

World AIDS Day
Opening Ceremony
5:30 p.m. December 1, 2008

Reflections on World AIDS Day
SU Chancellor Nancy Cantor

It's an honor to gather with you in the presence of these beautiful quilts from Central New York. In spirit and in fact, they're part of the largest community art project in the world, an ongoing creation that remembers, one by one, the precious lives that have been lost to the epidemic that is now in its 27th year. Today, as we regard the pain, the love, and the memories that have been stitched together and placed on display, it's urgent that we re-commit ourselves to preventing, treating, and finding a cure for HIV/AIDS.

We should start with the good news. When the Nobel Prize for Medicine or Physiology was awarded last month to the scientists who discovered the human immunodeficiency virus---Francoise Barre-Sinoussi and Luc Montagnier---the Nobel assembly observed---and I quote--- "Never before has science and medicine been so quick to discover, identify the origin and provide treatment for a new disease entity. Successful anti-retroviral therapy results in life expectancies for persons with HIV infection now reaching levels similar to those of uninfected people."¹

Around the world, particularly in Africa, aggressive testing programs have allowed many more HIV-positive people to be identified at the early stages of disease and given access to anti-retroviral therapy before their disease progresses into serious clinical manifestations. In poor and middle-income countries, three million people are now receiving this therapy, including almost 200,000 children.²

¹ Press Release by the Nobel Assembly at Karolinska Institutet on October 6, 2008. Available online at http://nobelprize.org/nobel_prizes/medicine/laureates/2008/press.html

² Derek Thaczuk, "Treatment Outcomes in Latin America, China, and Botswana: success and shortfalls," *Aidsmap News*, August 6, 2008.

This is the amazing good news. In the United States, we are not seeing entire communities laid waste by illness and death. Each year, thousands of new HIV infections are being prevented, treatments are helping tens of thousands of Americans live longer and better, and new ground is being broken in biomedical, behavioral, and social research.

Now the bad news: we are not doing nearly enough. Around the world, only about 30 percent of those who need treatment are able to get it. That means there are 6.7 million people who can't get the medicine that will save their lives.³

Here in the United States, we're only now coming to grips with the dimensions of the epidemic. In August, the Centers for Disease Control and Prevention announced that the annual incidence of HIV is 40 percent higher than previous estimates, and that 56,000 people are newly infected with HIV every single year.⁴

At the moment, over a million people in the United States are living with HIV. Among these, at least one in five do not know they are infected,⁵ and half of those living with the disease are not receiving regular HIV-related health care.⁶

As HIV infections continue, there are profound disparities in health outcomes among women and people of color. African-Americans make up 12 percent of the population, but 46 percent of those living with HIV.⁷ And HIV/AIDS is the leading cause of death among black women between the ages of 25 and 34.⁸

New York was the first state to add money to the Federal funds addressing the epidemic, and our state has more people living with HIV/AIDS than any other state in the nation. Part of this arises from our

³ World Health Organization Press Release, "Nearly three million HIV-positive people now receiving life-saving drugs, but access to prevention and treatment still lacking for millions," June 2, 2008.

⁴ Centers for Disease Control, *Morbidity and Mortality Weekly*, "HIV Prevalence Estimates—United States, 2006," 57 (39) October 3, 2008, 1073-1076.

⁵ Centers for Disease Control, *op. cit.*

⁶ See *National Aids Strategy, A Call to Action*, a statement by more than 100 organizations calling for a National AIDS Strategy, October, 2008, available online at www.nationalaidsstrategy.org

⁷ Centers for Disease Control, *op. cit.*

⁸ *National Aids Strategy, A Call to Action.*

success: as people survive longer, their numbers rise, and we're faced with new challenges.

In many ways, the system conceived to address the acute needs of the early epidemic does not meet our needs today. In 2004, an Institute of Medicine panel reviewed the financing system for AIDS-related care in the United States and concluded that "fragmentation of coverage, multiple funding sources with different eligibility requirements, and significant variations in the type of HIV services offered do not allow for comprehensive and sustained access to quality HIV care."⁹

Given this situation, what are we to do?

We should begin by calling for a National AIDS Strategy. Last October, a Call to Action signed by 350 organizations asked our new President to create such a strategy by January, 2010, using a panel of experts that would include people living with HIV/AIDS.

The Federal government now spends more than \$17 billion a year on this disease and critically important work is being done by states and a wide range of non-governmental organizations. But coordination is needed. A National AIDS Strategy, as the Call to Action has rightly observed, could help us use resources "more strategically and effectively, with a focus on tracking and improving outcomes rather than simply launching more programs."¹⁰

We must lower the incidence of HIV, increase access to care, and reduce racial, ethnic, and gender disparities.¹¹

Here in Central New York, foundations, businesses, religious and civil rights organizations, universities, and non-profit health and human services providers are addressing the epidemic, and all of us can and should be involved.

⁹ Institute of Medicine, *Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White*. Washington, D.C., National Academies Press, 2005, p.6. Available online at http://books.nap.edu/openbook.php?record_id=10995&page=6

¹⁰ *National Aids Strategy, A Call to Action.*

¹¹ *National Aids Strategy, A Call to Action.*

In thinking about prevention, we need to address high risk behavior by individuals, and we also need to change practices and social structures that exacerbate the epidemic in many ways, such as the high levels of incarceration of people of color who cycle in and out of prisons and jails and whose exposure to HIV/AIDS harms not only them, but also their partners, families, and communities.¹²

As we address the epidemic on an individual level, with prevention, early diagnoses, treatment, and continuing care, we must also address it as a community. This means collaborating to encourage and support better public schools and to address critical social issues, even some that might not seem to affect the epidemic. For example, a recent study of newly homeless youth found that 77 percent had been sexually active with a high risk of exposure to HIV. Any intervention on their behalf needs to help them find housing and social support.¹³

In the process, we must help get out the word that a diagnosis of HIV is not a death sentence and that many people are caring and responsive. This is not an assignment we can leave to the specialists. This is a job for the entire community. We need to focus on the problem, and we need to talk about it on the front page, among people in faith communities, in our educational institutions, and among ourselves. It can be as simple as finding the right moment to talk with our neighbors.

At Syracuse University we're talking with our students. Through our Center for Health and Behavior directed by Michael Carey, we're studying ways to reduce student risks of HIV infection, and students themselves have organized OrangeAID to work for HIV/AIDS awareness and education among their peers.

In the last few years, faculty members and dozens of students from two different colleges at SU have worked together to produce 13 very high quality public service announcements on HIV prevention. AIDS

¹² See Sandra D. Lane, Robert A. Rubenstein, Robert H. Keefe, Noah Webster, Donald A. Cibula, Alan Rosenthal, Jesse Dowdell, "Structural Violence and Racial Disparity in HIV Transmission," *Journal of Health Care for the Poor and Underserved* 15(2004)319-335.

¹³ M. Rosa Solario, Doreen Rosenthal, Norweeta G. Milburn, Robert E. Weiss, Philip J. Batterham, Marla Gandara, and Mary Jane Rotheram-Borus, "Predictors of Sexual Risk Behaviors Among Newly Homeless Youth: A Longitudinal Study," *Journal of Adolescent Health* 42 (2008)401.

Community Resources has aired these on two local stations and has used them in AIDS education programs. They have also been broadcast by other stations in the region.

As part of our vision of Scholarship in Action ---dynamic scholarship on critical social issues in collaboration with our communities---the Center for Health and Behavior is partnering with the Syracuse Model Neighborhood Facility on ways to reduce the risk of HIV among low income urban women. Through the Center, our faculty members have also worked with colleagues and patients at the Hutchings Psychiatric Center on risk reduction for patients living with a severe mental illness.

SU is collaborating with the University of Rochester, the Monroe County Health Department, and community-based organizations in a series of projects aimed at reducing the risk among young urban girls---those who are sexually active and those who are not---and among patients who attend publicly-funded clinics for sexually transmitted diseases.

In another project SU, led by Peter Venable, is collaborating with leading HIV researchers from five universities---Brown, Emory, Penn, Wayne State, and the University of South Carolina---to investigate the combined impact of a community-wide mass media campaign and a small group intervention on HIV risk behavior among African-American adolescents. The program includes collaborations with community partners. So far, more than 1600 youth have enrolled, including 400 in Syracuse.

To address issues confronting older and aging people living with HIV, Andrew London, chair of the Department of Sociology and co-director of our LGBT Studies Program, and Madonna Harrington Meyer are working through the SU Gerontology Center with the AIDS Community Research Initiative of New York City. This work includes a joint project with Gay Men's Health Crisis, the oldest AIDS Services agency in the country, to assess the care and needs of the agency's older clients.

In Central New York, in the United States, and around the world, we cannot turn away from HIV/AIDS.

Each of us can take a significant step in the right direction by acknowledging the problem and making a commitment to promote community awareness of the risks of infection and the effectiveness of

measures to prevent and treat it. If we do this, we can help to erase the stigma and discrimination that adds to the anguish of experiencing this illness.

We must urge our government and our new President to develop a National Aids Strategy, and, even in this difficult economy, commit ourselves to coordinating our resources and programs to prevent the spread of HIV/AIDS, facilitate its treatment, and work for a cure.