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Long Beach Has Seen More Than 6,000 AIDS Cases Since 1983

By *Tiffany Rider - Senior Writer*

October 25 - While Long Beach continues to fight a battle against risky behavior and the resulting stigma, a focus on rapid testing, effective treatment and raising awareness has helped in recent years prolong the life of those infected with the HIV/AIDS virus.

The first case was discovered here in 1983 – two years after AIDS was first reported in the United States. In 1984, HIV (human immunodeficiency virus) infection was identified as a causative agent to the development of AIDS (acquired immunodeficiency syndrome). That same year, when the hub for lesbian, gay, bisexual and transgender (LGBT) community services and support was known as One in Long Beach, Inc., the organization established Project Ahead.



Project Ahead was the first case management service and safe haven in Southern Los Angeles County specifically for gay men with HIV/AIDS. In 1985, through the bequests of several persons who died of HIV/AIDS, One was able to purchase the building at 2017 E. 4th St. The facility opened in 1986 after renovations and became the permanent home for the agency. By 1997, One was renamed the Gay and Lesbian Center of Greater Long Beach – now simply known as The Center. Today, The Center serves more than 21,000 people annually through its variety of services, programs and support groups. Ismael Morales, director of health services at The Center, has been with the organization for four years. Morales studied phlebotomy in order to perform HIV tests and is skilled in crisis management, suicide prevention and counseling. His work at The Center is part of a nearly 30-year tradition of providing health and social services for persons with HIV/AIDS.

Ten years ago, Morales said there was definitely more of a fear of getting HIV/AIDS because there was more of a consequence. "Medication has come a long way in 10 years to maybe one or two pills a day for someone who can take those. Early on it was multiple pills, seven to 20 pills depending on what you had to take," he said. "Now go back further, 20 years or 30 years. I think one of the biggest fears was death."

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Ismael Morales, director of health services at The Center Long Beach, assists in HIV testing and client support. Morales has a decade of institutional experience and has been with The Center for four years. (Photograph by the Business Journal's Thomas McConville)

According to the City of Long Beach Department of Health and Human Services, there have been 6,118 identified AIDS cases in Long Beach since 1983. Of those, 3,025 have died – a 49 percent mortality rate. Ninety-two percent of those cases are in men, and the top risk category for exposure is male-to-male sexual contact.

"The risk category is based on behavior, so it doesn't matter if they identify as being gay or bisexual," according to Michael Davis, HIV epidemiology program supervisor with the city's health department. "It's more of looking at behavior," or trends of a significant population of individuals in Long Beach.

Davis has been working for the city for about 16 years. He said he's optimistic that HIV/AIDS testing and prevention are progressing for the better. "There are definitely fewer reported cases than there were previously," he said. "Thinking of what we've reported in the last year, the numbers are decreasing. What's surprising to me is that it's 2011 and we know how to prevent HIV, and people are still being infected."

Despite great strides in improved medication, there is no vaccine for prevention. The only way to prevent contracting HIV/AIDS is to avoid risky behavior: sexual contact (primarily male-to-male sexual contact); avoiding sexual contact with an infected individual; and intravenous drug use.

According to City of Long Beach Prevention Service Officer Cheryl Barrit, the city's program for HIV testing follows that if one rapid test comes back positive, they are linked and enrolled in our early intervention programs regardless [of additional testing to confirm]," she said. "We don't get our counseling and testing program from the county. We get it from the state office of AIDS in the California Department of Public Health."

If a client tests positive, the city immediately enrolls him or her into the city's HIV Care and Coordination Program, which offers: outpatient medical services, health education, case management, treatment advocacy, support and linkage to outside resources. Through the program's outpatient services, an infectious disease specialist and the city's clinical services manager work with HIV-positive clients.

For Morales, who not only performs HIV tests but also consults with clients about their risk factors and test results, he said there are still a lot of misconceptions today about who is at risk. "People say, 'Only gay men get it,' or 'I don't share needles' and 'I only have limited partners that I know a little bit.' There's that safety that a lot of people feel because they don't fall into those high-risk populations," he said. "I think that is hit or miss."

"Sometimes I'll test people who have had one partner or decide to finally not use protection with someone they're in a relationship with, and then they get the virus," Morales continued. "It's really traumatizing. Then there are people who are at high risk and are expecting it, and don't. There's this whole juggling of why or why not me. Things have changed, but the core issues of why someone would get HIV are still there. It's just not necessarily connected to death anymore."

Rapid HIV Tests Pave The Way For Early Treatment

As of August 1, the Los Angeles County Health Department – which helps fund The Center's programs – gave The Center the go-ahead to begin the process of implementing a new rapid test algorithm using two rapid tests in house to do a confirmation. Right now The Center is in the middle of getting the protocols completed, according to Morales.

Currently, The Center performs one rapid test that takes 20 minutes for results to appear. If the results come back positive, it is considered a preliminary positive and additional testing is required. Following county guidelines, additional testing is implemented the same day as the rapid test. The additional testing results take about three to four business days.

"What the plan is, and what's already in motion, is to do two rapid tests from two different brands to confirm it in house," Morales said. "Since these new rapid tests are so sensitive and they're actually very good tests, they want to start bringing those into the confirmation process. What that does is make it easier for us to link people to medical care, usually that same day." With that, the relationship The Center has with local agencies like St. Mary Medical Center and UCLA Harbor Medical Center is strengthened, he said.

In addition, the Los Angeles County Health Department is focusing less on the number of positive test results, and more on the strength, or degree, of the virus in the systems of people who tested positive, and where they fall in that geographical setting, according to Morales.

"So if we're noticing that there's a high infection rate in Long Beach, we can focus our energies on that, not necessarily on the number of tests that we're doing," he said. "If we test five people in Long Beach who have a very high viral count versus 15 in Orange County that have a very low viral count, we can tell who's actually going the longest without treatment." The infected individuals who seek care within a month don't have the opportunity for their viral load to increase. Therefore, those with a higher viral load are going the longest without treatment and are likely to either not have access to proper care or are living in an area where cultural or social stigmas with HIV/AIDS are high.

In terms of comfort, Morales said most people feel comfortable getting tested at The Center because of its open door policy "for anybody or anything." The ones who may not be comfortable, he said, are those with more specific issues with HIV – either not knowing their partners or being too afraid to confront the possibility of being infected. "It's more about self esteem. We deal with a lot of ambivalence – they know having unprotected sex puts them at [greater] risk, but they still continue to do it."

When clients come in for testing, Morales said his favorite question to ask is "How would you react if you tested positive today?" That what-if scenario, he said, helps put the client in a sometimes painful but necessary position to look at how their behavior affects their future.

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