clinic, and two questions that you had asked and I thought it was just so impactful and so aware about what's happening in the community, and one of the things that I see that happens -- it's not that we have gotten lazy with the messaging. I think what has happened is that we have gotten complacent with the messaging, and that when women come in for testing, they don't identify their men

as being an IV drug user or being in prison or a man who has sex with men.

If she is not entertaining the behavior, she just assumes she got it through sex, because there's a primary and a secondary answer to how women get infected. Like the speaker before me, there's a trust issue that must be established first before I detail everything about my life, because it's still a stigma.

Also in my second life, I'm a preacher's wife, and we have a large congregation in D.C. And what I have been advocating in my church is that we cannot push people out. We cannot send this disease. We cannot put it in a framework that people are not accepted, because that still exists even 20 years from now.

We have to get the press together and maybe a new messaging has to be really detailed or geared to the community of color, and that we have to be responsible for our life and we have to be responsible for our health, and testing is one of the ways.

There's a new campaign that's an HIV, and "I know." It's a "know" campaign. So if you know your status, you'll protect your status. But first we have to get them to do the testing.

And so there are many new programs that are coming up that are trying to come -- are going into the community and trying to find out what really works. Abbott is the producer of the OraQuick or OraSure, the rapid testing. So we make that available to anyone that asks of 150 kits for free, but to say all of that, to say all of it is that the messaging has to be that it's inclusive of everyone and that it has to be in a threefold kind of measure, and we all have to continue to talk about it, because it cannot be swept under the rug. Because I see women die. I hear about women dying all the time, and I think that it's time to start acting up again.

COUNCILWOMAN TASCO: Well, I think that it's interesting you talked about the church, because it is in a forum where you have the captive audience where the message

can get out. And a lot of women probably feel that there's some stigma. If they think they may have it, they don't want their partner or anyone to believe that their partner may be gay or their partner may be using drugs. So they kind of like push it in the back of their minds.

The message has to be that your life is more important than all the other stigma, and they have to have some confidence, too. We haven't talked about confidentiality, that if they do get tested, it's not going to end up on the Internet or somebody is going to absentmindedly leave a list around and their names are spread all over. People are very private about themselves and certainly about this disease, and to have it publicly known, it probably would sacrifice their life to not have that information out.

So I think the message does have to be developed, so the cultural issues with the Latinos in terms of men, they don't want to use condoms. Same thing in the African-American community, that that has to

become the main issue in a relationship, that you do protect yourself. And that he's not a bad guy or she's not a bad girl if they happen to be positive. And let's not get into how it got there, how we got there. Let's just say how do we protect ourselves.

MS. DILLON-DONALDSON: Right. I'm going to say this and then I'm going to be quiet. In our church, and I'm spreading the message around, the theme that we use is who has sinned. You remember the question was asked of Jesus, Who has sinned here. And he said, No one sinned. And that's a group that is being formed. I run it in my church, and it's confidential. You can't come in unless you come through me.

I mean, there's a whole lot of things going on, but the messaging, what works, is that we say who has sinned. So we don't talk about what "sin" is.

And then one of the things with the African-American community, we don't want to be separated from the community, so we ain't going to talk about sin. So we take all of

that out of it. So I can talk to them about medication, I can talk to them about how you're adhering to it, have you talked to your doctor, what are you saying to them, and that way -- now my group is like 40 women, and it's a private group, but they're all in my church, which is very interesting.

So one of the things you're right on about it, is that we have to watch the messaging and how we cloak it in order for people not to feel that I'm going to separate myself from the whole. So I agree with you.

COUNCILWOMAN TASCO: Thank you.

MR. SEGAL: Thank you.

COUNCILWOMAN BLACKWELL: Thank you.

DEPUTY DIRECTOR HESS: With permission of the Chairs, we invite Gary Bell, Nurit Shein and Dr. Robert Winn to the witness table.

COUNCILWOMAN BLACKWELL: Good afternoon. Welcome, identify yourself for the record and begin.

MR. BELL: My name is Gary Bell

and I'm the Executive Director of BEBASHI Transition to Hope.

COUNCILWOMAN BLACKWELL: You may proceed with your testimony, Mr. Bell.

MR. BELL: Thank you. Chairwoman Blackwell, Chairwoman Tasco, other Councilmembers, esteemed guests, thank you for an opportunity to speak about this issue, which is so important. As I said, my name is Gary Bell. I'm the Executive Director of BEBASHI Transition to Hope, which was the first minority AIDS service agency in the country and this year is commemorating its 20th year of serving the community.

We offer a continuum of prevention and care services to the community throughout the Philadelphia metropolitan area, including outreach, one-on-one prevention counseling, testing for HIV and other sexually transmitted infections and pregnancy, education workshops, case management, housing programs, support groups and so forth.

Our constituency is among the most impoverished and disenfranchised in the City

of Philadelphia. Most of the clients referred to BEBASHI are for case management or whom we provide prevention services to present with multiple problems. Many of the new case management clients we see have advanced HIV disease and receive testing only because they became ill. Most, roughly 74 percent, of the clients of BEBASHI became infected through heterosexual and/or IV drug use, with the remainder reporting infection through homosexual contact.

Ninety percent of our clients are unemployed and many have never worked or owned a home. Thirty-three percent of our clients are women, which is almost a 200 percent increase over the last three years. Sixty-six percent of the women have children, a majority of them with at least one living at home. Over 30 percent of the women reported a history of domestic violence. Moreover, although we do not know precisely what the statistic is in this area, many report a history of being victims of sexual assault, often as children.

Ninety-two percent of our clients are African-American. Fifty percent of them have a history of substance abuse and homelessness respectively. Over 25 percent of them have a mental health diagnosis, many with severe mental illness.

Another growing constituency of BEBASHI is presently incarcerated and newly released people living with HIV, and through our program with state correctional institutions, we're following about 200 people now either in state or federal correctional institutions, most of whom are going to come back to Philadelphia and most of whom are going to be released in the next six months.

But these are just statistics and they don't mean very much until you really see the faces of who we're dealing with.

Recently a 15-year-old girl, who was HIV positive, and her 19-year-old boyfriend, whom she had not told until that day that she was HIV positive, came into our offices for testing. The girl had been literally on the street, thrown out of her house by her mother

due for many things, but mainly because of her refusal to -- because her mother wouldn't take her to the doctor to get AIDS medication. The mother was too ashamed to admit her daughter's problem to anyone, not even her physician.

Last week I had an opportunity to sit and talk to a woman who had just found out that she was HIV positive, who is 48 years old, a mother of four, grandmother of three, and what she said repeatedly is how is she going to tell her family, how is she going to let her family know that she is a whore.

A 23-year-old woman, who I spent some time with last week on a radio show, met a guy in a fast-food restaurant. She has two children. And like a lot of young people, he looked good, she looked good, they hooked up and now she's HIV positive. Her mother tried to take her children away. She went to DHS because she told DHS that she had a chronic debilitating disease and she couldn't care for her children anymore. So, unfortunately, her children were taken away and they spent over a year to get them back.

Or a 12-year-old girl who came into our office last year who had just been released from a hospital with pelvic inflammatory disease, which was a result of chlamydia, undiagnosed. This was her third STD, and she had started to have sex when she was ten and a half years old.

I don't want anyone to think that these are unusual situations. These are the kind of situations we see every day. This is the new face of what we're seeing. We continue to see women test HIV positive whose only error in judgment, if you want to call it that, may have been having unprotected sex with boyfriends or husbands.

Adolescents who don't think they can become infected because, in their mind, because they're not gay or drug addicts, they're not at risk, and families who have denied or prevented the care of HIV positive children or who have ostracized HIV positive adults.

As Executive Director of the largest minority AIDS service agency in the City, I'm

deeply concerned about what I'm seeing, the horrific impact of HIV on our community and what's most frustrating is the apathy.

AIDS is the greatest health crisis to strike minor society and perhaps the greatest threat to people of African descent in our history.

As Councilmembers, you must wrestle with a variety of issues affecting the City, violence, budget shortfalls, homelessness, substance abuse. I can go on and on, but be forewarned, there is no comparison to these problems in HIV and AIDS. We have seen HIV and AIDS destabilize entire countries. We should never feel comfortable that it can't do that to Philadelphia.

Don't mistake the fact that you don't hear about it much or that the reports center on Africa that it is even slowing down, because as we heard already, we have thousands of people, literally thousands of people, walking around in Philadelphia who don't think they're infected or who don't know if they're infected or not, and even more, who are

actively engaging in substance abuse or just unprotected sex who don't feel that they're at risk. Yet, we're more likely to engage in a conversation about Michael Jackson's future than that of people living with HIV or the children infected by it.

In closing, while it's true that your work in improving the quality of our lives, whether it be through better schools, less violence, more housing, may help reduce the spread of HIV, it is not enough. HIV prevention is not solely the realm of the Health Department or AIDS service providers. If people can be convinced to spend 70,000 for a Toyota by calling it a Lexus, then we can convince people that AIDS is a priority. We must all be AIDS advocates.

If we don't collectively, and I mean elected officials, churches, schools, parents, civic groups, fraternities and sororities, start making it a priority now, we'll pay a much greater price later, because our greater enemy really, it's not money, our greatest enemy in fighting this epidemic is our own

apathy. Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much. Very, very sad accounts, but thank you for your excellent testimony.

MS. SHEIN: My name is Nurit Shein and I'm the Executive Director of Mazzoni Center. Mazzoni Center is the only gay and lesbian bisexual transgender health organization in the City of Philadelphia, and, in fact, we are the first HIV and AIDS organization 25 years ago in the Commonwealth of Pennsylvania and the fourth in the nation. We were formed as a gay health organization, and when the AIDS epidemic hit the gay community, we became a full-service AIDS organization.

With 25 years of history, I think we can talk a little bit about the progression of HIV and AIDS from the gay community to other communities and where it is now in the MSM community. When we say "MSM," we mean men who have sex with men. That means men who exclusively have sex only with men or with women.

And part of what my colleagues talked before was how the disease is in all communities, and we also see how heterosexual sex occurs sometimes is because one of the partners are having also homosexual sex, and that is part of how we see MSM.

Jane Shull talked about 1 million Americans being infected and 25 percent of them not even knowing that they are HIV positive.

The CDC also put out a new study from seven cities that talked about young gay men 15 to 29. Seventy-seven percent of those who were HIV positive said, upon getting tested and finding that they were positive, that they did not know that they could be HIV positive. Seventy-seven percent of young gay men walk around not knowing that they were HIV positive.

That staggering statistic tells us something, tells us that what Mark Segal was saying about awareness really needs to be at the forefront of what we're doing. Get tested, get treated. Not for naught did we

decide to do this this year.

We test at Mazzoni Center somewhere between 25 to 3,000 individuals every year, which is close to ten percent of all the numbers tested in the City of Philadelphia. And over 50 percent of those are MSM. And we're seeing the trends and we're seeing that the awareness and the knowledge is not out there. People still don't believe that they can get infected, still do not believe that they should get tested, especially young MSM. And we're seeing more and more with the rapid test that we give results in 20 minutes, we see more and more younger MSM testing positive.

The percentages are going up, and more and more with MSM of color, black and Latino. Eleven percent of who we test of people of color come up positive in the MSM community. That is a staggering percentage for the City of Philadelphia.

What we're also seeing is a trend of other STDs coupled with HIV, which, as we know, make it even more so in transmission.

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The City of Philadelphia has seen a spike in syphilis, specifically among men who have sex with men. Where we thought that we have done away with syphilis, here it is back in the MSM community. We have seen the numbers continuously to go up, partly because of Internet hook-up, partly because of anonymous six, partly because the awareness is not there.

We have also seen substance abuse coupled with HIV. Crystal meth is an epidemic that has been around the country for a hundred years. Crystal meth is coming to Philadelphia and it's coming to the MSM community in force. We're seeing more and more younger individuals show up at our doorstep coming down from a three-day high of crystal meth, having spent it in a back house or somewhere else with anonymous sex, just indiscriminately, not using protection and showing up at our doorstep HIV positive. And with crystal meth, it's a destituting addiction that within a couple -- a number of short months, these people lose everything they had.

So I, first of all, commend City Council for having these hearings. I thank you for doing this. I hope that the message continues to ripple, and with concerts like Elton John that will hopefully get the message out there, we will be back on track with giving the message, get tested, get treated. You are toying with your lives. Thank you.

COUNCILWOMAN BLACKWELL: Thank you for your excellent testimony. Thank you.

Dr. Winn.

DR. WINN: Hi. My name is Dr. Robert Winn. I'm from Jefferson Medical Center. I'm on faculty there. I'm also soon to be the Medical Director at the Mazzoni Center.

Thank you so much for having this hearing. It's very good that you're having them, and I thank you so much for that.

I basically want to make two points. It's so hard to go last because everybody has so many good points and I don't want to reiterate them. I totally agree with what everyone has said so far, but two of the

problems that I see that we need to discuss are who is at risk, because I think so many people out there don't see themselves at risk, because they see HIV and AIDS in the face of people that doesn't represent them, and until we get the message to represent everybody, people are going to continue to think that. Women are going to continue to think that. People of color are going to continue to think that. And the statistics don't lie. They tell us who is being infected in rapid numbers, and unfortunately, those aren't the messages being sent out. We need to focus on that.

All you need to do is look around the rest of the world at the increasing rates of infectivity in other populations, knowing that heterosexual transmission is not just possible but a very common method of transmission in other countries. Just we see it in gay men here and we think of it as a gay disease. I know we keep saying we know that's not the case, but that's how people see it.

When I see patients in the office

and people come back who are heterosexual that are positive, that's what they say to me, is, I don't understand how I got it. How was I at risk? Well, if you're sexually active, you are at risk and you should consider getting tested. And many people have presented that we should put a message out there that you should get tested and then, therefore, should get treated if you're positive. The only way we're going to do that, again, is if we put out a message that anyone who is sexually active is at risk or if you use drugs, certainly, IV drugs.

The problem is that there's still stigma out there about it. I can't tell you that in 2005 I'm terribly surprised that this year alone I've had people who have lost their jobs because they told their employer that they are positive, and then they said, I'm sorry you can't work here, you might give it to someone, even though we know it's not transmitted in any sort of communicable way by touching people. It's through sexual activity and through drug use.

People definitely lose their families. We talked about people losing their community by coming out that they're positive. These are problems and it's the reasons why people don't want to be tested, because they don't want to know. They don't want to be associated with something that doesn't seem to be part of their community. We need to get past that message.

As they mentioned before, in my own clinical practice, I'm seeing an increase in the number of female, particularly young female, particularly African-American young female, who are coming back positive. I'm also seeing people at the later stage of disease when their CD-4 counselor putting them in the AIDS range right when they come in the door. When I'm telling them they're positive, I also have to tell them they have AIDS by CDC definition. It's a lot to take in. People are not ready to hear it, because, again, they don't see that message as reaching them.

The other thing I wanted to point out is that with these cuts, it's going to

particularly hit hard, because what you need to understand about HIV and AIDS is that the medicines that we have are wonderful and they treat it very well, people can think that they're going to lead a pretty normal life, but that's only if they take their medicine and it's only if they take their medicine every day.

Unlike diabetes, hypertension and everything else, if you have a gap in care where you don't take your medicine for a period of a week or a month, it doesn't matter, but every time somebody stops taking their HIV meds, it runs the risk of becoming resistant to that medicine. And although we have 25 wonderful medicines and I'm sure there are many more coming along, if you become resistant to them, they don't work anymore and then you can't expect to have a normal life.

What I'm seeing with my patients is that people are having gaps in their care because they're losing their insurance, because they're losing their job, because they're losing their provider, and when that

happens, unfortunately for this group of people, they lose the chance of continuing that medicine on to something they can have for the rest of their lives.

And that's what's scary that I see with the Medicaid cuts, is that if that is their last hope to have that Medicaid coverage and then they lose that and they have to stop their medicines, it could be devastating to their disease.

So we can't allow this to happen. We have to find a way to make people be able to continue their care along without fear that they're going to lose it. And people who have HIV who come to care with me, I try to assure them that I will do everything within my power to keep their continuity of care, but sometimes it's out of my hands, because these drugs are incredibly expensive.

I had a patient recently who called me at home on a weekend because he went to the pharmacy to pick up his next prescription of drugs and they said, That will be $1,300.

He said, What do you mean? I have

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insurance.

Well, as it turned out, his insurance plan only covered him up to a certain amount per year. After that, he has to pay. And he was devastated, thinking he wouldn't be able to be covered. I was able to get him coverage through some of the programs we have now, but if those go away, he would be without medicine or at least be in a gap of care for a while. That would be devastating to his disease. So we have to do something to make sure people have continuity of care.

Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much. As Councilwoman Tasco says, it is very informative. Thank you very much.

COUNCILWOMAN TASCO: I hear it all the time. It's just that you have to keep hearing it again to keep reinforcing it.

COUNCILWOMAN BLACKWELL: So the medication is very expensive, too.

DEPUTY DIRECTOR HESS: Thank you. With the permission of the Chairs, we'll invite Susan Daugherty-Rodrigues, John Bell

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and Waheedah Shabbaz to the witness table.

COUNCILWOMAN BLACKWELL: Thank you.

MS. DAUGHERTY-RODRIGUES: My name is Sue Daugherty-Rodrigues and a I'm registered dietician and the Chief Operating Officer at MANNA.

MANNA is the only agency in Philadelphia that provides home-delivered meals and nutrition counseling free of charge to individuals living with HIV and AIDS, and MANNA greatly appreciates the opportunity to provide testimony for the importance of nutrition therapy for HIV and AIDS.

A lesser known aspect of the AIDS epidemic is its effect on a person's nutritional need. When infected with the HIV virus, the body's defense system, which is your immune system, works harder to fight infection. This causes an increase in calorie, protein and vitamin and mineral needs. This was a major contributor to the external physical appearance of people living with HIV and AIDS where they were described as

skeletal, gone and generally showed signs of malnutrition.

Since the beginning of the AIDS epidemic, research has been conducted that has now shown the beneficial effect of proper nutrition when fighting this virus. Nutrition therapy, along with adequate vitamin levels, is known by themselves enough to prevent the development of AIDS from HIV.

It is reported that the United States spends $34,000 a year caring for each patient in the advanced stages of AIDS versus $14,000 a year for treating generally well patients infected with HIV.

In many AIDS patients, death can be determined more by the individual's nutritional status than by any other particular cause. When loss of lean muscle approaches 55 percent of normal, death is imminent.

Due to improvement in treatment, people are living longer, but long-term medication use and increased years living with the virus produce a complex set of metabolic

complications that include physical and clinical changes. These changes include fat loss or fat rate distribution, high blood pressure, increase in cholesterol and triglycerides, diabetes, insulin resistance, kidney disease and osteoporosis. All these conditions are positively affected with nutrition therapy.

These improvements can also help reduce the reliance or need for expensive medication and costly medical treatments, which are often beyond for many to be afforded by the lower-income families.

In summary, it is imperative that nutrition play a crucial role in effective treatment of the AIDS virus. Too often nutrition has been lower priority in the treatment of this disease.

To illustrate my point, I just want to take a moment to discuss a patient that I saw last week. Edgar was newly diagnosed with HIV in March of this year. In April, Edgar came into MANNA for a full nutritional evaluation. At this time, he only weighed 166

pounds and was 6'3" tall. He presented extremely malnourished and walked with a cane because he was so weak. When I asked Edgar how he was feeling, he reported, Terrible.

I started at that time Edgar on MANNA meals, receiving three nutritious meals a day, five days a week. I also put him on a nutritional supplement, which he drinks twice a day.

I am pleased to report that upon his follow-up visit early in June, which was just seven weeks after his initial visit, Edgar now weighs 201 pounds and no longer is using a cane and reports he is feeling great. At this point in Edgar's care, he is not on any HIV medications. His only treatment over the past seven weeks was nutrition.

We have the knowledge and the ability to treat every AIDS patient like Edgar. It is simply a matter of resource application. I would ask everyone here to please consider what a relatively small increase in funding could accomplish for AIDS.

Treatment with medication without

proper nutrition is like washing your hands and drying them with dirt. It just doesn't make sense. MANNA has always been focused and dedicated to providing these nutritional services. With your help, we will continue to help thousands of individuals like Edgar live fulfilling lives with the virus.

Thank you for your time.

COUNCILWOMAN BLACKWELL: Thank you. So there are MANNA organizations in other cities?

MS. DAUGHERTY-RODRIGUES: Yes, there are. There's no organization like MANNA. We also serve South Jersey and the surrounding metropolitan areas.

COUNCILWOMAN BLACKWELL: Thank you.

Ms. Shabbaz.

MS. SHABBAZ: Good afternoon. I'm Waheedah Shabbaz-El and I'm 52 years old. I'm a former inmate. I'm a recovering addict. I am the mother of three adult registered voters. I'm a grandmother of four. And I'm a retired postal worker 20 years with the

government. I've been a Muslim for -- since I was 19 years old, and I'm one of the 30,000 individuals in the City of Philadelphia who is HIV positive living with AIDS.

So I'd like to thank Councilwoman Blackwell, Councilwoman Tasco for having us here today, because I'm here to actually put a face on the AIDS crisis.

I was a person who waited to get diagnosed. By the time I got diagnosed, I had an AIDS diagnosis. So this is what I'm living with now.

Since coming to Philadelphia FIGHT, which is my service provider, I have learned how to live a positive life with AIDS. I have learned how to not infect people in the community. I've learned how not to reinfect myself. I've actually learned living skills, skills to live.

The woman you see today is not the woman that was diagnosed two years ago. That woman doesn't exist anymore, because now I'm an empowered woman. Because that woman was afraid, that woman was shamed, that woman was

full of guilt, but Philadelphia FIGHT grew that woman up, with the help of friends like my friend right here, John Bell.

John Bell was my outreach worker. That's another thing that Philadelphia FIGHT does, they have an outreach department, and they actually reached out to me.

I got diagnosed in prison. They actually reached out to me in prison, so that when I came home from prison, I knew where to go to get treatment. Had that service not been available, I probably would have went back to the streets. I would not have gone into recovery. I would not be sitting here today. I'd be somewhere up in a cemetery. I need to say that.

And what I would like to ask of the City Council today -- basically before I ask you something, let me tell you a little bit more about what I do.

I'm a peer educator now, and what I actually do is, I go to high-risk communities, I go to the homeless shelters, I go to the methadone clinics, I go to the Women Against

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Abuse, Women in Transition, I go to inpatient and outpatient drug and alcohol abuse recovery programs. I go to spread the message to get tested, to get treated, to know your status.

I go and tell people two things. I tell them if they're not HIV positive, that they don't have to be. I teach them how to protect themselves, and I also tell them if they are HIV positive, that there are services available for them.

So while I'm out there telling them this, what I need from my City Council and what I need from my public servants is to make sure that the funds are going to be there when they do come in to the service. And that's really important, that the funds are there for people. Because they're pushing the rapid testing now. People are getting their diagnosis just like this. So it's just important that they have funding, that they have services to be available for them.

And when it comes to Medicaid, I would just like to ask that if the City Council could -- I will ask you to send a

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joint letter to our Philadelphia Senators and our House members insisting that they do all within their power to prevent the cuts to Medicaid, even if it means further taxing some luxury items like smokeless tobacco, even if it means tapping in on those billions of dollars in profit that's going to come about from the slot machines from the investments that we're about to make. Whatever has to be done has to be done, but at least the Medicaid bill has to have a broader safety net. It has to have a broader safety net, because it's going to affect the poorest people among our citizens and people who are afflicted with medical conditions and chronic diseases and people like me who are afflicted with AIDS.

So that's why I'm here today, and I thank you for your time.

COUNCILWOMAN BLACKWELL: Thank you very much.

The Chair notes the presence of Councilwoman Blondell Reynolds Brown, who is also on the Housing Committee.

Councilwoman Tasco, you wanted to --

COUNCILWOMAN TASCO: I'd just like to say that this Council, Councilwoman Blackwell, introduced a resolution that was supported by all members of Council and we passed a resolution calling on the Governor not to cut the funding, and the state.

And we talked to our state Representatives about the impact on the community. Our state Reps are pretty much informed and supportive. The challenge is to reach the other legislators in the rest of the part of the state where they believe that all the din of iniquity is in Philadelphia and not that there are problems in other parts of the state.

So we've done that, and we appreciate your asking us to do that. We've done that. And I suggest that you all contact other state legislators, all of them, all 203, plus the Senate, telling them the impact that it will have.

Some of the testimony we've heard here today should go out in a joint letter. Probably Jane has already done this through

Philadelphia FIGHT and maybe Denise Pride in her program. Some of the programs have already written to the state, but certainly they need to hear from you in Harrisburg. They've heard from us.

MS. SHABBAZ: Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much.

Mr. Bell.

MR. BELL: Good afternoon, Congresswoman Blackwell, Congresswoman Tasco.

COUNCILWOMAN TASCO: Council. Council.

COUNCILWOMAN BLACKWELL: We don't mind --

COUNCILWOMAN TASCO: We'll go to Congress.

MR. BELL: I beg your pardon. And I'm sorry. I didn't get this Councilwoman's name.

COUNCILWOMAN TASCO: That's all right. I'm just kidding with you. I'm just trying to get warm. I'm freezing in here.

MR. BELL: Okay. My name is

John Bell. I'm a decorated Vietnam veteran. I work for an agency called Philadelphia FIGHT. I've been diagnosed HIV positive since 1989. I'm 59 years old and -- actually, I'm 58, I'll be 59 in a couple months, but I got some good things to tell you, if you feel that this has been some information that has some negative content to it. But there's a couple things I'd like to address later, small things.

But the prison outreach work that I do has been so successful. It is absolutely successful, and Waheedah has been at a time one of the students, which means that my job is to go out to the jail, interact with people before they leave the jail, make sure that they understand that there are services and to make sure that those services are provided. In addition to that, provide an educational program for them so they will know how to just maneuver in the HIV and AIDS arena in Philadelphia. I'm very grateful to be a part of a team that does that.

So a couple days ago I got a letter

of, I believe, a commendation from the House of Representatives of Pennsylvania and it just basically outlined the work that I do. I'm also involved in activism, a member of Act of Philadelphia since 1997.

But this is a real privilege for me being here, because I've only been in this City for ten years. It will be my ten-year anniversary in August 23rd. I'm from Baltimore, Maryland. And yet still with my addict and alcoholic background and my prior incarceration, I am able to go inside the prison inside of Philadelphia and do the great work that I'm doing today. I'm very grateful for that. So that's all I wanted to say about that, but there's a couple other things I'd like to address. If you don't mind, please allow me to do that.

Valencia, who talked about reframing how we look at things, I believe that's how we're successful. In the agency that I work with and the way that I do the work, it is that, it is the reframing. It is thinking challengedly about things that are confronting

us that we're able to come up with the programs that actually work, and I'd like to say that.

As an African-American male, I dislike being seen as part of the problem when actually I'm part of a solution. That thing, that needs reframing. There are many of us who feel as though that needs to be done, and when we do that, then I think things will change.

After two years in Philadelphia, I realized that I won't go anywhere without an HIV negative community. So this is a disease that is going to -- it's going to have to be the work involving the HIV positive people and also the HIV negative people.

I can turn around me now and I know a lot of HIV negative people who support me, and that's what makes me better, in addition to the medications that I take. So that's a thing that has to come.

And I was wondering, Representative Harold James went up to the prison system and the security offices asked him to go back out

to his car to get his identification. He told them, he said, I'm not going back out and get my identification. Does that mean that they didn't know who he was and what stand he was taking?

Well, I was just wondering how many people don't know that there are Council folk, may I say, who are unaware of what standard they take inside the community, how much of that is an issue.

I met Mr. Morano outside and I didn't know what an okay guy he was until I seen him on the TV. I asked him how much of it is in my problem. How much of that is my problem, with the work that I had, the background I had, the work that I do. I need to know, the community needs to know where the City Council stands as far as our lives are concerned.

I just hope that you guys continue calling us up for hearings, also become personally involved beyond the job, because HIV positive people need to know that.

When I look around here and see

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these people in the background that make up part of my support system, I know that they exist for me, and that makes me strive and live for another day.

So that's all for me. Thank you very much.

COUNCILWOMAN BLACKWELL: Thank you very much.

Any comments or questions?

(No response.)

COUNCILWOMAN BLACKWELL: Thank you so much.

DEPUTY DIRECTOR HESS: With permission of the Chairs, we invite to the witness table Tania Tolden, Roy Hayes and Bert Pennapacker.

COUNCILWOMAN BLACKWELL: Thank you.

Good afternoon. Thank you for your patience. I know it's freezing in here. Please identify yourself for the record and begin your testimony.

MS. TOLDEN: Good afternoon. My name is Tania Tolden. I'm here as a

consumer and a service provider.

As a consumer, I am one of the statistics here in Philadelphia.

COUNCILWOMAN BLACKWELL: What's your name again? You're Tanya --

MS. TOLDEN: Tania.

COUNCILWOMAN BLACKWELL: Tania.

MS. TOLDEN: Right. It's T-A-N-I-A. They spelled it wrong.

COUNCILWOMAN BLACKWELL: I-A. Thank you.

MS. TOLDEN: I've been living with -- well, it's been living with me for now two and a half years. I've contracted a virus through a heterosexual act. I'm a single black female. I have three children. Mine aren't voting age. I'm also a recovering addict. I have a very long history of abuse, substance and spousal abuse. I'm a little nervous. But this is what I do.

As a service provider, I'm a peer educator for Philadelphia FIGHT, and how I became that, when I was in recovery during their June AIDS Education Month, they came out

to my recovery house. I was one of those people who didn't think I could contract it, because I was married and in a monogamous relationship, but I was one of those people who got sick first, then got tested. And through the help of the peer educators from Philadelphia FIGHT, I got educated. I went to their training class called Project Teach and learned how to live and respect myself and help others, and that's when I was asked to be a peer educator.

So now what I do is, I go out to recovery houses and -- I haven't done any home shelters.

Have we done any homeless shelters?

MR. PENNAPACKER: Not yet.

MS. TOLDEN: These are my co-workers. This is my support right here. They really hold me up when I can't hold myself up.

This month I'm actually lending out my services in AIDS Education Month. I've been out to methadone clinics, AA and recovery houses to tell them not to be afraid to get

tested, because if you wait too long, you can be like me, be sick first and then find out that you can live longer.

But through Philadelphia FIGHT, I don't think I would be here. I really don't. They're the best organization and they have the best services. I get part of my services from them and the other half I get from BEBASHI. He's not even here, is he?

I can't see Philadelphia being without these services. I really can't. That's why I'm here, to say can you please help us save our services, because we really need them, plus I like working there. So thank you.

COUNCILWOMAN BLACKWELL: Thank you very much.

MS. TOLDEN: You're welcome.

COUNCILWOMAN BLACKWELL: Yes. You did quite well.

MS. TOLDEN: Thank you. I do better without a microphone.

MR. PENNAPACKER: Good afternoon, Madam Chairman and members of the

6/15/05 - Res. 050585 - Housing & Public Health committee. My name is Bert Pennapacker. I'm the Senior Peer Educator for the Jonathan Lax Treatment Center, which is the HIV clinic which is part of Philadelphia FIGHT. I'm also the Administrative Assistant at FIGHT.

I kind of represent some of the other faces of HIV and AIDS. When I was diagnosed in 1998, it was a late diagnosis. I had 52 T cells and a viral load in the multi millions. I'm very happy to say through the wonderful help of the Jonathan Lax Treatment Center where I receive my care, I'm now 516 T cells and a viral load of 84.

I nearly died, was bedridden for five weeks, had to learn to walk again. And I'm also a gay man. I've lived openly as a gay man since 1967, two years before Stone Wall. This is Gay Pride Month, and I thank the City Council for acknowledging that every year.

And I lived through the holocaust of the 1980s and the mid 1990s, watching over 100 of my friends and friends of friends and bar acquaintances and tricks and everything else

die from HIV and AIDS. I have three living contemporaries of my own who are still living who are infected with HIV. Everyone else is dead.

These are my friends, my co-workers and these are the people that I use as my support system now, everybody around me.

I'm also formerly a middle-class gay man who used to go to Europe every year. I owned an antique shop in the City for many years. When I was diagnosed in 1998, I thought I had bronchitis around this time in '98 and eventually I couldn't walk up the steps to our apartment anymore, and my partner of 35 years now said that you have to go to the doctor, and I had just celebrated my 50th birthday in July of 1998. And I'm like every other middle-aged man, I just never went to the doctor. But the bronchitis just got worse and worse, so in August, early August, we went to my family doctor and he took some tests and he said, Mr. Pennapacker, you have pneumonia. And, of course, as a gay man who has lived through the 1980s and early '90s, I had a

pretty good idea of what that meant, and as it turned out, he said, Your bilirubins are elevated. They're a kind of red blood cell in your blood tests. And they took some more tests, including an HIV test and I was double diagnosed with HIV and AIDS on August the 10th, 1998.

But I did recover and I worked -- I volunteered at a place called Silawon (ph) Ministries and then worked at the AIDS Library, which is part of Philadelphia FIGHT. I actually live on a disability income of $774 a month. If you can imagine what that's like living on -- it's below poverty level.

I've actually been interviewed for In the Life, the national program for gay and lesbian issues, about being a taxpaying citizen who ended up on welfare. My business went under, and I ended up on welfare for two years before my disability was approved.

And I now live on -- my medication is through Medicaid through a program that's administered by the state called Medical Assistance for Workers with Disabilities. If

these cuts go in, I don't know what I'm going to do to pay for my medications. I not only take four HIV medications, but I take four anti-hypertensive medications, because I also had a heart attack from the HIV before I was diagnosed.

So Medicaid is an important thing for all of us. It's not just people who were disadvantaged, but people who have become disadvantaged from their HIV and living with AIDS. And I just ask you, please, to help fight for the Medicaid.

COUNCILWOMAN BLACKWELL: God bless you and keep you and your family, and we appreciate you sharing that with us. And when you talk about putting a face on what this disease is, you've effectively done that for us and we thank you very, very much.

The Chair also notes Councilman Ramos, who is back, who is a member of this committee as well.

Thank you very much, Mr. Pennapacker.

MR. HAYES: Good evening,

Councilwoman and all of Council people. My name is Roy Hayes. I'm a 56-year-old bisexual male, been living with the virus HIV for 20 years and also been in recovery for 21 years. I'm a consultant at Philadelphia FIGHT. I was first an HIV/AIDS case manager at the Lax Center when they first opened it up. After leaving another agency, I was a volunteer case manager and turned to law in front of Jane Shull. She took me on to be a case manager.

And by a person living with HIV, I've seen hundreds and hundreds of people die in my arms, you know, and I also was the Board President -- Chairman of the Board We the People when it was opened up for five years, and I'm also a member actor for 18 years.

I look around like ten years ago, I seen a time that we came in and took over this place, you know --

COUNCILWOMAN BLACKWELL: We were here.

MR. HAYES: But we come here for a good cause. And I'm just here for people with HIV. I'm also a founder of two

support groups that have been around. We're getting ready to celebrate our 17-year Bridge Over Troubled Water expenditure for wellness. It was a support group held with Philadelphia FIGHT and a support group established for people with HIV and AIDS and their family members. Especially people with HIV and AIDS didn't have no place to go, because they was homeless, because they were drug addicts. And that group is still going on, and we house them at Philadelphia FIGHT.

I also get my treatment at Philadelphia FIGHT. Like I said, I've been off of medication for like three and a half years. One day at a time. But I remember when I was diagnosed in -- I said 1984 because by me being an addict, I used to sell drugs. I found out later on that I had it since '84. Probably longer than that. Because I remember going to that doctor and given that card that say, Hey, here go the Suicide Hotline. They say, You probably will be dead in six months. And I thought I was going to die, and here almost 20 years later, I'm still here.

I guess it comes from fighting a good treatment, because, as you know, as Jane said earlier, that when I came out, the only thing they had was the Act. And now through the advocacy of people, we got over 25 medications. When the medications usually could take ten years, now it takes two years. And I believe and I know in my heart that good treatment keeps people alive, you know. Good food keeps people alive.

I got subsidized houses. I'm on disability, and by me making so much money, thanks to working at Philadelphia FIGHT as a consultant, I'm able to pay my insurance, but it seems like when these cuts come from Harrisburg, I don't know about me paying for food, electric and gas. Thank God for subsidize, that I don't know how I could make it, you know.

I just ask Councilmen to think about when they go home. This is a life and death situation. And I note that the power in this room -- and I know you all got power, because sometimes they say with power, there's money.

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I just hope and pray that you all find the money. If you don't, people with HIV are going to die.

Thank you.

COUNCILWOMAN BLACKWELL: Thank you. Thank you very much. Thank you. We're certainly on your side. And one of my staff members just brought me a copy -- I'm sure you all have seen it -- Just the Facts, a Briefing for Policymakers on HIV/AIDS in Philadelphia, where some of our statements are included.

MR. HAYES: And you're on that committee?

COUNCILWOMAN BLACKWELL: Absolutely. Thank you. God bless you. God is not finished with you yet.

DEPUTY DIRECTOR HESS: With permission of the Chairs, I'll invite Peppi Davidson, Tom McCoy, Peggy Garcia to the witness table.

Madam Chairs and committee members, these three individuals all spend countless hours each year volunteering their time as part of the HIV Planning Council that helps

set priorities and look at this epidemic and the services that are needed in this community in setting those priorities. So they're just very valued volunteers that spent countless hours working to help us do this hard work in the City.

COUNCILWOMAN BLACKWELL: Thank you very much. And let me thank Alfonso Rainey, who is back there standing up, leaning over in the pink shirt, who works with us in 408 in our office, who is a committeeman and who is our outreach worker and our office person to deal with this dreaded disease.

Thank you, Fonnie.

MS. DAVIDSON: Madam Chairperson, Chairwoman Blackwell and Councilwomen, Councilmen, thank you for giving me the opportunity to speak. My name is Peppi Davidson. I'm Chair of the Needs Assessment Committee on the HIV Planning Council. I'm also a social worker for the City at the STD Clinic down at Broad and Lombard.

As I listened to everyone speak, I was amazed in how many aspects of HIV and AIDS

I'm involved in, and when you say putting a face to AIDS and HIV, actually there is no face to it, because all of us are dealing with it. If you have it, you're dealing with it personally, or you're like us, volunteering or know someone or on a service organization where you provide services.

So what I would like to say is, it's been pretty much success stories that you've heard, but being a social worker, I deal in realities. Numbers mean very little to me.

As a social worker working in the STD Clinic where they are doing rapid testing, it's very interesting that you push get tested and get treated, but yet the City work force has been decreased by 2,500, I believe, a lot of the work people who work in the health centers.

So where are you going to send these people who have gotten their rapid test, they have their information? I'm telling them there's places for you to go, but when I make an appointment, these people might have to wait a month before they receive treatment and

then they have to wait weeks before their test results could come in.

The City health centers are filled to bursting, not just with people with HIV but also with people with no insurance at all. Where are you going to send these people? If you're going to cut -- if Rendell is going to cut funding and the federal government sees fit to cut funding for war toys, where are you going to send these people? How are you going to treat these people?

You know, MANNA was here speaking about how they provide nutrition. That's wonderful and good, but here in Philadelphia there's hardly any place you can send somebody who has HIV to live. You have to have a microwave or an oven or an address to receive Medicaid. And once you receive Medicaid and you're on disability, a lot of times you have to pay some of your disability check into Medicaid, and now you're saying you're going to cut Medicaid. People are still going to have to pay into it, but yet get less services. How are you going to treat these

people?

People think that the AIDS epidemic is over because people are living longer. Yes, that's true. The medicines, yes, they're wonderful, but what about the fact that the medicines also make you sick, make you have side effects? Some people don't tolerate them well. Some people have to get their medications switched around. And then you have to preach adherence. How are you going to adhere to it if you don't have car fare to go to your doctor to tell them that you feel lousy?

So it just is senseless to think of any kind of budget cuts, whether it's on the federal level, whether it's on the City level or the state level.

On the Needs Assessment Committee, we also have to consider where the epidemic has moved to, and African-Americans and Latinos are now the highest-ranking people who are being infected with HIV and AIDS, but I'm telling you as a social worker who gives test results at health center number one, I am

telling more and more people who are young, who are under the age of 18, you want to know how it spreads so fast is if you're 18 or under, how many times do you really think about how many partners you have? If you're going out partying or you're hanging out with your girlfriends, you know, having a boyfriend might mean a week to you or a month, so they have multiple partners. They spread it in that way.

So you have a government who is preaching abstinence. They want to take out the fact of even in the CDC describing about preventive measures. They don't want to talk about condoms. So how are you going to ask a person to be honest and up front about it and the government is telling you you're not even supposed to be having sex, you're supposed to practice abstinence?

You go to the church. The church tells you if you're having sex, whether it's heterosexual, whether it's bisexual, whether it's homosexual, you're not supposed to be having sex and it's a sin. You hear fire and

brimstone every Sunday. So how is a person supposed to come forward and tell that they have a need?

So getting the message out, making people aware, yeah, that's a good idea, but I think instead of just focusing on prevention, you have to consider the fact that people are getting infected with HIV, people are infected with HIV. HIV is not going anywhere. So any cuts is just totally ridiculous.

Thank you.

COUNCILWOMAN TASCO: Thank you for your candor.

COUNCILWOMAN BLACKWELL: Thank you.

MR. McCOY: My name is Tom McCoy. So many things we can speak on when we sit up here, and one of the things I wanted to speak on is medication, but before I do that, I know that time is limited. I do want to speak about myself personally for a moment. I have a hard time talking about it, and when I heard Mr. Pennapacker talk about life in the '80s with his disease, it's really difficult

to hear and to remember.

I'm 22 years infected. I'm a gay male. I almost died in '89 of pneumocystis pneumonia and I almost died again in '95 because all my medical options were gone. Fortunately, the new protease and the new cocktail stuff came out in '95 and I'm still here today. I made it over that hump, and I'm so thankful.

But I know so many people that died back then. And we're all so fortunate to be here, and the people now can live a fairly decent life with this disease if they take their medications and they stay healthy and they get the support that they need.

It really disturbs me -- I also want to mention that I've been a part of the Ryan White Planning Council for approximately three years and I've chaired the Positive Committee for two. So I feel like I don't just speak for myself, but I speak for the people that are part of the Positive Committee.

The people on the Positive Committee are basically -- it's a committee designed for

the consumers in our society to have a voice so that the Planning Council -- that's one way to make their decisions, is through the voice of the consumer, along with all their statistics, and the Positive Committee is the committee that is the voice.

And when I hear about medications being cut to six medications possibly a month, I can tell you that if my medications were cut to six medications a month, I wouldn't be sitting here two years from now, because I would not be here two years from now.

When it comes to AIDS medications, they're much different than most other medications for a few reasons. Number one, they're very toxic, yes, and I know there are other things like chemo that are very toxic, but the things with AIDS medications is, you have to take them your whole life and you have to take them with other AIDS medications. It's a cocktail. And if you stop for any given time, you build a resistance.

And although Ms. Shull talked about there's 25 medications out there, which is

wonderful, there are only a few different classes of medications, and if you get resistance to a medication in a particular class, you can be resistant to a lot of different medications.

So if I were somebody who had to tomorrow because of my financial situation and because of Medicaid cuts had to take six medications a month -- I now take ten and they're all life sustaining -- I would not be able to survive. So it's that cut and dry.

And I guess I also want to speak when I say that on people that are in prisons or people that have been in prisons. Because the resistance -- it's so easy to build up a resistance if you don't get these medications, and if you're in prison and if you get transferred, how quickly do those medications follow you, because if you don't get medications for a given amount of time, the medication won't work anymore. You're going to have to move on to new medication, and there's only limited medications.

Also, when you get out of

medication, how long will they be getting medications before they will be able to be hung up in the medical system? Because if they don't get into the medical system quick enough, they're going to be without medication, and there we are again, they're building up a resistance.

And last, but not least, I want to mention, when it comes to the medication, is the homeless, because although a lot of people are homeless and a lot of people are living in shelters and it's really sad that anybody would live without a home, people that are HIV positive, it is so difficult -- you need stability to live with this disease. You need stability to take your medications.

I have met people, many people, that are homeless that live with this disease and they don't know what to do with their pills. What do they do with their pills if they're homeless today in this weather? Their pills are no good in this weather. And also if they're in a shelter, it's very difficult. There's only certain times you can get to your

medications. There's a stigma of people knowing that you're taking these medications.

So I really want to spend my time just focusing on the fact of how crucial these medications are and life sustaining they are, and if by chance medications get cut to six medications a month, there will be lots of people that will die. That's all I need to say.

Thank you very much for inviting us here.

COUNCILWOMAN BLACKWELL: Thank you very, very much. Thank you. Thank you for sharing with us.

MS. GARCIA: Good evening, Councilwoman Blackwell and committee. My name is Peggy Garcia and I'm one of the Co-Chairs of the Planning Council, and I am a consumer since 1991 and I'm retired from the military, United States Army and I spent 22 and a half years in. And I'm doing volunteer work, because this is something that we all need to work together in, regardless whether you're negative, positive. You can be a millionaire,

you can be poor.

This epidemic is getting -- I mean, it's out of proportion. New diseases is coming up. And I talk to the consumers all the time, and they're telling me about the stigma. Like Tania said, what are they going to do about the medications, the Medicare where they're saying that they're trying to come out with a bill in Congress but they have to pay co-pay, and some of the co-pay that they have to pay is more than the rent. They would have to pay so high. What are you going to say? Well, do I pay co-pay for my medicine, live on the street? If I live on the street, I can't get my medication because I have to have a home.

And the consumers, they are working. They're coming out doing volunteer work. They're not holding their hand out saying, Give me, give me, give me. They go out with us, talk to other consumers, do outreach. They're there at the meeting.

I went then to New York to talk to people from all over, talk about educating the

consumers, but we need education, too. Now you got -- I'm 58 years old. You have an epidemic now that's on the rise of 55 plus, because during that time, the only thing that they were worried about was getting pregnant. That was the only thing in those days, that your momma said, You'd better not come out and do this. Where now they have other things to think about.

They go out with -- someone might be a widow, divorced. Well, I don't have to worry about being pregnant now. I'm going to go out there. You know, I'm going to have my fun.

You need education. The young people need education. You can't keep hiding the facts. I mean, the truth is the light. And if you said, Well, you know, abstain, we know the young kids are not doing that and we know the older people are not doing it. Some are. But we need more money.

I go to the AIDS Walk. I tell the Congressmen and Senators there all the time, We know it's a war going on. I spent my time

in the military. I know what's going on, and it's different. Everybody should be treated the same, the education, money for Medicaid, money to take care of the poor and even middle class. The way rates are going now, they can't even hardly afford what's going on.

So we need help and we need your help into getting this word across that the CARE Coalition, the Ryan White Planning Council is working. No one is not sitting back and saying, Give me, give me, give me. They are working, too.

Thank you very much for listening to me.

COUNCILWOMAN BLACKWELL: Thank you. Thank you for your testimony.

COUNCILWOMAN TASCO: Let me just say that I'm very active with the National League of Cities and we have a black caucus and this issue of HIV/AIDS has become part of our agenda to educate other elected officials from around the country about the importance of funding and particularly about education.

We've had several workshops, and we have brought it to the attention of the National League so it becomes a topic for the League, as well as an agenda item for the League staff to lobby on the Hill for more funding for HIV/AIDS. So we have not gotten a resolution passed, I don't believe, yet, but we will, so it will become part of our agenda.

So we are doing something, not only locally through the Council -- as you heard earlier from the Health Department, the City's commitment is there in terms of its portion. What we have to do is get the state legislature to understand the importance. They should be hearing this testimony, because you're preaching here to the choir. And certainly we, of course, having it in this public forum helps gets the -- will help send the message to Harrisburg. But to also let you know, that some of us are working also on the national level to increase the funding for HIV/AIDS education and awareness. Thank you.

MS. GARCIA: Thank you.

COUNCILWOMAN BLACKWELL: Thank

you again.

DEPUTY DIRECTOR HESS: Madam Chairs, with your permission, we'll invite the two most patient individuals to sign up to provide testimony today, our last panelists, Rodney Cunningham and William Brawner, to the witness table.

And for the record, I'd like to state that I think my toes are officially numb.

COUNCILWOMAN TASCO: I know. You know we're numb. We've been in here all day.

COUNCILWOMAN BLACKWELL: Again, while they're coming forward, Fonnie, you had stepped out, but we want to thank Alfonso Rainey on my staff, who has represented us at meetings across the City and who has been a real advocate in this area and who does a great job. Thank you.

MR. CUNNINGHAM: Madam Chairperson, Councilmembers, good afternoon. My name is Rodney Cunningham. I'm an attorney at the AIDS Law Project of Pennsylvania. I

want to thank you for this opportunity to come out this afternoon to emphasize the continued need for a City-wide commitment to fighting the HIV/AIDS epidemic.

The AIDS Law Project of Pennsylvania is a public interest law firm located here in Philadelphia which provides legal information, advice, representation and referral to people living with HIV and AIDS and those affected by the epidemic.

For the past 16 years, we have been the nation's only independent public interest law firm committed to dealing with people exclusively living with HIV and AIDS. As such, I feel that we are -- we have the ability to come before you this afternoon and unequivocally say that there's still a need for a City-wide commitment to dealing with the epidemic.

Based upon our agency being created to respond to AIDS discrimination, the need for estate documents, the needs to deal with stigma surrounding those living with the virus in some way, I can say at this point none of

those issues have been abated completely.

We're still living in a time of HIV and AIDS discrimination. Of the close to 2,000 cases that we have dealt with in the past year, seven percent of those cases revolve around AIDS and HIV discrimination. That's 140 cases and calls and requests for help coming to our office. That really breaks down to three calls a week from individuals facing issues such as being wrongfully terminated from their job, being denied the opportunity to serve as a foster parent, being denied proper medical treatment and access to services, be it a dentist or orthopedic surgeon, calls from individuals who are right here in our community, who make up our constituency, who are our neighbors, who are our co-workers, who often find themselves being ostracized by their neighbors, who are often taunted by children in their neighborhood because they are living with the virus in some shape or form.

These are calls that you would think more than 20 years into the epidemic that may

not be happening. The bulk of our calls come from Philadelphia and the surrounding counties. And to have that type of number of individuals seeking assistance from our organization, in addition to issues revolving around housing, estate documents, family law, the need for public benefits so they can continue to have the finances and the resources to overcome this illness, I can say that there is a continued need for the AIDS Law Project of Pennsylvania. There is still a pervasive problem that we have to face here in this City, here in this state.

And I would like to tell you in closing that the AIDS Law Project is committed to responding to the epidemic. We stand before you today with all the individuals who have appeared before you committed into making a difference, and I hope that we can work with City Council as a whole in responding to this epidemic, to helping to overcome the stigma that still faces individuals living with the virus each and every day.

Thank you.

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COUNCILWOMAN BLACKWELL: Thank you.

MR. BRAWNER: Good afternoon. My name is William Brawner. I'm the Planning Group Support and Education Coordinator for the Office of HIV Planning, Philadelphia.

I'm 25 years old and I've worked in this field for about ten years. I've had the pleasure of working with infected and affected youth, as well as youth who have not been taught about HIV by any means. And I must tell you, some of the information I received from the youth is extremely disheartening as well as threatening to the City.

First of all, we must remember that most infants born with HIV in the late '70s and early '80s are now at the age where they want to become sexually active, and we have to ask ourselves a couple questions. The first question is, are these young adults primarily having sex with other positive young adults? The answer to that question is no. Are these young adults waiting to have sex after marriage? The answer to that is no. And the

most important question probably is, are these young adults always engaging in protected sexual activity? The answer to that is some of them are, but, then again, some of them are not.

Now, I don't want to give the impression that these young adults are doing any malicious act to anyone else. They're just doing what most young adults are trying to do, and that's just fit in.

One thing we also must remember is that the AIDS Activities Coordinating Office states that the largest number of people with AIDS are between the ages of 30 and 39. So if you have an AIDS diagnosis between the ages of 30 and 39, more than likely you contracted this disease between the ages of 15 and 24.

The messages given to teens are just not working. It doesn't relate to them specifically. When you ask teens today why they're doing what they're doing, they give you something that we call the Superman Syndrome, "It just won't happen to me." We need messages today that specifically are

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directed to teens and at-risk populations that make them feel the message will directly affect them.

Right now, from January 1st to December 31st of 2004, 134 young adults were diagnosed with AIDS. 134 in one year. That means it was 11 young adults per month in Philadelphia infected with AIDS. That's just the number that we know about.

Now, a lot of young adults as well as people with AIDS or consumers are not telling people their status simply because they're trying to fit in. In order to fit in, they do certain things to overexclude themselves, get drunk and have multiple sex partners. And when you ask them why they do things like this, they say, "They'll never know it's me," and the truth is, they may not.

If the City doesn't do something immediately to protect certain people from this situation, this can and will blow up. Young people are not wearing condoms all the time. It is proven that young adults are in fact having sex and abstinence messages are

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not working.

Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much. That was very, very important, important messages. Thank you very much.

DEPUTY DIRECTOR HESS: Madam Chair, the esteem with which this joint committee is held has caused a couple of late distinguished visitors to ask to appear before you. So with your permission, I would call J. Edward Murray and Mary Suttles to the witness table.

COUNCILWOMAN BLACKWELL: Thank you, Mr. Hess.

COUNCILWOMAN TASCO: Mr. Hess, also, we would like, if this is the last panel, to invite Denise Pride, who has been working with us and she has a North Philadelphia program on AIDS. I don't know the exact title, but she has presented to the National Black Caucus of Local Elected Officials of the National League of Cities to discuss this issue with AIDS.

COUNCILWOMAN BLACKWELL: Thank

you. Good afternoon. Please identify yourself for the record and begin your testimony.

MS. SUTTLES: Good afternoon. I would like to say thank you so much, Councilman Tasco and Councilman Jannie Blackwell, as well as Blondell Reynolds Brown. Thank you so much for having us. I'm going to make mine short.

I am an employee of the Colors Organization. The Colors Organization is an agency that was formed where our mission was primarily for the gay community, men of color, but like everything else, and they used the word, the faces have changed. We're not only serving the gay community, we serve anyone that's diagnosed with HIV and AIDS.

I've been around as a social worker working in this field since 1988. And if we're going to continue to use the word change of face, I certainly have noticed the changes of face. No longer am I seeing the 20-, 25-year-old individual. I'm seeing them very young or I'm seeing them my age. Now what

does that mean? Old? Yeah, I think so. So we are seeing them -- we're seeing the older generation, my generation, as well as the very young ones.

So the needs for those two generations are very different and greater. The need for a young person is out of this world, because they need education, they need housing, they need to learn to budget, with the little money that they do receive. So to put an individual in a house that was being subsidized without the proper training to how to take care of a home, you got another problem.

To put an end of it, there's an individual who has had a home at one time, no longer has a home. She has children to care for. So there's a lot of services out here that cannot be afforded to be cut.

Sure, the Planning Council is doing a marvelous job with the little money that they receive in helping the City and other agencies implement that money in the most needed places, whether it's for dental or

gynecological treatment or whatever, as well as Ms. Shull. She has made my job a little easier, because with her peer counseling and outreach services, that makes myself, as well as other case managers work a little harder, because now they have been given a tool how to care for themselves.

So you heard most of the agencies here in Philadelphia testify about the work they're doing. The work they're doing is -- I can't even sit here and describe it. What we need is others to join with us. Not just the Colors or Philly FIGHT or BEBASHI; all of these agencies are doing a wonderful job, but we need Council, which has been doing great work along with us, to continue to put your shoulder to the ply and let's do something about HIV and AIDS in the City of Philadelphia, whether it's for the youth, the older ones or whoever. Please.

Thank you.

COUNCILWOMAN BLACKWELL: Thank you.

MR. MURRAY: Good afternoon.

My name is J. Edward Murray. I'm the Deputy Director of Philadelphia FIGHT. I'm also the Chairperson of the Penn Center for AIDS Research -- Center for AIDS Research Community Advisory Board and the co-host of the Positive Living radio show on WHAT that airs once a month dealing with the AIDS in the African-American community and other communities, and I'm glad to say my co-host, Denise Pride, is sitting right next to me. I was very happy to see her.

I just want to say that the Just the Facts briefing that you have one copy actually in front of you was from the committee that I chair at the Center for AIDS Research, and I am just very happy that our elected officials in Philadelphia are very much behind the cause of HIV and AIDS and dealing with it in the forefront.

I'm very happy that our Mayor, our former Mayor Wilson Goode, was the Mayor who established the AIDS Activities Coordinating Office when AIDS was first prevalent in Philadelphia and took the lead in saying that

Philadelphia is going to deal with this, and as such, Philadelphia is one of the leading cities in dealing with HIV/AIDS openly and directly in the country and we should be very proud, and you should be very proud with the work that you do.

The one thing I really want to say briefly is, we talked a lot about the African-American community. We talked a lot about the gay community. What we haven't talked much about, the Latino community, and I want to speak directly to the Councilman Ramos, who is here.

It's a huge problem also in the Latino community. One of the differences is that with a lot of the African-American communities and gay communities who seek their services in Center City, even though the services may be available in the communities in which a lot of these folks come from, as people stated earlier, many folks do not like to use services that are AIDS-specific within their communities for fear of stigma and the stigma that is attached to that.

The unfortunate part with the Latino community, there's a huge language barrier and because of a lot of cultural issues, AIDS is not really necessarily seen as an issue for this community. And unfortunately, there are a lot of folks within the community, the Latino community, who are becoming affected unknowingly because of stigma, because of information that is not necessarily shared within the family unit.

And I just reach out to not only you, but the rest of the City Council and the rest of the City to really make sure that we do not forget about this population, because the heterosexual mode of transmission, which is the third wave of epidemic here in the City of Philadelphia, is really hitting both the African-American and Latino communities in drastic numbers.

I also wanted to speak real briefly to the question that you asked, Councilwoman Tasco, about reaching out to the black communities through the churches. I have, for the past several years, been reaching out to

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the churches, and the good thing about it is that there are a lot of churches that are open and that are doing things to combat this issue with HIV in the community. We need more churches to be involved, and I think what we need to do is to just go in and just partner as opposed to saying, This is what we're going to do in your church. As opposed to doing it that way, we go and partner with churches and work with the churches and their doctrines in ways to get folks information and tested.

I am glad to say that under the direction of Reverend/Overseer Ernest McNere of the True Gospel Tabernacle Church of God and Christ in South Philadelphia, June 26th, which is the day before the national HIV testing day, June 27th, he is working to get 100 churches in the City to have some kind of information about AIDS in their programs and to get some of those churches participating in actual HIV testing, either at the church or refer them to agencies around the City that does HIV testing.

I just want to really commend the

work of the Council and the government here at Philadelphia for doing the work that you do and to not let this thing go unnoticed or bury your heads in the sand. It really takes a lot of work that you do, and I want to thank you for the work that you do. Thank you.

COUNCILWOMAN BLACKWELL: Thank you, Mr. Murray. Thank you very much.

Ms. Pride.

MS. PRIDE: Yes. Thank you for adding me to the list. Being the last, there is not much more I can say. You've heard about --

COUNCILWOMAN BLACKWELL: Please identify yourself for the record.

MS. PRIDE: Denise Pride. I'm a certified HIV prevention educator and counselor, health advocate, NAACP Health Chair. Again, thank you for allowing me to speak.

I've been here before, but I'm going to take a different direction today instead of thanking you for a resolution or a citation to add to some of the things that you've already

heard.

There are many challenges. Most of it links right back to the lack of funding to do all of the work that we have to do and still need to do. The numbers are going up and the funding is going down. That makes no sense. It's a disaster, as you know.

What I see, what I have been seeing as a prevention educator, there are not enough people out there providing the education that people need to understand how to protect themselves from this disease. The message is not getting into the communities, because a lot of the community people do not come outside. They live, they raise their families within a 10-, 15-block radius and never come out. If they don't see the information in the newspapers or hear it the media or on TV in such a way that they understand it according to their culture, the way they understand it, it is not going to get through to them.

How do people protect themselves if they don't understand how to protect themselves or the basic problem of even know

that there is something that they should be concerned about? It needs to be tailored.

We talk about messages getting into the community. It needs to be tailored according to the audience. That's presentation skills 101.

The funding goes right back to the problem. The Health Department has an excellent certification program. I've gone through theirs, as well as American Red Cross. They do not have the time or the staff to focus on developing something in addition to that to focus on presentation skills, being able to talk to the churches, to City Council, in the hood, in the schools, every age group.

We need to team up, find money for the Health Department to help community-based organizations to expand the existing programs. It's obvious something is not working. We need to sit down and collaborate on what those things are and find the money to actually implement them.

A good idea is just a good idea unless you have funding to implement it and

the people to help you put it in place. The basic facts of knowing what the disease is carried in -- most people whenever I do a presentation have no clue that there are only four body fluids that they should be concerned with. It sounds very simple, keeping away from blood, semen, vaginal fluids and breast milk. It sounds so simple, but explaining to people what that really means, blood, on a needle. You could have unprotected sex with someone and not know that they've ever had intravenous drug use. How are women getting infected more? Because of those kinds of relationships, because people are not disclosing, they are not asking the right questions. And even if you ask the right questions, are you smart enough to insist on getting tested?

If you know that you are entering into an intimate relationship, and we all know when it's coming, you should insist on getting testing and go together and go back and get the results together and share the report. Don't let anyone give you a report that's two

weeks, a month, three months old and say, I'm covered, we're go to go. Absolutely not. You cannot trust anyone but yourself to take care of yourself. And it's a very simple message.

People worry about MSM population and the men on the down low, and I keep telling people, it's just a new title for a situation that has been around forever. All that means is the responsibility is yours to make sure that you are protected and you are educated.

We have to take care of our seniors and our youth. People want to focus on one particular age group or a part of the population. This is a global issue. Every age group is affected. Thank God, the infant situation is under control, but every age group is at risk. And we cannot find a cure right now, but I am so happy to be able to say in the City of Philadelphia, University of Pennsylvania, at least there are clinical trials on vaccines, as well as microbicides that we can insert, and hopefully the plan is to protect us from HIV as well as other

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sexually transmitted infections.

It's happening here in Philadelphia. And I'll say wherever I talk outside of Philadelphia, we are known as being at the top of the list in terms of addressing this issue. But you see, we have so much more to do. When Philadelphia is over 50 percent of the statistics, the AIDS reported cases for the entire State of Pennsylvania, that is not good. I am very upset about that. When you break it down that way, our legislators are the only ones that can really, really help us continue the work that we desperately try every day to do.

Thank you for listening.

COUNCILWOMAN BLACKWELL: Thank you very much. Thank you.

We thank all of you for being here.

Is there anyone else here who would like to testify?

The Chair acknowledges, before I call on Councilman Ramos, the Chair acknowledges Billy Blackwell and his work with Colors Organization. Thank you, Billy.

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Councilman Ramos.

COUNCILMAN RAMOS: Thank you, Madam Chair.

I just want to thank all of you that have come here this afternoon. I was at a commencement graduation at Edison High School. I had to give a little bit of my talk in Spanish, maybe not so much for the kids but for all the -- probably over a thousand parents that were there.

I appreciate your comments, Mr. Murray, about this virus and this epidemic that discriminates against -- it doesn't discriminate. It affects all people and in very different ways.

People got caught up, I guess, for a lot of years on this stereotype, how it was only the way for you to get this virus. And listening to the lady that just spoke reminded me of a story of an old-timer that I knew for a very long time and passed away just a few years ago. He saved a little bit of money, had a pension and was doing fine, and then he started chasing prostitutes. And I get a call

and they say, So-and-so wants to see you.

When I went to see him, he was a very, very frail man and dying. He says to me -- I said, What happened? He was up there in age.

He said, No. I'm dying of AIDS.

I said, Oh, yeah? And he told me his story, how that he went around as he got old and wanted to be a player, I guess. I don't know. And died quickly of the epidemic.

In the Latino community in the last few years in particular, especially in the last five, seven years, if you turn on Spanish TV, you'll see a lot of public service announcements, educational stuff going on on radio. And some of the major Hispanic social service organizations, Congreso, APM, Mario Santo Clinics, know that this is an epidemic that has hit this Latino community very hard. In Puerto Rico, big-time epidemic in Puerto Rico with AIDS.

But I appreciate your concern. And more needs to be done. I stay in touch with the clinic at Broad and Lombard because I've

gotten calls from our clinic out there.

And lately, in a very positive note, the Administration's initiative on Limited English Proficiency, which makes available translators either in person or through an automized system, that if you come in to a clinic or into certain courtrooms now, they're using this system. You press a couple of buttons on your phone and you have a translator.

So, yes, because of the language barrier and because of the cultural background, people don't want to talk about what's really happening. They beat around bushes about the stuff. But now we have some of our clinics that now have personnel -- starting to get more personnel to have this automated system in place for people to speak other languages.

So, again, I appreciate your -- I'm more than willing to sit down and go over this issue in detail.

MR. MURRAY: Before we leave today, we'll meet. Before we leave today,

I'll make sure we schedule some time.

The other thing, you bring out a very interesting point about the older population. There are a lot of older people -- and I say older people --

MS. PRIDE: Just leave it right there.

MR. MURRAY: I'm talking about people older than me. I'm 34. But with this whole Viagra phenomenon that's going on, that new drug, I told -- a really quick story: Last year before my grandmother passed, she was in the nursing home for a while and I went up to visit her, James and I went up to visit her, and while we were sitting there with her, there was a gentleman in a wheelchair, an older man who had to be every bit of 70 years old, and he went around from room to room, and when he got to a room where there were just male patients, he would skip that room and go into the room where the female patient is.

So, you know, after a couple times going up to visit, James and I asked my grandmother, Well, what's going on with this

guy?

She was like, Oh, he's a gigolo. I looked at her and she said, Yeah, he's a gigolo. He goes around and he tries to have sex with the women in the nursing home, and then he is successful sometimes.

And another story, I went to Wayland Temple Baptist Church where the Reverend Lovett is at 25th and Cecil B. Moore and I did an in-service there last year, and I'm thinking he wanted me to come to talk to the youth, where a lot of churches have me come talk to their youth or people around my age. He said, No, Mr. Murray, I want you to come talk to our senior population. And I kind of scratched my head. And when I went in, one of the very first things that an elderly lady around 80 years old said to me, Honey, I have sex and I have sex several times a week.

I was blown away. The unfortunate part -- it's a good thing that older people are having sex and still enjoying their lives, but the unfortunate part is that they go into it with blindfolders on. If I'm not young, if

I'm not gay, if I'm not white, I don't need to protect myself.

A lot of folks use needles because of diabetic reasons. Unfortunately, with Medicaid and with the way our insurance system is, a lot of older folks can't afford their medicines. A lot of older folks -- I've heard stories when I worked with Prevention Point, the needle exchange program -- thank you, Jannie Blackwell for being instrumental in working with me in opening up the West Philadelphia site -- that there were a lot of older people that I found who are sharing needles and they don't believe that they're at risk.

And the unfortunate part is that -- you saw earlier this afternoon that there were folks over 50 who were sitting here testifying -- there are a lot of people over 50 who don't contract the HIV virus until they're over 50. So they're not in those categories, so to speak, that will put them at risk.

And we need to talk with each other.

We talk about the Latino families, we talk about the African-American families. When I was little, when I was younger, we used to sit around the dinner table and talk to one another. We don't do that. If we begin to go back to talking honestly with one another, then a lot of these issues that we think that are foreign or what-have-you will get addressed and dealt with. If we can just go back to those family values, that would be great.

But I would love to talk with you at some point, all of you.

COUNCILWOMAN BLACKWELL: Thank you.

MS. SUTTLES: Councilman, just to back up what Kevin has said --

MR. MURRAY: Ed.

MS. SUTTLES: Ed. I'm sorry. I have a case load, and Blackwell will tell you, of 45 intermedia clients, and out of that 45, eight of them is 75 and older. My oldest client is 79. Matter of fact, I think his birthday is the 29th of this month. So

they're active and their positive.

I don't know how to talk to someone older than me about, You, sir, should use a condom, or some gray-headed woman who I would consider my mother saying, You need to do this or that. I'm at a handicap because of my culture. You don't talk to an older person about their sexual activities. They're not going to talk to you anyway. So that's another area that has been a barrier for the workers.

COUNCILWOMAN BLACKWELL: Well, we certainly thank you very much.

Councilwoman/Co-Chair is going to make a statement, and I want to thank all the members of the committee. Councilman Ramos is here, Councilwoman Blondell Reynolds, who is talking to the press, and Councilman Mariano, Councilman DiCicco, all who have been here and certainly Councilwoman Tasco, our Co-Chair, who has had such excellent questions and remarks.

Jane Shull, we want to thank you very much and certainly, Rob, maybe we should

not have worked you so hard. We'll keep that in mind next time. Didn't realize it would be so much for you to do, but we appreciate it.

After Councilwoman Tasco makes her statement, we will recess subject to the call of the Chair.

Thank you all for all the insightful, sincere and heart-rending stories you told us, and thank you for sharing your lives with us to make us better informed leaders and elected officials, who are committed to doing all that we can to help eradicate this horrendous disease one day.

Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you. And I'd like to thank Councilwoman Blackwell for introducing the resolution and asking me to co-sponsor and my committee on Public Health and Human Services.

I'd just like to say that I've suggested -- and we're going to send a letter to the Governor summarizing the concerns that you've raised here today about the cuts in Medicaid and I'll send a copy of the

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resolution that we have, and hopefully with our staff, we can send it to all of the state reps asking them not to cut the funding, and we will hopefully get that letter out by Friday. Both committees will sponsor the letter. So we'll have all the names of the committee members on the letter and we'll get -- it doesn't have to be long. They know better. We just need to tell them in one or two paragraphs the impact.

And we've taken notes and we have their notes of testimony. We'll summarize what was done today to talk about the people who come in to talk about the -- in addition to all the other things you talked about, but certainly the point we want to make is the impact of the cuts on this community, as well as other communities, but certainly on this.

Thank you.

COUNCILWOMAN BLACKWELL: Thank you all again.

(Public hearing of joint Committees of Housing, Neighborhood Development and the Homeless and Public Health

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on June 15, 2005, and that this is a true and correct transcript of same.

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MICHELE L. MURPHY

RPR-Notary Public

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