



**SHAPING
THE NEW
RESPONSE:**

**HIV/AIDS
& LATINOS**

IN

**THE
DEEP
SOUTH**

MISSISSIPPI





MISSISSIPPI

Table 14: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	2,919,000
Estimated 2007 state Latino population (ACS)	73,000 (2.50%)
Reported cumulative HIV/AIDS cases (12/31/07)	8,806

Table 15: **Mississippi reported overall and Latino HIV diagnoses, 2005-2007**

Year	HIV incidence	Latino HIV diag.	Lat. % of total
2005	577	32	5.55%
2006	599	37	6.18%
2007	611	19	3.11%

Source: Mississippi Department of Health Office of STD/HIV, personal communication 8/4/2008.

Table 16: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, Mississippi**

Caucasian	African-American	Latino
4.7	32.3	50.8

Source: Kaiser Family Foundation, www.statehealthfacts.org

Table 17: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in Mississippi at the end of 2006**

Caucasian	African-American	Latino
116.7	647.9	300.6

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



DEMOGRAPHICS AND IMMIGRATION

Mississippi has a newer and smaller Latino population than the other states of the Deep South Project. Its numbers grew sharply after the two major hurricanes of 2005 as clean-up laborers moved into the Gulf of Mexico and southeastern Mississippi. Before the recent wave of immigration, Jackson, the capital, was home only to some 500 Latino residents, who now are estimated to number as many as 40,000.⁴³

Smaller Latino enclaves exist in other parts of the state where work in farm labor and in agribusinesses such as catfish, hog and chicken farms is plentiful. Casinos are another source of jobs in Vicksburg and the Mississippi Delta near Memphis.

Large Hispanic settlements also have sprung up in Gulfport, Biloxi and other coastal communities as well as in Hattiesburg, Laurel and Meridian to the north where hurricane damage also was substantial. Hattiesburg, whose overall population grew by one quarter when displaced persons moved north, saw its Latino component of the total grow from 1 percent to somewhere between 5 and 7 percent.⁴⁴ A Catholic priest in Hattiesburg reported that attendance at a Spanish-language mass rose from about 25 in the year 2000 to nearly 300 after the

hurricanes. Hispanic baptisms outnumber others at his church by 5 to 1.

An estimated 70 percent of Mississippi Latinos are Mexican, followed by Central Americans and a few from Ecuador, Peru, Colombia and Cuba. There is also substantial internal migration from Louisiana and Texas.

As is common throughout the country, employers take advantage of the cheap labor force while fearful of the increasingly stiff penalties for hiring the undocumented. One result is that employers use subcontractors to hire short-term workers thereby providing a legal screen for large industries; these workers switch jobs regularly before their invalid identity documents are discovered.

Anti-immigrant sentiment has led to legislative action in the state. Governor Haley Barbour signed into law the Mississippi Employment Protection Act in March 2008, which imposes heavy fines for employment of undocumented workers. An August 2008 raid at the Howard Industries transformer plant in Laurel in southeastern Mississippi resulted in the arrests of nearly 600 mostly Latino workers.

Community attitudes toward the immigrant newcomers are uneven, and there is a marked difference between hurricane-affected zones and the rest of the state. A

⁴³. Luis Espinoza, editor of *La Noticia*, personal communication, December 2007.

⁴⁴. Kathy Garner, personal communication, December 2007.



Gulf Coast church leader characterized local attitudes as ‘not much animosity and some paternalistic willingness to help.’

Although all persons living with HIV are eligible for state HIV programs, including case management, housing and ADAP, these rights are not always respected in Mississippi. Officials and providers state that the undocumented can obtain services but that the client must be ‘willing to make certain compromises’ such as trying a different county when services are refused in a given health department.

The most urgent perceived need is access to a driver’s license. Police activity is becoming more aggressive toward immigrants, and roadblocks for driver’s license checks are common.⁴⁵

HIV/AIDS

The state reported 611 new HIV infections for the year 2007, a decline from around 700 annually in the mid-1990s. Forty percent of all HIV-positive persons in Mississippi live in the Jackson/Hinds County area, followed

by the Gulf Coast region including Gulfport, Biloxi and several surrounding counties.

About half of the state’s 8,540 known HIV-positive individuals are considered to be ‘in care,’ defined in Mississippi as at least one clinical visit every six months. At the same time, as many as one-third of all enrolled ADAP patients of all ethnicities do not pick up their medication on a regular monthly basis.⁴⁶ Possible motives mentioned are fear of stigma, transportation problems and other issues, all highly relevant factors for Latino clients.

Mississippi historically has suffered from very high STD levels, and statistics show a mixed record in recent years. The state’s syphilis case rate was the highest in the nation in 1997 but fell sharply five years later⁴⁷ while Chlamydia and gonorrhea rates remain elevated.⁴⁸ Hispanics in Mississippi have higher STD rates overall than Caucasians.

Latinos comprised only about 1 percent of total HIV cases in the state, but 3 percent of newly reported infections in 2007. A provider noticed a sharp shift in recent new infections to a younger population,⁴⁹ which could be the result of better testing practices or an indication of infections occurring during adolescence.

45. Personal observation outside Gulfport, Mississippi, where Caucasian drivers were waved through a roadblock.

46. Eva Thomas, Mississippi ADAP Coordinator, personal communication, December 2007.

47. Mississippi Department of Public Health: http://www.msdh.state.ms.us/msdhsite/_static/14,0,150.html

48. Painter TM (2007) ‘Connecting the Dots: When the Risks of HIV/STD Infection Appear High But the Burden of Infection Is Not Known—The Case of Male Latino Migrants in the Southern United States.’ AIDS Behav online DOI 10.1007/s10461-007-9220-0. The statistics are cited from a Kaiser Family Foundation study no. 6062 ‘HIV/AIDS and other Sexually Transmitted Diseases in the Southern Region of the United States.’

49. Leandro Mena, Crossroads Clinic, Jackson, Mississippi, personal communication, December 2007.



GOVERNMENT

Many public health services in Mississippi are provided at the county level with state funding. County health officers enjoy wide latitude and autonomy; program directors based in Jackson have little enforcement power and may be overruled locally in some cases. This is particularly relevant in the case of providing services to non-residents where state guidelines may not be uniformly applied. Even monitoring may be difficult if state and local officials do not share criteria.

ADAP waiting lists have been eliminated; the state STD/HIV web page directs people ‘who are not eligible for Medicaid benefits’ to contact the ADAP program without reference to residency status.

The main AIDS provider organizations are located in Jackson and in the southeastern part of the state including the Gulf Coast. Little independent nonprofit activity related to HIV/AIDS was found in the northwest (Delta) region or in smaller cities.

Primary health care for the indigent in Mississippi is handled by federally funded clinics or county health departments. A few federal clinics have HIV case management available, but low reimbursement levels are a

disincentive.⁵⁰ The state recently obtained federal funding to create new HIV specialty clinics in Grenada and Natchez.

CURRENT CONDITIONS

Mississippi is a relatively poor state with traditionally a weak government role in providing social services. It has among the nation’s worst general health statistics; for example, although infant mortality among African-Americans is declining nationally, Mississippi’s rate continues to rise.

The state STD/HIV program has embraced the enhanced HIV prevention guidelines issued by the Centers for Disease Control and Prevention (CDC), including both expanded HIV testing and aggressive screening for Chlamydia and gonorrhea as key co-factors.⁵¹

Most HIV-positive Latinos are first diagnosed through emergency room visits, during prenatal care or at the federally-funded Crossroads STD Clinic, associated with the University of Mississippi Hospital in Jackson. They are all referred into care at the Adult Special Care unit with Dr. Leandro Mena, a Dominican M.D. and one of the few bilingual providers in the state. Dr. Mena stated that among his patients there is ‘a group that does

50. Mark Colomb, *My Brother's Keeper*, Jackson, Mississippi, personal communication, December 2007.

51. http://www.msdh.state.ms.us/msdhsite/_static/14,0,150.html



well and another that doesn't.' Women tend to respond better as they have services through Part D (formerly Title IV) of the federal Ryan White AIDS Program, including comprehensive case management. Most Latino HIV clients have T-cell counts below 200.

Three-quarters of all Latino HIV patients in Mississippi are uninsured; the remainder are Medicaid recipients at the moment of diagnosis. The HIV hotline can take calls in Spanish.⁵²

As many as a third of the Jackson clinic's Latino HIV patients are out of the city or the state at a given time pursuing work opportunities. Because men may change identities frequently, some patients have several aliases, which complicates record-keeping. But they enjoy the advantage of a 'one-stop shop' since Crossroads and the HIV clinical facility are so closely linked.

A study carried out by the Delta AIDS Education and Training Center in New Orleans on the needs of minority clients in Mississippi found that HIV providers were not knowledgeable about interactions between medicinal plants often used by Latinos and HIV medications.⁵³ The researcher also found a lack of tools for risk behavior assessment and screening unless these were relevant to the patient's motive for consulting a doctor.

Immigrants are unable to obtain affordable care for chronic care issues, such as diabetes, hypertension, smoking-related illnesses, and drug and alcohol abuse. The University hospital system in Jackson has some programs for the undocumented, but they are underfunded and 'not easy to get into,' according to a hospital interpreter.⁵⁴ Transportation is also a huge issue for many especially as driver's licenses cannot be obtained by the undocumented.

CURRENT SERVICES

The University Medical Center in Jackson recently hired medical interpreters and has posted signs in Spanish. A bilingual nurse monitors compliance with language access policies.

The Gulfport/Harrison County Hospital now has staff interpreters and no longer urges patients to provide their own. It also extended service hours at its STD clinic to one evening a week to accommodate Latino clients. Coastal Family Health, a primary care provider with eight facilities throughout the Gulf region, has an interpreter at one clinic as well as a bilingual provider who sees patients once a month.

52. Dr. Leandro Mena, personal communication, December 2007.

53. Bryson Williams presentation at Mississippi Care and Services Advisory Group, Jackson, Dec 7, 2007.



Officials suggest that their allies in the state legislature will support the STD/HIV Bureau's efforts but in exchange require the program to 'stay out of the limelight' and keep a 'very low profile.' A sign of the difficult environment was the opposition by a former health commissioner to the opening of a new HIV clinic due to ideological objections related to the disease transmission routes.

Outreach for HIV prevention education among Latinos is ongoing in the Biloxi and Hattiesburg areas. The Southeast Mississippi Rural Health Initiative (SeMRHI) in Hattiesburg employs bilingual providers and a medical interpreter and co-sponsored a short-term intervention in 2007 to raise awareness of the issue (*Hazte la Prueba*).

The Mississippi state health department deploys a Mobile Medical Clinic that visits rural and isolated populations for STD screening and other basic health check-ups.⁵⁵

Health fairs are a common way to inform immigrants about health-related services although none have been held in Jackson since 2006.

STRATEGIES

The Delta AIDS Education and Training Center based in New Orleans recommended that horizontal relationships among agencies and providers in Mississippi's rural areas be strengthened so that a network of clinics emerges that can coordinate their strategies on HIV-related issues. Minority providers will be essential to the success of this networking initiative.

Dr. Mena proposes a version of the WHO 'health liaison' model in which a community leader receives payment for contacting newcomers, informing them about health issues, getting them screened and referred them to basic treatment.

No HIV-positive Latino support groups exist in the state although a new group for all persons living with HIV announced its formation in Jackson in October 2008.

Evidence-based prevention interventions supported by the CDC have not worked among Latinos so far in the state. A group in Hattiesburg attempted in 2006 to construct a program based on a peer education program known as 'Popular Opinion Leaders' but could not find the right individuals among the target population to play this role.⁵⁶ The failure illustrates the need for new

54. Eloise Lopez, personal communication, December 2007.

55. http://www.msdc.state.ms.us/msdcsite/_static/14,0,150.html

56. Kathy Garner, personal communication, December 2007.



strategies to address highly transient populations that are not currently served by the existing compendium of interventions aimed at more stationary groups through regular workshops or similar activities.

However, more recently the state HIV/STD program worked successfully with local partners in Hattiesburg to mount an effective HIV education and testing campaign among Latinos in response to a rise in syphilis cases.

The state currently has two community-input panels, the Ryan White-mandated Community Planning Group (CPG), which focuses on prevention, and the Care and Services Advisory Group (C&S). There is an ongoing dispute about combining the two into a single Mississippi HIV Planning Partnership as has been done in other states. This idea is quite unpopular with the nonprofit representatives who feel that important community voices will be lost and are uncomfortable with mixing prevention and care issues in one body. Government officials express frustration at the two groups' slow procedures and duplication of planning efforts and believe the merger could greatly improve effectiveness.

Many agencies and providers would like to better serve Latino clients but have not found the right way to open their doors to them. I want to have the need for a translator, said Kathy Garner of Hattiesburg's AIDS Service Center.

THE GULF COAST ROUNDTABLE

Forty CBO and health department representatives along with advocates and other concerned individuals met on April 22, 2008, to review the current situation and formulate recommendations. Delegates also attended from Louisiana and Alabama. Craig Thompson, Director of the STD/HIV Bureau of the Mississippi Department of Public Health attended in support along with Scott Carson, Director of the Care and Services Division of the Bureau. The session was held in the Gulf Coast city of Biloxi where hurricane-relief agencies had been active in responding to the many needs of Latino recovery and reconstruction laborers.

Participants emphasized the need for basic language and translation services in all clinical sites, including better dissemination of available in-person and phone-line interpreting services. They laid plans to build a closer network among providers in the Gulf counties to coordinate efforts among hospitals, safety-net clinics and AIDS provider groups. The state STD/HIV Bureau pledged its ongoing support to these efforts.