

Las Olvidadas: The Forgotten Ones, Latinas and HIV October 18, 2005

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LILLIAN RODRIGUEZ-LOPEZ: Once again, thank all of you for being with us today. This is our third annual commemoration of National Latino AIDS Awareness Day, and Dennis, who is always our co-convener and co-architect in National Latino AIDS Awareness Day, will talk a little bit more about the day. What I want to share with you is that, while we commemorate the day, it really is about creating awareness about the way HIV AIDS continues to decimate our community, the Latino community in this country. There are a lot of things that need to happen in this country in order for us to get the rates down among Latinos. Specifically, we have a great lack of treatment programs. That still continues. There continues to be a lack of prevention funding and, specifically, programs that target women, Latina women, and that target adolescents. Just to give you an example that Dennis shared at an earlier event last week, one-third of all Latinas with AIDS reside in the city of New York. New York City is the epicenter for AIDS among Latina women, and yet there are very few programs, very little funding that is targeted to this population. And so part of today's program is really to talk about a new report, *Las Olvidadas*. A report that we have the author with us today. Elsa Rios will be joined by other panelists to focus on why is this, why are Latina women invisible in the epidemic, and why are we invisible in the treatment of this epidemic? We need to do

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something about this. We don't want to continue to commemorate National Latino AIDS Awareness Day. We want to be able to commemorate other more important things in our community. And so I really want to thank Congressman Menendez and also Congresswoman Solis for all the work that they do on behalf of our community nationally because regardless of what area you represent, I know that you carry the interests and the hopes and an appreciation for the Latino community across the country, and all of your work benefits all of us across the country. And so any way that we can continue to support that and to see this disease eradicated in our community, you can count on the non-profit sector for that because we are your partners in meeting this challenge. [Statement in Spanish] and then, of course, we will be joined by the [inaudible].

DENNIS DELEON: Hello, my name is Dennis DeLeon and I'm the President of the Latino Commission on AIDS. Why is October 15th National Latino AIDS Awareness Day? It's the last day of Hispanic Heritage Month, and for us it's the first day in the struggle against HIV AIDS in the Latino community. People talk about awareness being so important, and it sounds kind of empty after a point, but when you realize that half to 60 to 70 percent depending upon the group you're talking about of Latinos do not know their status, do not know their HIV status, that, to me, explains why we have National Latino AIDS Awareness Day.

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We have this year over 40 states and 328 cities around the country that are having events, that had them last week and will have them this week. These events offer testing. They offer health fairs. They offer religious services, cultural festivities. They offer serious panel discussions. In Los Angeles they're having an important discussion about what's happening to Ryan White and the possible impact on the Latino community, which will be huge by the way if the current plans for re-authorization as defined by HHS go through, which California alone will lose \$12 million and Florida several million, Texas several million. In short, our lives are on the line. The programs that keep us alive if we're infected are on the line right now. And it's leaders like Congresswoman Solis and Congressman Menendez that we're banking on to carry this struggle forward.

Congresswoman Solis this year for the first time introduced a resolution on the floor of the house declaring October 15th National Latino AIDS Awareness Day. We all felt so proud, but it was so typical of her initiative and her foresight to take action almost before anybody else, and we want to thank you very much for doing that. [Applause] And she did another very important thing. She called for the re-authorization of Ryan White on behalf of the Congressional Hispanic Caucus and that was also a very important message. So in short, today is about awareness, and we hope that everybody

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realizes that you never know you're HIV negative unless you get tested. You can never assume, and especially among women. Women do not see themselves as a risk group. Women do not see themselves as being at risk. Women, in a sense, find out they're infected when they come down with HIV, with an AIDS-defining condition. So that is a group that we hope to reach today. Now, I'm going to turn it back to Lillian.

LILLIAN RODRIGUEZ-LOPEZ: It's my pleasure to introduce Congressman Robert Menendez representing the 13th District of New Jersey. Thank you so much. [Applause]

CONGRESSMAN ROBERT MENENDEZ: Thank you, Lillian, for your invitation, and I wish you were the appointing authority, but in any event I'm very happy to be here with the Hispanic Federation, with Dennis who does a tremendous job in the advocacy for our community across the landscape of the country, and with my colleague, Congresswoman Solis, who is the chair of the Congressional Hispanic Caucus health brain trust in recognizing the Third Annual National Latino Awareness Day, and particularly the release of the Hispanic Federation's report *Las Olvidadas: The Forgotten Ones, Latinas and the HIV AIDS Epidemic*. And I want to particularly just take a moment to congratulate the Federation. This is not the first time or the first issue in their advocacy for Latinos certainly in the northeast and for that fact throughout the country and,

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Lillian, we appreciate your continuing work on all of these efforts to inform, educate and motivate [skip].

For me, we're here to ultimately make a commitment to eliminating a devastating disease, to preventing it more effectively, to educating people about how we achieve greater successes by a process that ultimately ensures that more people protect themselves from the transmission of the disease and also to demand more for those who are living with the disease. And this hits home because back in New Jersey many of my constituents of all races and ethnicities have been impacted by this terrible disease. As a matter of fact, at one time it was so stigmatized, and now especially in the cultural context of our community as well, which has another whole dimension to the fact, but now we all understand that these are about our sons and daughters, husbands and wives, brothers and sisters, our neighbors. About half of all the Latinos in New Jersey, according to a recent survey, know someone who has been diagnosed with AIDS, infected with the virus or who have lost someone they love. So we are suffering disproportionately. Many are uninsured and unable to access adequate health care. They face additional obstacles from simple things that some of us might not think about like transportation to get to a place that they could get health care, the language and cultural barriers or the fear of being stigmatized. In my home state, Latinos make up 7,000 of the 32,000 HIV AIDS cases in New

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Jersey. With numbers like this in some of our most vulnerable communities, we simply can't afford to be complacent. And, as someone who has been a long-term supporter of the Ryan White Bill, but I want to see a Ryan White re-authorization that is robust, that is fair, and that recognizes within the overall population the challenges that some specific populations have as well, such as the Latinas we are talking about here, and that's what our advocacy will be. Certainly as a chairman of the House Democratic Caucus we're going to introduce increasingly to our caucus as we get closer and closer to the concept of reauthorization what are some of these major issues so all of our members can be proselytized to this view.

But I want to applaud the Federation for giving attention and focusing most specifically on *Los Olvidadas* which shows how Latinas are impacted by HIV AIDS. Over the past then years, the number of Latinas with HIV AIDS has increased by 53 percent, and that is simply not acceptable. With all of the work we've done to increase awareness and prevention and treatment of the devastating disease, there's no way we can stand by and watch these numbers continue to climb and head in the wrong direction.

Now, this isn't a new disease. We know how it is spread; we know how it is contracted; and we know how devastating it can be. So it's time to take action and to learn lessons from the report, and in this respect I view all

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of us as having a role from community-based organizations to community leaders to elected officials. I see all of us having a role. When Latinas represent 15 percent of all women of reproductive age, yet they now account for 21 percent of all AIDS deaths among women, then we know that we have a serious challenge. For the nation it is a serious challenge. In the next 15 years about 25 percent of all of the nation's school children will be children of Hispanic descent. They will largely have come from mothers of Hispanic descent, and so the question of how well their health is and whether or not they ultimately are infected by the disease through their mothers is an incredibly important issue. So as the Federation report points out, there are significant social and cultural barriers that leave Latinas uninformed about HIV. As a result, they are more likely to be unaware that they even have HIV and are diagnosed in the late stages of the disease, and I'll close on that note. And on this whole issue of stigmatization, I have this lady who I will not name, obviously, but who in an advocacy group on HIV AIDS from New Jersey came to see me in my office. I've known her for a long time, and she walked in for the first time into my office, and I looked at her and I said, "So you're here with this group and advocacy?" And she said, "Yes." And so I said, "Well, I didn't know." And she said, "I didn't know either. When I knew, I felt embarrassed to do anything or to tell anyone." And finally, she got involved

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with a support group, and that support group now makes her a major advocate. And when we talked about it, it was--She's a Latina woman coming from a very strong Latina community, and so the challenges were magnified to her in addition to the challenges that everyone has who faces HIV AIDS. So we need to work as a society and as a community to overcome that, but we also need the federal government to have a much more robust role in making sure that all people can meet this challenge, that we can do a better job on prevention, and that we can treat those who have the disease, and who we've seen can live a life, a fulfilled life, and with dignity but to ensure that they can do that. [Statement in Spanish] Thank you very much.

LILLIAN RODRIGUEZ-LOPEZ: Thank you, Congressman Menendez, for all those important words. He walked out so I can say that I made a slight switch in the schedule because I believe in age before beauty, but he walked out so he won't know that I said that about him. [Laughter] Wasn't that slick? But I'm sure there are staffers here who will report that to him.

This is such a pleasure. Hilda Solis, Congresswoman Solis, has served three terms and she has been such an amazing champion and so dynamic and so tireless in her work for the Latina community and the Latino community. And I have to say this to you. When you come up to the hill and you have to talk to people and advocate on issues that are so important for our

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community, people always say, "Have you spoken to Congresswoman Solis about this?" It does not matter that she's on the West Coast and we're on the East Coast because we are of one mind, and I want to thank you from the bottom of my heart sincerely for championing so many issues for us. And I don't believe in any of that genetic mumbo-jumbo, but trust me, if we could clone you and have more Congresswoman Solises running around speaking and addressing and funneling resources to our community, I would definitely vote for that in this country. So having said all that, thank you for being with us. I wanted you to be our final speaker before we go into our panel because there's going to be a lot of questions, and I think you can respond to them. Thank you so much.

REP. HILDA SOLIS: Thank you, and I just want to tell you how pleased I am to be here with you this morning. It's been a while since I've been in this room. I think the last time I was here was on the occasion of a discussion regarding minority issues and HIV and AIDS, and that issue has just become more increasingly an important part I think of the congress and of our life up here. And I've now served, this is going on my third term, so it's my fifth year and, believe me, serving as the chair of the task force, a health committee for the congressional Hispanic caucus has been a great responsibility, a great responsibility. I am not a health care professional per se. I am not an attorney, but I can tell you

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that I am very, very concerned about the health care needs of our community when it comes to what I call discriminatory and disparate treatment of minorities, and in this case Latinas alarmingly are the fastest-growing segment of HIV and AIDS cases. And I saw this material, statistics, I think back almost three, four years ago and I became alarmed then, and I'm even more upset now with the fact that we've not done enough to educate members of congress and the bureaucrats in HHS and CDC and all the other agencies that could leverage support to begin to do more research on this issue area. This last week I was in East L.A. in my district and celebrated with a group called BienEstar, and a coalition, AltaMed, and different groups that are advocating on a local level with the L.A. county office of AIDS, the L.A. city office of AIDS, and other advocates to begin to talk about how real this issue is for us. It's no longer a detached disease. It affects a different population that looks demographically different from us. Almost ten years ago you could picture what that group--we knew what that group looked like. Now this group is increasingly younger, and it is becoming more minority, whether it's African American, or today the subject is Latinas, that number has grown exponentially. I cannot believe the numbers that we are seeing reported, and the fact that so many Latinas are undetected even as we speak right now. This is something that is, in my belief, still a cultural bias. There are cultural barriers that exist within our own

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community. I hear it all the time. [Statement in Spanish]
People don't even substantiate the facts. They're in denial,
and we have to go much farther than that. We need to help to
reauthorize the Ryan White Care Act, and we need to make sure
that this administration doesn't get away with reformulating
the application of those funds. [Applause]

And I have been saying this for a long time, and I'm
glad that Congressman Menendez--and I know that other members
of the house, as well as the senate are very concerned about
this issue. There's a lot of lip service that's been given to
this issue in the last five years, and all I can tell you is
flat funding does not take care of the problem. Capping
programs that have done a good job or are beginning to do a
good job in researching and identifying this population through
non-traditional means is vitally important to the survival of
our community, to the survival of Latinas because this is the
segment that is most affected. And I can tell you that, to me,
and I hate to use this word, but my opinions are mine. I
almost see it as a genocide where you are allowing this
population to go undetected, to continue in their lifestyle not
knowing what preventive tools are available to them, what
medications are available to them, and what potential help they
can get. To me, that is undeniable. We cannot allow for that
to happen, and I am very alarmed to know that in the last few
years more than 80,000 Latinos are infected with AIDS, and over

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92,000 Latinos have died. Why have we not seen this come up in the *U.S. News and World Report* and the *Washington Post* or the *New York Times* or the *L.A. Times*? Why is it that somehow the largest minority population now in the country still remains invisible and even more so when you talk about Latinas, and Latinas are at the bottom of just about every level whether it's poverty, socioeconomic, and representation in our country. We are it. And in this room what I see here, the reality is not what is happening outside, and we need to change that. We need to change that paradox that exists there. We need to make sure that we do secure funding, that we get people in this capital more involved with this discussion to understand that it isn't enough just to say, "Yes. Let's go on with the traditional funding of these programs because we know that medications are where it's at." No. It has to be balanced, and it has to be a new form of funding and services that go to non-traditional communities. And many in my community, for example, and I was told over and over again by many providers in my own district, many Latinas and Latinos will not go to a hospital. They even fear going to a clinic because they believe if they have an immigration problem, that they will somehow be reported and deported. That means taken out of the country, and these are very real issues for our community, and one that you do not read in text that's provided by our government. Reality is that has to change, and the best way to

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do it is by employing those people and skills that know what's happening on the ground at the grassroots level, and that has to happen. We have to secure that that funding occurs. I am not of the opinion that we should rush through with legislation before the end of the year with respect to the Ryan White Act because I believe it will be a big disservice. I think we have to do a big education campaign not only in the hill but also back at our home, in our communities, just as I attended an event last week. I hope that we can mimic that in every state because every state has, I believe, a congruence or a population that's growing of Latinos whether they're compasinos, whether they are people who are working in the service industry, in the hotel industry, that's our population, and there is a need there to provide prevention, to provide education, and all the resources that we can to combat this illness because by no way should it be increasing in our communities right, and we can change that tide by making a difference. And I hope all of you will join with us in that effort.

I was very pleased when asked to introduce a resolution before we went on break to commemorate Latino AIDS awareness, and it's sad that we even have to do that. It really is because it's very painful. I know of many people in my community who have lost loved ones, men, women, and know that even their young children are now infected. In fact, one of

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the stories I heard in East Los Angeles was from a young woman, an immigrant woman, who doesn't even speak English. [Statement in Spanish] So I'm hopeful that stories like that are stories that we can tell to other people on the hill and bureaucrats and inform them about the need to make changes with respect to this issue. And the Ryan White Act--it has to evolve, it has to change, it has to demonstrate also that it's flexible, that laws can be flexible and encompass the diversity of this enfermedad because that's what's happened in the last ten years, and I really believe that we need to make sure that the government is more responsive, that we provide more funding for more research, that we get more pharmaceuticals to help us come up with better research that is low cost in whatever form because right now the prohibitive costs of many of the medicines I think are the biggest killers for our community. As it is, the last resort for us is the Ryan White Act. That is the safety net for our community. Our people, for example, know that they'll lose their job, or they don't have health care to begin with. Many in the population, I would say a greater percentage, maybe 70 percent, have no form of health care insurance, and in California there's a big discussion about reporting by name who those patients are. And we have in the past said, "No. You can use a code number and that's sufficient." But you know the federal government says that's not good enough. We actually want to know who you are. If we

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can explain that to our community, that will help unleash millions and millions of dollars for California, and I know that in my community people are much more, how could I say, preoccupied with the fact that they know if they don't get any health care they're going to die. They are going to die. So putting their name on something, su nombre, isn't going to create a problem for them, and that's something that I think we at the grassroots level have to bring up and educate other programs about this, about how our culture sees this issue and what it means to them because in most cases they are at the bottom. They have no where else to go. And right now with health care being what it is, so few, 45 million people without any form of health care insurance and a good number of them are Latinos to begin with, we start out behind. So we have a lot of catching up to do. And I would just ask that all of you continue your good work, help to empower us as members of the house to have the tools, the education, and the material that's unique to the different regions of the country so that we can share that with other members of congress and in the senate. And that's how we're going to make changes when we reauthorize the Ryan White Act, the care act, and when we talk about who is going to be the focus communities of interest that we can target funds for, for outreach, literature, campaigns to make sure that we leave no, no child, no community behind. And with that I would just end and say thank you. And to all the

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panelists that are going to be speaking later today, I want to pay tribute to you because you are the warriors that are helping us in our community. Muchas gracias.

LILLIAN RODRIGUEZ-LOPEZ: Gracias. [Statement in Spanish] We are invisible, so [Statement in Spanish]. We don't now give a personal face to this disease. [Statement in Spanish] It is not a hopeless fight. I'm going to switch into English because I'm so much more dominant in English. It is not a hopeless fight. I want to thank the congressman for reminding us that this disease has a personal face, and that's what we forget in the Capitol and in these great buildings, these revered buildings, that the things that affect our community, it's people. And what I shared in Spanish was actual cousins who passed away with the disease. One was 29 and one was 33, and the 33 year old did give it to his wife, and she's HIV-positive and also gave it to one of their four children, and so they live with the disease. And because it is such a devastating disease and creates so many other health problems she also got breast cancer. And so this is a family that has been devastated by this disease, and if we remember that this is about human lives--it's about our brothers, our sisters, our cousins, our parents, our children--then we would put the right amount of funding and resources into addressing the disease in our community.

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So I want to thank you all for being with us today. We still have the congresswoman I believe for a few more minutes, and we also have Dennis. If you have any questions, we would love to entertain them right now, and if not, we will go right into our panel. There is a HIV AIDS, a public testing, that's being done by La Comunidad del Pueblo right next door, and so if anyone would like to avail themselves of that, they can. It does require counseling prior to the administration of the test so the test is very quick, but they do need to talk to you a bit before they administer the test. But it is effortless, and we would encourage all of you to be tested because it really just takes perhaps one minute, Dennis, if that? Five or six minutes, so please save a life. It may be your own. Thank you so much. [Applause]

DENNIS DELEON: I just wanted to remind everybody, we talk about HIV at risk. Gay men are at risk, drug users, people who use drugs are at risk. Latinas do not feel at risk. In fact, the very term "at risk" is stigmatizing in itself for Latinas. And so as you're about to hear this discussion and hear the results of the study conducted by one of my favorite researchers, Elsa Rios, you're going to hear about stigma. You're going to hear about the role of stigma in health care decisions because stigma, and stigma and testing are the two things that we hope National Latino AIDS Awareness Day at the

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very least, at the very least, has a role in addressing. So, our panel? What, questions?

LILLIAN RODRIGUEZ-LOPEZ: Preguntas? [Inaudible] up a storm. (Applause) Gracias. Thank you.

It's still the morning, so I want to thank all of you for staying with us this afternoon as we continue with our program. We have a panel discussion talking about *Las Olvidadas*, but specifically about the HIV AIDS epidemic and how it's affecting Latinas in our community. We're joined today by three panelists, and I thought that what I would do is introduce all three of you and then we'd kind of have an order of how you will be addressing the group. We have a small but important group that is still with us, and I believe that you don't have to have a lot of people to affect change or to inform a process or inform a community.

So I want to start with our first panelist who is Elsa Rios. Elsa's the president of Community Impact Consulting with a capacity-building firm specializing in developing innovative strategies and solutions for non profits. She is the author of today's report, *Las Olvidadas: The Forgotten Ones* and has also written several other policy reports for Latino organizations including *Good Intentions are Not Enough*, which addresses the issue of the health crisis facing the Latino community, and she also has many, many years of experience in the field of HIV AIDS. I first met Elsa when she was an executive director of a

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non-profit called the "HIV Law Project" where she did fabulous, fabulous work for the organization and for our community. There's a much longer bio in the back here. They're very impressive, an additional impressive part of her history. So you guys can visit that.

We're also joined by Jeanette Beltran. Jeanette is the national director of special programs for the National Latina Health Network. She's an authority on community health promotion issues and an advocate for women and youth issues, and she has over 12 years experience in the health and human services field. A much sought actor, national leader and trainer for national associations, government, non-governmental agencies, and she's developed and implemented prevention and education programs targeted to women and youth in the areas of substance abuse, tobacco control--another important issue--chronic disease, mental health, domestic violence, and HIV AIDS. And I want to thank you for joining us today, Jeanette.

And our third panelist is Shelly Davis. Thank you, Shelly. For 15 years Shelly has been an advocate for migrant and seasonal farmworkers including working with the Migrant Legal Action Program, the Political Rights Defense Fund, and the Legal Assistance Foundation of Chicago. Since May 1996 she has been the deputy director of the Farmworker Justice Fund, a national advocacy and education organization based in

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Washington, D.C. whose mission is to empower farm workers to improve their living and working conditions.

So I want to thank all of you for being with us this morning on this important day. I want to promise you that when we work on an issue at the Hispanic Federation, we stick with that issue, and so we'll be looking for further collaborations going forward into the future to really have an impact on changing what's happening in our community and also making sure that many, many people are aware of this report and of this program and how we have to work together to address it. So I want to first bring up our first panelist which is - Is it Dr. Elsa Rios? Okay. I just want to make I don't make that mistake, Elsa.

ELSA RIOS, J.D., M.S.W.: Thank you, Lillian. I want to first thank the Hispanic Federation. It's always a joy to work with the Hispanic Federation. They take on the real issues. They're committed to them. They build the capacity of the organizations to be able to address HIV AIDS among the many other issues. And the leadership role that they play within the Latino community I just want to say from the bottom of my heart is very much appreciated, and I definitely always enjoy working with José in particular, who is always behind the scenes, but he does tremendous. He doesn't give himself enough credit. I want to thank him for all the work that he's done

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with the coalition that the Hispanic Federation fosters Latinos Unidos Contra El Sida.

My job today is to give you a very, very, very brief overview of the report, what's in it, why it's important. *Las Olvidadas* is essentially a call to action. I want to be very clear about this. It's not solely a document that is intended to list the multiple problems that exist in terms of HIV prevention services for Latinas, but it has more than 30 recommendations at the end. Very concrete, specific recommendations that can be taken into action. So I encourage all of you to look at those recommendations and see which ones fit your community and how you can move them forward. The document was developed based on the experiences, although it has many national statistics, it is based on the experiences of Latinos in New York, but as you know, for the Latino community New York is the epicenter of the AIDS epidemic, and we have been struggling with these issues for many, many years, and I believe that many of the suggestions, not all, but many of the recommendations and suggestions that are presented are applicable to other communities and can, if not directly applicable, they can be adapted in many cases to fit the needs of different populations and different communities.

So we start with this idea that this is a call to action, and why is this call to action so important? It's important because Latinas have been ignored, overlooked, and

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underserved, and the price of that neglect has resulted in the unacceptable loss of many Latina lives and incalculable suffering of Latino families and communities. So that's the context in which we present this report. As I said, the reporter offers 30 recommendations, and they pretty much center around HIV prevention and access to services and also around the need to develop innovative, cultural confident models of service delivery in particular and the need to develop Latina leadership. So that it is Latinas who are affected by this epidemic who are meeting with the policy makers and working to advocate for those programs, those services that directly meet their needs.

So what do we know about Latinas and the HIV epidemic? You've actually heard quite a bit of statistics. I'm sorry about that, but I'm going to give you a few more. As of 2002, Latinas accounted for 23 percent of the AIDS cases among Latinos. Latinas account for more than 20 percent of all AIDS deaths among women, okay? Latinas are six times more likely to be living with AIDS than white women, and as you heard earlier, in certain urban areas, for example, the numbers are even more staggering. For example, in New York City Latinas account for 33 percent, 33 percent of the cumulative AIDS cases among women. That's completely unacceptable. According to a survey conducted by the Kaiser Family Foundation, 65 percent of Latinas reported AIDS to be an urgent problem facing the

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nation. So we know, Latinas know that AIDS is an issue that is affecting their community as well as the larger U.S. population, but there have been hardly any resources specifically dedicated to addressing the problem for Latinas. In fact, in New York where we just said that 33 percent of cumulative AIDS cases among women are Latinas, there are only a handful, and I'm talking about less than five, programs that I could identify that carry a Latina-centered model of service delivery. Again, completely unacceptable.

So why should we invest in programs for Latinas? Why is it that we need to develop programs that are specifically targeted to Latinas in terms of HIV prevention and services. Essentially because the health and well-being of this nation is inextricably linked to the future of Latinas. By the year 2050, one out of every four women in the United States will be a Latina. That's around the corner, okay? From a service delivery trends perspective, that is truly around the corner, and we really need to take that into account. And Latinas will continue to play a vital role in the economic and social well-being of this country. They are the workers. They are the ones that are raising these families. We need to invest in their well-being.

The report identifies major problems in the areas of HIV prevention and services that will need to be addressed, and looking at the issue of HIV prevention, what we find is that

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[skip] very large gaps in HIV knowledge within the Latina [skip] and five showed that among Latino [skip] and area seriously affected by HIV AIDS, 25 percent of respondents did not know that HIV could be transmitted through heterosexual intercourse, and 57 percent were unaware that HIV could be transmitted through oral sex. We also know that Latinas are having a harder time negotiating safer sex with their partners, okay? Until we look at this issue very seriously and develop models that fit the lives of Latinas, we will continue to have this problem. We have to address the issue of how to teach Latinas to negotiate safer sex. If we don't do that, the numbers will continue to rise.

Studies indicate that women are less likely than men to inquire about a partner's sexual or drug use history. Huh, no kidding, right? Among Latinas studies indicate that 30 percent of Puerto Rican women and 19 percent of Mexican women report that partners used a condom for disease protection all of the time - just 30 of Puerto Rican women, just 20 percent of Mexican women. That's not enough. A third of Latina college students, which you would think, right, are the most assertive, the most in charge of their lives, they're going to college, etc. A third of Latina college students reported having unprotected sex due to their partner's influence. These findings illustrate the need to develop culturally sensitive HIV education and empowerment focus programs that help Latinas

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develop the skills and strategies necessary to negotiate safer sex. Again, until we do this, the numbers are not going to change significantly.

When we look at the health care system, we also find that Latinas are falling between the cracks. Latinas are not perceived to be at risk of HIV. You heard that already, and health providers miss many, many opportunities to conduct HIV education and testing. For example, a study conducted by the Kaiser Family Foundation reported 51 percent of sexually active Latinas did not receive HIV counseling at their last GYN visit. Only 33 percent of Latinas reported ever having talked--ever, ever having talked--to a health provider about HIV AIDS. Even fewer, 22 percent, reported ever having discussed HIV testing with a provider. It's very serious. Not surprising, Latinas are testing at later stages of HIV disease progression. In fact, this is very serious. Forty-four percent of Latinas testing for HIV the first time, okay, were immediately diagnosed with AIDS or received an AIDS diagnosis within just a year. Again, as you all know, the later that you test the less opportunity you have to have the medications function and to preserve your immune system. So it's a very, very serious problem to have Latinas testing so late in the process of HIV disease.

Also, compounding all these problems of the inability to negotiate safer sex, testing late in the process, we also

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see that Latinas are experiencing very significant access to care barriers. One study showed that 31 percent of Latinas testing HIV delayed seeking care for three months or longer after having been tested due to issues of fear, anxiety, depression and, essentially, it really suggests that we are not doing enough to link women to care immediately. There are not sufficient linkage programs that allow women to go from testing, finding out their status, to a seamless transition into care. So that's a very serious problem.

And compounding that problem is also that women generally, Latinas generally, have very limited access to care to have these conversations with their doctors, to find out their status, to be able to access treatment. Thirty-seven percent of Latinas are uninsured, and their ability to pay for care is very significantly diminished as well. Latinos right now earn fifty cents for every dollar earned by a white male. Fifty cents to a dollar, okay? Therefore, linking Latinos to Ryan White care programs is critically important, and you've heard about some of those issues.

So what do we need to be successful at developing Latina-centered HIV prevention and service models? It's not rocket science. We know what it is. We just need the funding to make it happen. We need to develop programs that are culturally confident, linguistically accessible. We need to address the very immediate needs that women face. For example,

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programs that are serving Latinas need to include child care. They need to include respite services so that women have a chance to have a break and do some self care. We know that programs need to attend to basic survival needs of Latinas. For example, they need to address the issues of immigration and the issues of self-sufficiency. And that's particularly important because we know, for example, that two-thirds of women living with HIV have incomes of less than \$10,000 per year, less than \$10,000 per year.

We also need to make sure that programs are tailored to the very specific needs of Latinas subpopulations. One of the things that this report does is look at - We can't treat all Latinas the same. There are subpopulations that have very specific needs, and so I encourage you to look at the report because it addresses not all but many of the subpopulations affected. So for example, it looks at adolescence and young women. It looks at the elderly which account for 20 percent of new AIDS cases within the Latino community. It looks at immigrant women, undocumented women, incarcerated women, sex workers that we hardly ever talk about, okay, among other populations.

We need to also invest in developing--and I'm glad Shelly is here--because we need to invest in developing more pure [inaudible] models. Models that really are driven by women who have the direct experiences to know how to help other

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women. We also need to do far more research around Latina issues in particular. There is just not enough research that has been done to identify what modalities would be most effective for Latinas. And, finally, I think the most important thing is that we have to invest in Latina leadership development. There are not enough Latinas at those policy-making tables, and without their presence there, they are not going to have the ability to impact policies, funding, to influence the opinions of movers and shakers and policy makers. So I will leave you with that right now. [Applause]

JEANETTE BELTRAN: Thank you, Congressman Menendez and Congresswoman Solis. Before I begin with the focus of my presentation, I would like to provide you with a brief snapshot of the National Latina Health Network rates and statistics regarding the HIV epidemic and Latinas as well as provide some findings from our recent regional health symposia. The National Latina Health network is a national non-profit organization that was established to respond to the critical health issues affecting Latinas and their families nationwide. The National Latina Health Network does this by developing and supporting Latina health networks, building local and national health partnerships to enhance the quality of life for Hispanics and enabling Latinas to have a collective voice that is heard and considered and makes a difference as Elsa was stated earlier that this was necessary here in our nation's

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capital, and finally by promoting Hispanic culture and family values to advance health policies and services for Hispanic health outcomes.

From the beginning, the National Latina Health Network's focus has been dedicated to empowering Latinas who are the gatekeepers of their family's health. The National Latina Health Network focuses on critical Hispanic health issues of diabetes, cancer, particularly breast and cervical cancer, HIV AIDS, reproductive health, hypertension, access to treatment and care, and other family health issues such as alcohol and substance abuse. The National Latina Health Network has a longstanding history of working with providers and community agencies in each of our respective regions that serve and have access to Latino women, families and consumers.

Elsa did touch on statistics, so I'm just going to give you very few. I had about three slides. I hope each and every one of you did have an opportunity to receive the actual presentation. If not, Raquel will be more than happy to provide that with you. In 2003 Latinas accounted for a greater proportion of new AIDS cases among Latinos, overall 22 percent, than white women did among all whites, 14 percent. In 2003 Latinas accounted for 16 percent of new AIDS cases. For Latinas the most common form of transmission, 71 percent, is through heterosexual sex. This includes men having sex with men, and men having sex with women.

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The National Regional Health Symposia's were held in five U.S. cities and reflect a broad base and diverse constituency base and captured a diversity of the Latino community. These regional symposia's were conducted in Miami, Florida, for the southeast region; the northeast region in Princeton, New Jersey; the southwest region in Houston, Texas; the midwest region in Chicago, Illinois; and the western regional in Los Angeles, California. The primary goal of the regional symposia was to bring together a broad base of Latina leaders to discuss the status of Latina care and services in each of their respective regions and to advance a more comprehensive and sound health care policies that focuses on the practices that are making a meaningful contribution to the nation's health.

The symposia were built around four public policy roundtables on prevention, education, care and treatment, research, and legal and ethical issues with the access issue integrated into all of the health priority roundtable discussions. Health priorities focus on cancer, cardiovascular, diabetes, HIV AIDS, mental health, and substance and tobacco use. The regional meeting approach provided a system for identifying training and engaging a network of Latina leaders throughout the country to build and strengthen constituency leadership, form community partnerships, formulate national policy and program agenda for serving Latino families. The

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outcomes from the actual report are regional report outlining policy impact affecting prevention, medical and treatment services, legal and ethical issues and research and evaluation is currently being drafted and will be disseminated in the fall of '06 at the National Latina Health Network summit. It is our hope that the benefits to community around access issues, outreach and promotion, programs, services will be developed or enhanced as local communities.

These are preliminary findings, and they are not policy recommendations as of yet. I did say these are very preliminary. There was a strong consensus among the regions regarding steps that must be taken nationally to prevent the AIDS pandemic from escalating among Latinas. Here are a few of the findings. Prevention dollars were inadequate. HIV prevention education in schools is still not aggressively pursued. Health data for planning, program development and service delivery is limited. Treatment and care are woefully inadequate for Hispanics. Increase of children who are often displaced by the epidemic, and the lack of Latinos who are participating in clinical and research trials. While we applaud recent advances, much work still needs to be done in the area of HIV AIDS and really to put a face to the epidemic.

On behalf of the National Latina Health Network I would like to take this opportunity to thank Congresswoman Solis, Congressman Menendez, and we join the Hispanic Federation in

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the Farmworkers Justice Fund in bringing the issue of Latina women and HIV to the forefront. Thank you.

SHELLY DAVIS: Good morning. My name is Shelly Davis, and I want to thank the Federation and all who organized this wonderful event.

I'm going to focus my remarks on Latina farmworker women who live, generally speaking, in remote, isolated rural areas in the United States. And I want to start with a story related to work of our own organization. The Farmworker Justice Fund partners with community-based organizations in six states around the country to develop Promotores de Salud programs, which are peer education programs where we take folks from the community who have shown leadership potential and train them to become HIV AIDS educators in their community to reach out to folks wherever they live and work.

Well, we have a program right now we just started about a year ago in Walla Walla, Washington, which is southeastern Washington state, and we trained the initial group of ten promotores, and they began doing their work and doing education and referring for testing. And amongst the folks that they referred for testing, four Latina women married to farmworkers, married to migrant workers tested positive. And of these four women, one was over 70 years old, and all four of them were completely taken by surprise. They did not know they were at risk and did not really have the skills to protect themselves.

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So just on an individual level, a lot of the themes that we've been talking about all morning are brought to bear on these four cases.

I want to briefly talk about, give you a sense of who the farmworker population is in the United States, what the seroprevalence and risk factors amongst migrant workers is, and then talk a little bit about our promotores programs. There are 2.5 million migrant and seasonal farmworkers in the United States of which 21 percent are women, so a little over 500,000. There are also 1.7 million dependents of migrant workers, so many Latinas are married to farmworkers, and 83 percent of migrant and seasonal farmworkers are Latino. Another growing segment, just to give you a sense of the diversity and challenges involved in working with farmworkers, is that a growing population are indigenous workers from Mexico or Guatemala who speak pre-Columbian languages like Mixtec, Trique Zapotec. So in other words, they come to this country speaking little or no Spanish or English with their own cultural customs and even less aware of the HIV epidemic.

Migrant workers are poor and lack access to health care. The median income is between \$10,000 and \$12,000. To give you an idea on the health care front, 7 percent of migrant and seasonal farmworkers get employer-provided health care. That's it. Only about 15 percent are treated by community migrant health centers and less than 20 percent receive

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Medicaid. In other words, the majority of farmworkers are left to their own resources to get any medical care, much less preventive care, and that's another theme that has come up this morning and is really more true in rural areas. There's a lack of culturally appropriate, linguistically appropriate preventive health care especially around HIV, and much less does it target Latinas who, as many of us have said already, are not viewed as the community at risk even though the reality is that they are at risk.

Looking at the seroprevalence rate, the National Commission to Prevent Infant Mortality estimates that farmworkers have a rate of HIV which is ten times higher than the U.S. national average, approximately 5 percent of migrant and seasonal farmworkers. The CDC doesn't keep statistics by occupational group, but from a handful of studies that have been done focusing on migrant workers we see alarming results. One study in North Carolina showed a seroprevalence rate of 2.5 percent. A study in Florida showed a rate of 5 percent, and a study in South Carolina showed nearly 13 percent of migrant workers were HIV positive.

And this problem is bi-national because many farmworker wives and partners are still back in Mexico. And studies done in Michoacan, Mexico, which is a community that sends a lot of workers to the United States, found that a third of the folks who are HIV positive there had worked in the United States.

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And in Mexico heterosexual transmission has become the leading cause of HIV, 57 percent. They're just like Latinas living here in rural areas are taken by surprise when they become HIV positive, so this occurs in Mexico.

What are the risk factors? A number of these have already been talked about. The lack of knowledge of HIV risk and transmission, the lack of skills to negotiate condom use, the influences of culture and religion that keep Latinas from discussing sexual matters with their partners, the fact that for many in the farmworker community if a woman suggests to her partner that they should use a condom, that's taken as a suggestion of infidelity, and it might land that woman as a victim of domestic violence or being thrown out of the house. Machismo and marianismo, which leads to male dominance and female submissiveness, that farmworker women don't know that when their husbands migrate for four to six months out of the year that they may have sex with sex workers or sex with other men or inject drugs and, hence, that the women themselves are at risk.

So what are we doing about it? As I mentioned earlier, the Farmworker Justice Fund has since 1998 a promotores program where we try to develop leadership in the community of migrant men, women and youth so that they can take this HIV message in a culturally appropriate and acceptable way to their peers, and this has proved incredibly successful. Migrant women for the

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first time have become members of community planning groups. They've written their own plays. They've created photo novellas. They've become speakers at conferences. All this shows tremendous leadership advances for folks who have very limited formal education, comes to the United States not speaking any English. So these programs are a cost-effective way to bring an important health message to the community that's otherwise forgotten. In the seven years that we've done this program, we've reached over 50,000 farmworker men and women. So these programs can be very successful.

Prevention as they say is worth a pound of cure, and that's the way to defeat this epidemic. So we urge greater funding for prevention efforts amongst Latinas in rural areas. Thank you.

LILLIAN RODRIGUEZ-LOPEZ: I want to thank Elsa, Jeanette and Shelly for all of those fascinating presentations, for that information. I think one of the most striking statistics that has stuck with me, Elsa, is that you said 66 percent of HIV positive women are living with annual incomes of \$10,000 or less, and I think it was also reinforced by some of our other panelists. When you look at the number as of 2002, which was the last time we really had a reliable number, and it can have increased, you're looking at 91,000 women as of a 2002 stat living in abject poverty given their status. So when we think about things like the devastation caused Katrina,

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and we think about the devastation caused by HIV AIDS - What are some of the programs and supports that need to be put in place to really assist these women and their families? Would you talk a little about that in terms of some of the recommendations and some other things you're seeing? Because that goes beyond just their positive status. There are some other things that are very, very wrong in this country as it relates to women in general and, specifically, Latina women.

ELSA RIOS, J.D., M.S.W.: Well, I think, specifically, we look at HIV.

LILLIAN RODRIGUEZ-LOPEZ: Yes.

ELSA RIOS, J.D., M.S.W.: I think what you're raising, Lillian, is the issue of intersectionality. Any program that attempts to provide HIV prevention or health services for Latinas needs to utilize an intersectionality model. It needs to look at all the various forms of oppression that impact Latinas. When you serve a Latina, you're not just serving somebody with HIV. This person comes with a history, with a set of experiences, is encountering numerous barriers that may be related to HIV or may not, so issues of poverty, issues of low literacy, issues of unemployment or underemployment or exploitation on the job which occurs, sexual harassment and exploitation of different sorts, unstable housing, lack of access to health care. What happens often times with HIV programs is more and more HIV programs have been under the gun

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in terms of funding, and everybody says they serve everybody, right, Dennis? But they don't, they really don't. And that's why, if you leave with anything leave with the idea of Latina-centered HIV prevention and service models. That is the crux of this, that a "one size fits all" is not working. That's why Latinas still do not think that they are at risk. That's why those that are positive are having such a hard time finding services that fit their needs, that fit their reality. What we need are Latino programs that will take on this issue and that will develop Latina-centered programs, that look at Latinas as caregivers, as parents, that will address the things that I mentioned like if you don't have childcare, that Latina's not going to go to that program. If you're trying to develop adolescent services or Latina HIV adolescent services and you're not spending most of your time figuring out what are the best strategies to teach safer sex, it's not going to be an effective model. And to deal with safer sex you have to deal with all the self-esteem issues and the negotiation issues. So it is a much more holistic approach to delivering services.

Also, the issue of self-sufficiency, many women are living longer. They need to increase their income. They need to provide for their families. So you have to also develop self-sufficiency models, Latina HIV-positive women need to find stable housing, and they need to find employment that pays a decent wage, a livable wage. So in that sense think about

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Latinas who are either at risk or are HIV positive as having a more magnified impact, but it's the same problem that are facing in many ways Latinas across the board in terms of economic self-sufficiency, low literacy, and all the other things that I mentioned.

LILLIAN RODRIGUEZ-LOPEZ: I have, before we open up, another question that I'd like to have either Shelly or both Shelly and Jeanette address. What's happening among Latina adolescents is shocking. We've been living with this disease. The assumption would be "They should know better" because of all the prevention and public education programs and, even though there's been a diminishment, what we used to have in public schools with regards to sex education and information about HIV AIDS. Can you respond a little bit about what's happening with our youth, specifically our Latina youth, and why they are practicing such unsafe sex? And how does this relate to sort of their family structures and also the issues of poverty?

JEANETTE BELTRAN: Certainly, I would like to just make a few comments on Elsa's question. I think we really need to challenge congress and looking at other funding streams. What ends up happening when individual agencies are applying for dollars everything is very cut and dry. Nothing is really a holistic approach, and if we're really looking at Latina women, we really have to take into consideration not only the health

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status but the poverty levels that they're living with and low literacy and also alluding to the fact that there is exploitation at work.

The National Latina health Network currently has probably about eight youth programs throughout the country. And what we've been finding, which is amazing, at the Hispanic-serving institutions usually very traditional, ages 18 to 25, and these are the young women that usually are the first ones to go to college. What we're finding is--and I'm a generation away from them, but even in my own household, that was something that was never discussed--the sense of talking openly, the parent-child communication, you have to remain pure and a virgin until you're married. That's something that you're seeing a lot, and what ended up happening where working at a two-year college--and as many of you know, two-year colleges usually have non-traditional students--and we're even finding that the women who are part of the peer leadership program who were 45 to 60 do not have these information. And these are the women who are seen as leaders in this community. So if this is the information that's being transferred, that says a lot.

The empowerment issue and not being able to negotiate safer sex practices and being seen as someone who is loose or suelta, and that's something that is really seen. As women, you're conditioned as Latina women at a very early age you're

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conditioned to have a certain role and there's gender roles, and that's something that we're seeing in all of our programs.

One of the women that I met in Colorado who is an attorney now, just graduated last year, was one of the first peer educators we had. We had an opportunity to do a research project and this was a woman that I've mentored and I was really excited because I really saw a lot of her in me, and when I talked to her about safe sex practices she didn't feel empowered enough to ask her boyfriend to use a condom during that time, and that's something that's happened. And, of course, this young woman has gone through a lot. She was homeless, undocumented, her aunt took her in, would live from dorm to dorm because she didn't have the \$500 to put up a payment for the next semester, and these are all issues we talked about as she says, "I don't feel empowered enough."

SHELLY DAVIS: Let me just briefly address it, too. In many rural communities for young Latina women having a baby is a way of becoming an adult and, unfortunately, therefore there's all too much teen pregnancy is still a big issue, and the lack of sex education in schools that addresses the spectrum of protection methods. Many of the education classes that the young Latinas get are limited to abstinence only, which doesn't prepare them when they are in a situation where they are going to have sexual relations and they have to learn how to negotiate condom use and safer sex practices. And as

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many of us have already mentioned, because of the culture and the cultural influences the work on negotiation skills is particularly important for this population and they're not getting it. We also have youth promotores, and about a year ago we brought together ten youth promotores and they developed a series of their own photo novellas, and one was done for young Latina women, which really highlights this issue of their lack of knowledge, lack of preparedness but learning how to make the breakthrough and really learn how to protect themselves.

JEANETTE BALTRAN: If I may add something. About two months ago--we fund programs in Boston, Massachusetts, and one of the schools we're working at, it's an international school and there are a lot immigrant population, a lot of them from Puerto Rico, Dominican Republic, and Central and South America. We really went to the school. We thought it was something that we really wanted to work with. However, the parent counsel said no to the HIV prevention. The mothers were so vocal, and these are newcomers to the community and to the country. They had been here less than six months. For them to say no to HIV prevention programs - So I had to fly to Boston and really sit down with the parents and the women because here they are, they leave their country illegally or legally to really have a better life or provide a better life for their children, the last thing they want their young girls is to have sex. So I

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had to sit down and really have very informal discussions that this is - If you really want your young daughters to have that dream and reach what everyone considers the American dream, that this is the first step. It's about empowering them and giving them the knowledge to make healthy sexual decisions regarding their own sexual health. It was such a long drawn out process, but at the end the parent counsel decided this is something that they wanted to bring to the school and, more importantly, be part of the vignette development, but the resistance that we got from the parents was really interesting. And these are newcomers, new immigrants, six months or less. So it says a lot what we have to do and shifts that need to be taking place and dialogues that need to continue happening.

LILLIAN RODRIGUEZ-LOPEZ: Thank you. I'd like to open it up to questions from the audience. If you would give your name, your affiliation, and then your question. Mr. deLeon.

DENNIS DELEON: My name Dennis deLeon, I'm the president of the Latino Commission on AIDS. One thing I've noticed, and I agree, that the starting point has to be empowerment. It has to be safe spaces for Latinas in which to gather, in which to discuss these issues, but one component I find many kind of programs that address Latinas and African American women don't seem to have is inclusion of the male because often times, when you're negotiating safer sex it's with a man, it's maybe with a woman also, but most often than

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not it's with a man. And so the failure to reach out to the male partners is, I think, an interesting dilemma for those people that view gender as the sole problem because I think that it's a two-way street, and I think the more that we can include the partners after focusing on empowerment, after building skills, after communicating that there's a safe place and there's going to be safety in those discussions, that's critical. I think it is something that's still missing because funding tends to go to women to gay men, to intravenous drug-using men and women but nothing for Latino couples at any age. I'm curious to hear your comments on that.

SHELLY DAVIS: I'd just like to start off. I'm sure other people would like to chime in, but I completely agree with you, and in our peer education programs we really stressed a more holistic approach and to train peer educators who are men, women and youth because I think all segments of the family need to be reached. And, basically, we need to create a dialogue, women with men, parents with their children, so that everyone gets the message whatever stage of life that they are at. And that's another reason why we have also taken our programs bi-national because for many of the Latina spouses of migrant farmworkers they're back in Mexico, and if the men get the education but not the women then the women will still be at risk. So this is a broad problem, and I definitely agree we have to include both women and men.

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JEANETTE BELTRAN: Thank you for that question. I would definitely have to agree. We have to take a look at integrating the male counterpart or the partners into the phase of development of all programs. What we do, we utilize theatre as a tool for prevention for Hispanic-serving institutions in our youth peer leadership programs, and we take real life situations. One of the requirements is to have male peer educators, although our funding comes and it's very streamlined. It's for women, young women between the ages of 12 to 25. We want to make sure that these women have the opportunity to really have a dialogue in those real life situations, especially when they're acting out the vignettes or doing that play. That's something, of course, a lot of men do not want to be part of it at the university setting, and we've only done three universities and Hispanic-serving institutions. So it's always like a 20 percent to 80 percent ratio, but at least they're there and they're being part of the process.

LILLIAN RODRIGUEZ-LOPEZ: I want to just comment on that briefly because the Federation has also been involved in a reproductive rights project for women, and when we did our first set of focus groups where we brought in very broad demographic of women and men, both English dominant or Spanish dominant, when we showed them certain ads or certain messages both groups said, "Where's the man in this message?" And we were focusing on many issues--the issues of safe sex, of

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avoiding sexually transmitted diseases, of contraception use, condom use, and also abortion. And in our community because it was all Hispanic, there was a real adverse reaction by some of the people saying, "This is a joint decision," or "This becomes very isolating when you only look at the woman." So I think it's an interesting kind of paradigm because, you know what, we still do have to have women-focused programs. I think that that is necessary and fair and legitimate, but we also separately or in some kind of--and I'm not going to say it's never holistic--but in a comprehensive way, look at the way we also engage our young men around the practices of safe sex because I don't think enough of that is happening among heterosexual young men.

ELSA RIOS, J.D., M.S.W.: I have to comment as well on that one. I'm glad you brought this up, Dennis, because I think they are four levels to this, the way that I see it. One is funding, and that is that we are very much still developing programs based on funding conduits, and we really have to look at that because that has a lot of limitations. And so there's an initiative on women, which is seldom, but anyway there's an initiative on women so we're not thinking holistically, which I think is what you're saying, and so we're always responding to funding sources and designing programs around a particular funding source, and that has real limitations in terms of what our community really needs.

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I think there's also a big issue around language and message development. I do not think, generally, that the Latino community and even our best and our brightest Latino advocates have figured all the time to write messages, how to create the messages that really resonate with subpopulations. I was an observer during those focus groups, and I was fascinated -

LILLIAN RODRIGUEZ-LOPEZ: Remember those, Elsa?

ELSA RIOS, J.D., M.S.W.: Yeah. I was fascinated how men and women speak very differently about these issues and look at them in very--sexuality and sexual relationships--they look at these issues very, very differently. And I think there needs to be a lot more research done about what it is. How do men of varying--And then there are all sorts of--talk about intersectionality--then you have all sorts of class issues that come into play, age issues. For example, the Latino young men in the group were far more progressive and open-minded about discussing whether to use a condom or any kind of reproductive method, while as the older folks were not for the most part. Even the language that was used, like "reproductive rights" or things like that, most people didn't understand. So I think we still have many challenges in terms of creating the right messages that resonate with the Latino population generally and also with the specifics of populations.

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The last issue that I will say--and maybe this is my feminist side coming out--

LILLIAN RODRIGUEZ-LOPEZ: We knew it would.

ELSA RIOS, J.D., M.S.W.: Is that I have recently worked a lot with clients in the field of domestic violence, and that is one field which is beginning to look at the issue of how do we incorporate men. If we're going to resolve this problem of domestic violence, how are we going to incorporate men? And I think there are some models there that we could look at in terms of how they're doing separate spaces for men and women and then convening. And I think that is definitely something that we should look at in terms of maybe learning some lessons. But I will also say that there is a danger because men have more power in this country, in this system, we have to very careful about making sure that the safe spaces remain for women because I'm now seeing a lot more--like in domestic violence--I'm seeing men who are researchers, men who have higher faculty positions in academic institutions all of a sudden taking on this issue in a way that's not necessarily entirely inclusive of women. So in other words, whatever we do the dynamics of gender will play out, and we have to make sure that we create mechanisms to insure that women and other disenfranchised groups when we have these conversations are equal partners at the table.

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DENNIS DELEON: I have one follow-up question. One common term in HIV is to refer to people--I mentioned this during my opening remarks--as "at risk." Gay men are at risk. Intravenous drug users are at risk. But when we had done focus groups, we found that Latinas tend to view that term "at risk" as being somewhat accusatory, as though they then--a judgement, that they had been promiscuous or they had been bad. So I appreciate, I've learned that that's not necessarily a term that you want to use in any public messaging, although it's used all the time. How do you think we can communicate the need for testing, the need for accessing health care in a targeted way without using the words "at risk" but still reaching those who are at risk?

SHELLY DAVIS: I'm sure everyone wants to jump in on this one, but let me just start. We at Farmworkers Justice Fund also did some surveys and some focus groups in order to do a social marketing campaign for migrant women and men around promoting HIV testing. And we specifically developed one public service announcement aimed at women and one aimed at men, but we wanted to have a tag line that would fit both. And even though there were a lot of differences--and we could also talk about the differences because I think they certainly were there--one thing I think that was really interesting was that both men and women really related to the idea of family. And so our tag line was, "Tu familia es tu futuro hasta le prueba."

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And just the idea that "your family is your future," that was really key. That resonated very well with both. So you avoid words like "risk" or all the negative things. To promote something good you have to avoid negatives words, and this really did work.

LILLIAN RODRIGUEZ-LOPEZ: Hi. Do you have a question? Any comments? Okay. Would you like this one?

KATALINA SOL: I'm Katalina Sol [misspelled?]. I work with Requerica del Pueblo [misspelled?] here locally, and we have a program called Entre Amigas, which is actually a program to exam the role that women have within their families and their partners and their lives, and most women come to it because they feel unhappy in their relationships within their family versus because it's an HIV education program or because it's a domestic violence program, but 80 percent of the participants end up being people who experienced violence in their lives. And I just want to share a couple of things about that as well as ask a question. One thing I want to share in relationship to the messaging is that the facilitator of the group is a radio personality locally, and I think that rather than specific short messages, what our community really needs is an ongoing dialogue, and I think that many of the women that we really need to reach are extremely isolated and aren't allowed to leave their homes. So I think that the more that we can promote really the involvement of radio, specifically in

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the immigrant community, that would be go a long way, particularly as on ongoing dialogue as opposed to specific little tidbits of snappy messages.

But really my question centers on the issue of how do we get the funders around prevention to open up the gamut of interventions because when we do develop Latina-centered holistic interventions, they don't fit within the compendium, the procedural guidance that the interventions that CDC is now selling. None of them have been developed by Latinos. None of them except for one is really for women. They're requiring us to adapt or tailor so we end up seeing how our programs fit into this one particular thing. "Oh, I think these programs could fit under the workshop part of RAP," or "Maybe we could say that it's an adaptation of SISTA" even though we figured it out years ago and it's really very different. And where HIV prevention funding is really mostly coming from CDC and probably will continue to come from CDC, how do we influence at that level the types of interventions that we know we need to have?

ELSA RIOS, J.D., M.S.W.: I would say that we have to step back for a moment. Right now, for the last four years I've been doing capacity building with Latina CBOs primarily, and I have to say that we're really doing a bad job of developing programs that meet the needs of our populations. We are very much driven by funding sources, and we need to do

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several things. One, overall we need to really diversify our funding sources. I mean, this is kind of like out there, but I want to say that because I see more and more Latino organizations dying, closing shop. I have an organization right now that I'm working with that is almost 50 years old, has been around, has survived 50 years, and you know that takes a lot of work to survive 50 years of politics in the city of New York. And they are about to close because they have been 90 percent dependent on government funding, and the Iraq war and the political shifts have now redirected a lot of the money that they have--actually, they've been told that a lot of the money that was specified for their employment and economic self-sufficiency programs are being directed to the Office of Homeland Security. Okay? If we continue to depend on Ryan White, on CDC--I'm not saying that we don't hold them accountable and create an advocacy mechanism to ensure that they change their policies around this, but if we continue to rely solely on government sources, our organizations will continue to die, and we will not be able to do the kind of work that we need to do in our communities. We need to build. This is classic, I hate it but I sound like what private funders are saying--we need to build an individual donor base. We need to diversify our funding. We need to look even at for-profit ventures in order to survive. Our organizations are going down the tubes because the support systems that existed for them,

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financial support systems that existed for them on a government level are diminishing and diminishing and diminishing and diminishing. And states are not able to pick up the slack, and they are not. They are just not doing that. So the dynamic, in terms of forecasting trends, when we look at Latino non-profits in the future, we really need to forecast that government is not going to be our friend necessarily the way it might have perceived to be in the past. And we got to wake up to that. We got to wake up to that because if we don't--We need these institutions. This is the infrastructure for improving our community. If they don't exist, our community's problems are going to become more dire and more dire. And yet we're not looking at the long-term picture. I know that's not a very direct response to you, but I think it's a really important one in the sense of the sustainability of our organizations.

SHELLY DAVIS: I just want to make one quick comment, and I don't have any silver bullet either. I wish I did. But one thing I think is that a lot of our community-based organizations are doing very good work, but they're not getting enough attention for it. And there's sort of two things about that. One is you need to do the kind of evaluation, rigorous evaluation to show the effectiveness of the work, and then you got to publish it because that's a way to get the attention of CDC and that kind of funding. So one thing to think about is

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try to reach out for some research type dollars to document your successes, and then that could get you into the next compendium.

LILLIAN RODRIGUEZ-LOPEZ: I need to wrap up. I'm so sorry. I want to thank you all for being with us. I want to thank Jeanette Beltran and Elsa Rios and Shelly Davis for also being with us. We have run over and they want the room. So I'm sure our panelists will be outside for a little bit. So thank you. They want the room.

[END RECORDING]