



**SHAPING
THE NEW
RESPONSE:
HIV/AIDS
& LATINOS
IN**

**THE
DEEP
SOUTH
LOUISIANA**





LOUISIANA

Table 9: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	4,293,000
Estimated 2007 Latino population (ACS)	134,000 (3.12%)
Reported cumulative HIV/AIDS cases 12/31/07	18,797

Table 10: **Louisiana reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV incidence	Latino HIV diag.	Lat. % of total
2005	1001	27	2.70%
2006	1061	36	3.39%
2007	1160	53	4.57%

Source: Louisiana HIV/AIDS Surveillance Quarterly Report, Fourth Quarter 2006, Fourth Quarter 2007, Second Quarter 2008. <http://www.dhh.louisiana.gov/reports>.

Table 11: **Metro New Orleans region reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV incidence	Latino HIV diag.	Lat. % of total
2005	361	18	4.99%
2006	301	22	7.31%
2007	383	35	9.14%

Source: Louisiana HIV/AIDS Surveillance Quarterly Report, Fourth Quarter 2006, Fourth Quarter 2007, Second Quarter 2008. <http://www.dhh.louisiana.gov/reports>.

Table 12: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, Louisiana**

Caucasian	African-American	Latino
9.5	61.4	38.8

Source: Louisiana Office of Public Health, Deborah Wendell & Sam Ramirez.

Table 13: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in Louisiana at the end of 2006**

Caucasian	African-American	Latino
199.4	986.5	430.2

Source: CDC (2008) HIV/AIDS Surveillance Supplement Report 13(1): 39-40.



DEMOGRAPHICS AND IMMIGRATION

Demographic estimates for Louisiana remain in doubt because of the profound shifts in population that occurred after Hurricanes Katrina and Rita in August 2005, which displaced many residents. In addition, thousands of Latinos poured into the area to assist in clean-up and reconstruction labors. The city's population by the summer of 2007 had risen to just 58 percent of its pre-storm total.

Latinos are estimated to comprise about 10 percent of the population in some parts of New Orleans. A substantial number of the Latino newcomers are internal migrants coming from other parts of the U.S. Latinos also headed to the Lake Charles area in large numbers after Hurricane Rita while smaller enclaves are found throughout the state.

Many new arrivals were skilled tradesmen and came in specific waves: demolition crews followed by electricians and plumbers, then roofers.²⁷ The informal economy that employs most of them is fraught with abuse. In an ongoing Tulane University-based study, 80 percent of those surveyed said they had been cheated by a contractor at least once.²⁸ Some immigrants reportedly have

taken up residence in unhygienic abandoned buildings in the city, including those they are working on.

In contrast to the recurrent polemics on immigration occurring elsewhere in the region, anti-immigrant talk is uncommon in New Orleans, according to CBO employees, one of whom said, 'Leave the immigrants alone! We need them!' This attitude is probably influenced by the shortage of workers in the city in the months immediately after Katrina. However, immigration enforcement raids occur regularly; a downtown day-laborer recruiting site was abandoned in 2007 after a raid snared dozens while others in less visible areas continue to operate.

HIV/AIDS

New Orleans and Baton Rouge consistently rank among the top ten major U.S. metropolitan areas in AIDS case rates,²⁹ following Miami, Baltimore, Washington, D.C., New York and Memphis. New Orleans has a current HIV and AIDS caseload of approximately 5500, and Baton Rouge roughly 3600. Three-quarters of both current cases and new HIV diagnoses occur among African-Americans. Over half the new diagnoses do not carry an identified risk category. Intravenous drug use is involved in 30 percent of all cases in Baton Rouge, a high proportion for the South.

27. Fussell E (2006) 'Latino Immigrants in post-Katrina New Orleans.' Regional Seminar on Labor Rights, New Orleans, Oct 19-22, 2006.

28. Oscar Salinas, FACES, personal communication, May 2007.

29. <http://www.avert.org/usastatc.htm>



Latinos comprised 10 percent of new HIV infections in the Metro New Orleans region in early 2008,³⁰ a sharp increase that caught state planners ‘unawares.’³¹ AIDS organizations note a steady increase in HIV-positive Latino clients. The AIDS agency FACES (Family Advocacy, Care and Education Services), associated with Children’s Hospital, used to serve two Latino HIV cases annually and now receives some three new HIV-positive adult clients per month.³² The HIV Law Project providing legal advice to people with HIV has noted an increase in Latino clients who now comprise about 4 percent of their total client base.³³

Providers concur that people with HIV of all ethnicities are presenting in much worse health than they did before 2005. As is common elsewhere, many people are discovering their status after an emergency room visit for HIV-related conditions.

New Orleans is an Eligible Metropolitan Area (EMA) under the Ryan White program, and Baton Rouge is now a Transitional Grant Area (TGA) under the 2006 reauthorization, which means an increased flow of federal funds to the state. Although Baton Rouge is the state capital, some of Louisiana’s HIV/AIDS staff is located in New Orleans where the program employs several bilingual outreach workers.

CURRENT CONDITIONS

Louisiana still struggles to recover from the disasters of 2005. The main public care facility in New Orleans, the LSU-affiliated Charity Hospital, was completely destroyed, and only some of its specialty clinics have reopened in different locations. The HIV Outpatient (HOP) Clinic there was closed for over a year and now shares its space with other specialties. Only two of Metro New Orleans’ seven hospitals have reopened, and many beds assigned for HIV-related care were lost.

New Orleans’ post-storm conditions have hastened the push to mainstream HIV-related services into general medical care delivery. As a result, some AIDS services have joined the general deterioration. For example, a new requirement to use the public hospital’s pharmacy rather than the previous HIV-exclusive pharmacy has meant delays and treatment interruptions, and confidentiality is fragile due to large crowds waiting for their medications at this site. There are also fewer AIDS-specific advocates.

The city’s struggle to rebuild affects attitudes among both providers and clients. Denunciations of administrative incompetence or insensitivity at all levels of government appear regularly in the news media. A poll

30. ‘State of Louisiana Statewide Coordinated Statement of Need and HIV Comprehensive Care Plan, 2006-2009.’ <http://www.dnh.louisiana.gov/offices/misdocs>

31. Brandi Bowen, New Orleans Region AIDS Planning Council, personal communication, May 2007.

32. Dr. Claudia Medina, personal communication, May 2007.

33. Linton Carney, personal communication, April 2007.



reported in the New Orleans Times-Picayune newspaper during the week of May 14, 2007, found that the government's failings constituted the number one concern of residents, even surpassing the rising crime rate.

Lengthy delays in the distribution of \$7 million Ryan White monies received in March 2008 led to severe financial crises in some provider groups in New Orleans, including one that was forced to close its doors.³⁴ Some funds were not distributed until October.

The city has a severe shortage of addiction treatment or mental health facilities. A treatment abuse counselor called her current style of work 'guerrilla therapy.'³⁵ Injection drug use among youth without permanent housing is common, and a needle-exchange program hands out some 500 clean syringes per month. As these programs rarely have Spanish-speaking staff, few Latino youths use them.

The director of NOAIDS Task Force, the city's oldest ASO, expressed surprise at how long it has taken for New Orleans to recover. 'We were hoping that this would be an opportunity to fix what was wrong—but it hasn't turned out that way,' he said.³⁶ A health department employee quitting her position expressed com-

monly-heard discouragement over the slow pace of recovery. 'The conditions aren't new, just worse,' she said, noting that her grandchildren's class sizes averaged 50 pupils.³⁷

Primary care facilities were among the first to bounce back after the hurricanes, but a small health-advocacy and service group called current efforts 'sticking a finger in the dike.'³⁸ She described a near-total lack of attention to immigrants' chronic conditions or associated issues such as domestic violence or mental health. There are many cases of untreated diabetes and job-site injuries as well as multi-drug resistant TB.

A housing advocate predicts that the failure of promised government assistance for rebuilding and the tripling of downtown rents will cause New Orleans eventually to resemble Dallas or Atlanta with a vacant center core and the population dispersed to the suburbs.³⁹

Action to address HIV/AIDS among Latino immigrants in Baton Rouge is not visible. There appeared to be no AIDS agencies, church groups or health department staff engaged in work in this area although bilingual testing was reportedly available at one site.

34. Michael Hickerson, In This Together, personal communication, September 2008.

35. Drop-In Center, May 2007.

36. Noel Twilbeck, personal communication, May 2007.



A fact-finding visit by the Deep South Project in 2007 prompted queries from one ASO about the possibility of moving a couple, both HIV-positive, and their newborn to relatives outside Louisiana. The help the couple needed—including home care for the husband and childcare assistance for his wife so that she could return to work—were said to be unavailable in Louisiana. In addition to a package of paid prenatal services from a bilingual obstetrician, they had paid an additional \$70 for her to have an HIV test, which their private doctor said produced a negative result. However, a retest at the hospital before childbirth resulted in a positive HIV diagnosis. The husband was also found to be HIV-positive and shortly afterward fell into a coma. He eventually survived but with neurological damage and blindness. No appropriate services were available for them as undocumented residents. They eventually left the state.

CURRENT SERVICES

The New Orleans metropolitan area has some services for Latino clients with HIV although residency status continues to be a barrier. Caseworkers constantly look for ways to serve undocumented persons with an HIV diagnosis. Bilingual staff is uncommon outside of New Orleans. Prevention efforts continue with a focus on reaching transient Latino males.

The main healthcare provider for people with HIV in the city is the HOP Clinic, which requires clients to present a valid Louisiana driver's license. As a result, undocumented clients often must seek services from multiple agencies during working hours. All persons have access to HIV medications through ADAP.

NOAIDS Task Force is the oldest AIDS service provider in the city. It has a Spanish-speaking doctor at its weekly clinic and one bilingual case manager and usually can count on volunteer interpreters for its testing services. N'R Peace in the Westbank section of the city also provides all primary clinical services.

37. Alicia Negron, Office of Public Health, personal communication, May 2007.

38. Gina Lutz, Common Ground, personal communication, May 2007.

39. Garrison Hall of Unity for the Homeless, personal communication, May 2007.



The state HIV/AIDS program initiated direct outreach to Latino day laborers with two bilingual staff. Most of the men contacted had either no prior knowledge about HIV or labored under misconceptions.⁴⁰ Mobile vans visit the sites on a regular schedule, as does a nonprofit sidewalk clinic that offers protective work gear, primary and wound care, vaccinations and herbalist services.

Primary care clinics often employ bilingual staff, but services to the uninsured or undocumented are inconsistent. Advocates often must contact clinic directors on behalf of Latino clients who have been refused treatment.

The directory of services will say that undocumented residents can use a certain facility, but then the front desk personnel refuse them. Government employees are on the lookout for undocumented people even when it is legal for their children to have a benefit.

—Gina Lutz

FACES, a fully bilingual pediatric AIDS program funded through Ryan White Part D at Children's Hospital, now manages a client roster of 350, down from 600 before Katrina of whom 10 percent are Latinos. About 80 percent of their clients are women. FACES offered free Spanish classes to all HIV providers in the city in 2006 as well as cultural sensitivity workshops on religion, family, sexual orientation, immigration and similar topics.

I have this understanding I have heard this before, 15 years ago.... This happened to African-Americans, materials not being culturally appropriate, providers not knowing how to provide services. And I see the same thing occurring to Hispanics. . . . Since that time we learned how to provide services to African-Americans, and we may try to use those best practices for Latinos.—Michael Hickerson, *In This Together*

STRATEGIES

Some primary care facilities are responding to the huge demand for bilingual providers. Several large health companies such as the Ochsner Health System have developed new services targeting Hispanic consumers. The St. Charles Community Health Center in suburban Kenner maintains bilingual services as do walk-in clinics near the French Quarter. HIV testing in Spanish sometimes can be obtained in these sites.⁴¹ However, the safety-net clinics are said to be 'at capacity,' and mental health services for any population are virtually non-existent.⁴²

A March of Dimes-funded project began in June 2007 to provide prenatal services to Latina women via a mobile unit as many Latina women still give birth without prenatal care.

40. Alicia Negrón, Office of Public Health, personal communication, May 2007.

41. We tested the availability directly by taking a colleague who pretended not to understand English and were told to come back another day.

42. Dr. Claudia Molina, FACES, personal communication, May 2007.



There appear to be no organized Latino advocacy or health promotion groups in the state outside of New Orleans.

CBO NETWORKS

The Latino Health Access Network is a coalition of providers, charities, churches and individuals formed to increase access for the Latino population. The group encourages clinics to plan for integrating those now outside the care system into medical care and to make their services more Latino-friendly.

The Louisiana Latino Health Coalition for HIV/AIDS Awareness (LLHC) is comprised of bilingual providers and other participants sympathetic to the issue.

The independent Louisiana Public Health Institute (LPHI) acts as a neutral convener to promote health initiatives and has taken an active role in HIV/AIDS issues and in the efforts to restore the city's health systems.

THE LOUISIANA ROUNDTABLE

Several local partners joined the Commission to hold a statewide Roundtable on Latinos and HIV/AIDS in October 2007 in Alexandria in central Louisiana with strong support from the Office of Public Health HIV/AIDS program. The meeting drew over 60 participants from all corners of the state. The LLHC was charged with providing leadership to the state on the recommendations that emerged from the event.