

COLUMBIA SPECTATOR ARCHIVE

Columbia Daily Spectator, Volume CXV, Number 105, 3 April 1991 — AIDS service agencies seek community support
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AIDS service agencies seek community support

By Elena Cabral

Spectator Staff Writer

It is no secret that the communities surrounding us are among the poorest in the city, and we all have heard alarming statistics about the number of Acquired Immune Deficiency Syndrome (AIDS) cases reported in New York City. But as we walk through the streets of Morningside Heights we do not realize that the overwhelming poverty, compounded by the fact that one-third of the people with AIDS (PWAs) in the city are concentrated here, has made this neighborhood one of the most severely underserved areas in the city.

In response to the growing AIDS epidemic in New York City, the Upper Manhattan Task Force on AIDS (UMFTA), a coalition of community-based social service agencies located on Riverside Drive, was established in 1988 to serve the neighborhoods of the Upper West Side, West Harlem, Central Harlem, and Washington Heights-Inwood.

To gauge social service concerning the epidemic, the task force conducted a six-month Needs Assessment investigation in 1989 which documented existing social service agencies and identified major barriers in the community that prevented adequate delivery of medical services.

Members of the task force discovered a severe gap in the cooperation of community-based organizations and other social service agencies in reaching PWAs, according to the task force's executive director, Mary Ida Gardner.

The task force charged itself with building relationships and opening communication between community-based organizations and PWA's, as well as with improving resources for AIDS-prevention education, she said.

The task force links PWAs with agencies such as the AIDS Family Service of New York, the Minority Task Force on AIDS, the Community Health Project, and the William F. Ryan Community Health Center.

The Needs Assessment reported a significant shift of drug-associated AIDS cases to minority populations. In fact, the New York City Department of Health anticipated in the report that by 1993, 73 percent of the city's AIDS cases would be comprised of men and women of color.

The number of reported AIDS cases among minorities in the upper Manhattan area has been on the rise, according to Gardner.

"We're still the epicenter of the crisis," she said.

Accessibility to AIDS services in these populations have often become a question of language and culture barriers, said Public Relations Specialist for the Hispanic Aids Forum Martin Peraza.

"No one realizes how important it is to have bilingual staffs," he said.

"They [PWAs] won't go if they can't talk to someone."

Adolescents who are not enrolled in school and who are not exposed to educational AIDS prevention programs are one of the major concerns of the UMTFA. Because adolescents--especially runaway and homeless youths in areas of high rates of infection--have been found to represent high risk groups, they have been targeted for educational programs

designed to help these invisible groups avoid risky behaviors.

“Too many people fall through the cracks in the system and can’t be reached,” Gardner said.

Poverty has become the largest obstacle facing the UMFTA in reaching and assisting PWAs in Upper Manhattan.

For low-income families burdened with unemployment and housing problems, health is not a priority, according to Gardner.

UMTFA staff members called housing the greatest non-medical need of persons with AIDS and HIV infections. Between 5,000 and 8,000 PWAs without homes were counted by the Needs Assessment in 1989. According to Housing Coordinator for Partnership for the Homeless Josh Rubinstein, the number has since increased to 11,000 PWAs.

“All you have to do is look out on the streets to see how inadequate services are. It’s a grim situation,” he said.

PWAs needing shelter and care fall into categories of those who have become incapable of living independently in their own homes and those who have been victims of housing discrimination. Many were homeless before being diagnosed with the disease, according to the Needs Assessment.

Facing an already burdened hospital system, these individuals must suffer from a severe lack of both alternative housing and respite care services, Rubenstein said.

In all of the five boroughs combined, there are less than 300 “scattered site” housing facilities contracted by the city for PWAs.

Only one provides full-time nursing and medical care, however. In addition, there is only one AIDS hospice in Manhattan for PWAs diagnosed as terminally ill.

Residents and community groups in Upper Manhattan have made it particularly difficult for community-base organizations to establish alternative housing and hospices for PWAs, according to Gardner.

“Many people feel this area has been particularly dumped on with homeless shelters and drug treatment centers,” Gardner said.

“They don’t want to see these kinds of facilities in their neighborhood.”

Despite these difficulties, there has been a significant increase in the number of community volunteers supplementing existing AIDS-related services.

Because the state has yet to release a budget for the upcoming fiscal year, it is difficult to foresee the impact of cuts on agencies such as the UMFTA, which is funded by the State Department of Health AIDS Institute, said UMFTA Fund Development Coordinator Anne Carey-Cattes. UMFTA and other agencies, however, already do not expect any increase in funds, which will restrict plans for necessary expansion.

Although UMFTA has made significant gains in increasing communication between hospitals and social service agencies, as well as in providing educational programs for the community, most organizations complained that financial constraints have made them virtually powerless in implementing services and programs, she said.

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