

[HIV/AIDS is a human rights issue too](#)

Students make a formation in the shape  of the red ribbon, the universal symbol of awareness and support for those living with HIV, during a campaign to mark World AIDS Day. (State.gov)

Since 1988, December 1 has marked [World AIDS Day](#) to commemorate people who have died from the disease and to show support for those who are living with HIV. Because of antiretroviral medication, HIV is no longer an automatic death sentence. But the stigma surrounding people living with the chronic medical condition and their difficulty in getting access to health care has made HIV/AIDS a human rights issue as well as a health challenge.

According to Noor Raad, an HIV/TB policy intern at Médecins Sans Frontières (MSF), misinformation has led to much of the stigma faced by people living with HIV. “One of the myths is that HIV is only for gay men, and so if you have HIV that means that you are participating in that type of behavior,” she said.

“Another myth is just the ways that you can become infected with HIV,” Raad said. Some incorrectly believe that the disease can be transmitted simply by touching someone with HIV or drinking from the same cup.

“Children who are HIV-positive face a lot of discrimination and judgment and social isolation at school because of this. A lot of their peers think that if they sit next to them they can get it, and this is an ongoing problem ... all over the world,” she said.

At the same time, she said, many people fail to understand that sharing a needle actually is a way to get infected.

Raad said HIV is prevalent among groups that are often already marginalized, like sex workers, gay men and drug addicts. She said up to 40 percent of adults in central and southern Africa are HIV-positive, and across sub-Saharan Africa the average infection rate has risen from 25 percent in 2005 to 36 percent today.

“There are a lot of human rights implications that have been raised for people living with HIV — in particular, the large and growing disparities and inequities regarding access to antiretroviral therapies and other forms of care and treatment,” including shortages of medication and an insufficient number of health care personnel, Raad said.

“What ends up happening is patients feel very isolated and they lack peer support,” she said, noting that the isolation can lead to mental health issues, in addition to the challenges of living with HIV. “A lot of the patients that I worked with, I think like 80 percent of them, were either depressed or anxious or had suicidal thoughts, or tried to kill themselves. So I think on top of all of that, if you have negative energy from your peers and you are being socially isolated, it’s just kind of a setup for disaster,” Raad said.

Despite the fact that many countries have laws protecting people living with HIV, the laws are not always enforced. For sex workers, gay men and drug users who are disproportionately affected but whose activities are often criminalized, many fail to seek help, fearing legal punishment as well as the judgment of their community. The result is that those who most need information, education and counselling will not receive it, even where such services are available.

Raad said it is usually not possible for people to hide the fact that they have HIV because it is a required disclosure at work or school, and in smaller communities people will likely know why a person is visiting a health clinic. Those living in poverty or in rural areas also have difficulty accessing medical care when facilities are far away or poorly staffed. Raad said MSF has made supplying decentralized care an important part of its mission, especially in central and West Africa.

There are several ways you can help people with HIV feel less stigmatized, she said.

- Educate yourself on the [myths and facts](#) surrounding HIV transmission.
- Speak out when you hear jokes or derogatory comments made about people with HIV.
- Join a local NGO or support group that is advocating for the rights of people living with HIV or a support group that is actively trying to combat stigma and get medications to them.
- Organize a workshop or training session at school or work, or through your community or your religious organization, to spread the word on how to prevent infection and to better educate your peers so those living with HIV will not be targeted or judged.
- If you know someone with HIV, create a safe space for them to talk about their condition and feel less socially isolated. “The fact that they shared that information with you is a pretty big deal,” Raad said, since many don’t even tell their parents or families. “The most important thing is to gain the person’s trust and make them feel that they are not being judged,” she said.

Stay tuned to the YALI Network to find out how to participate in our upcoming human rights course. Earn your certificate and share your stories of what you are doing to promote inclusiveness and end marginalization! Learn more and get involved at yali.state.gov/4all!

[Communities, Communication Can Improve African Health Care](#)

Caption: Dr. Farouk Garba, a  Nigerian physician, spent his 2014 fellowship at Morgan State University.
Credit: Photo: Farouk Garba

Disease outbreaks such as HIV/AIDS, Ebola and pandemic influenza have led health agencies everywhere to realize they have a shared mission. A dangerous disease-causing pathogen may

emerge far away. But when one infected patient boards a plane, the disease becomes a much broader problem, even a global health threat, very quickly.

Nations have come to a mutual understanding of their responsibility to maintain “global health security.” With an agreed set of international health regulations, they help each other control, contain and monitor disease. That’s hard in developing-world countries with large rural populations where advanced health care services aren’t available.

The current Ebola outbreak in West Africa underscores how urgent it is to improve not just health care services, but also public understanding of how disease is transmitted and what health care workers must do to effectively control disease.

Some participants in the Mandela Washington Fellowship Program for Young African Leaders have been thinking about these questions and have offered some thoughts for improvement of the continent’s health care.

Dr. Pierre Balamou of Guinea, who works on malaria control with the West African Health Organization, urged YALI Network members to promote better public health “by educating our families and relatives on good public health practices and promoting health at home, [in the] workplace and everywhere.”

Dr. Laud Boateng of Ghana echoed Dr. Balamou’s ideas on the importance of community and social networks to raise awareness of good health practices.

“Our priority as a continent should be prevention, prevention — and prevention,” Dr. Boateng explained.

In Ghana, Dr. Boateng recommends, “as public health personnel, we need to engage an all-sector response” when a major health threat puts the public at risk.

Sierra Leone’s Zainab Conteh, a Mandela Washington Fellow employed by her nation’s ministry of health, notes specific areas where she hopes public health might advance: laboratory networks, health workforce capability and research capability.

Like her contemporaries in Ghana and Guinea, Conteh sees local-level people as an untapped resource for improving health care because they could bring a greater level of trust to health care.

“Community health workers could be trained on simple diagnosis [and] treatment of high-risk diseases like malaria, diarrhea, malnutrition.” Basic education in communities could also allow early detection of dangerous health symptoms to allow quicker action for finding advanced medical care.

Dr. Farouk Garba, a Nigerian ophthalmologist, studied at the Johns Hopkins University Wilmer Eye Institute when he was in the United States. A number of health care policies he saw there might be successfully implemented in Africa, he told us.

Located in Baltimore, with a large population of urban poor, the Wilmer Eye Institute established small care centers at the neighborhood level. “This way health care is taken to the patients, to their door steps,” Dr. Garba wrote.

“This will go a long way in saving lives,” Dr. Garba wrote.

Guinea’s Dr. Balamou says his participation in the Washington Mandela Fellowship program has better equipped him with decisionmaking skills to address complex health problems like Ebola and identify long-term, sustainable solutions.

Overall, these public health workers advise fellow young Africans to heed communications about health issues and recognize that everyone has a mutual interest and responsibility in protecting public health in their communities.

[Dr. Louis Sullivan on Leadership: Part 2](#)

In a recent interview with the *Washington Post* newspaper, Dr. Louis Sullivan shared his perspectives on leadership. The son of a mortician who grew up in rural Georgia during segregation, Sullivan went on to graduate from Boston University School of Medicine in 1958 as the only African-American student in his class. He later became founding dean of the Morehouse School of Medicine and served as U.S. secretary of health and human services. (Morehouse College is the only all-male historically black institution of higher learning in the United States.)

This is the second of two articles adapted from that interview.

Question (Q): What do you see as the biggest leadership and management challenges that hospitals and their administrators face?

Sullivan: These are large organizations that are complex, where tremendous innovation is constantly underway. So you need to have strong leadership to manage all of this and to see that the patient always comes first. It takes strong leadership skills and technical skills to make sure that the system works effectively. That’s a challenge. But it’s also a great opportunity to improve ... lives.

Q: What leadership lessons did you take from your experience leading the Department of Health and Human Services?

Sullivan: When I became secretary in 1989, it was my first time in government service. Most of the 124,000 employees in the organization didn’t really know me. I had a habit of walking every day for exercise, so I invited the employees to walk with me. It turned out that as I went around the country visiting our regional offices, I would have 25 to 200 of our employees join me. That was a great opportunity to get to know them, to share with them my goals for the department and to hear from them about important issues.

I call this “leadership while walking around.” My tenure as secretary was greatly enhanced by building that relationship with employees.

Q: What do you believe?

Sullivan: Well, first of all, I believe in the power of information and in the value of scientific inquiry. We've seen the result of that over the course of the 20th century. We've wiped out smallpox. We've largely eliminated polio. Tuberculosis has been greatly decreased. All of these improvements and many others are the result of understanding more about biology. Knowledge really improves our world and our environment.

Finally, I believe in the fundamental goodness of people. All of us are often stressed in our lives. Not enough time, not enough resources. But when there is a time of great stress in a community, usually we come together.

Q: What's your single best piece of advice?

Sullivan: Have clear goals and work hard toward them. You'd be amazed at what you can achieve.

Photo credit: AP Images

Dr. Louis Sullivan on Leadership: Part 1

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This is the first of two articles adapted from that interview.

Question (Q): What was your first job?

Sullivan: My first job was working in the Bird's Eye frozen food factory in upstate New York after my first year in college, during the summer of 1951. It was a hard job working the night shift. I lasted only a bit, then I went to Atlantic City and worked as a waiter. The full-time waiters there ... had skills and experience that really impressed me tremendously, and that showed me that, regardless of a person's station in life, everyone has talents that can be developed.

Q: Who has most influenced your leadership style and character?

Sullivan: My father was a tremendous role model. My father did a lot to improve the lives of blacks in rural Georgia. He formed a chapter of the NAACP (then known as the National Association of Colored People). He worked against the white primary in Georgia, which excluded blacks from participating; worked to get them registered to vote. He sued the school board to require them to

improve the educational facilities for blacks.

So what I learned from my father was a combination of all of those things. That is, to accomplish significant things required vision, perseverance, courage.

I graduated from Morehouse College in 1954. ... I had lived all of my life in a segregated environment, and I decided to apply to medical school in the Northeast and the Midwest, and I was accepted at Boston University. I was the first Morehouse College graduate accepted there, and I was the only black in my class. That was a tremendously satisfying experience, to see that I had the same capabilities that my colleagues had. This led to a larger life experience, and one that gave me tremendous confidence in working to change things along the way.

Q: You've dedicated a lot of effort over your career to getting more minorities into medicine. What do you see as the biggest remaining barrier to that today?

Sullivan: There are a number of factors, but among them is the cost of medical education. The costs are high. ...

Medicine and the other health professions are science-based, but they're practiced in a social setting, and our society is becoming much more diverse racially and ethnically. This means the ability to communicate, to understand someone's value system and history, plays an important role in the outcome between the health professional and the patient. That's the rationale for having a more diverse workforce.

Opportunities should be available to anyone in our society who has the interest, the capability and the willingness to work hard to become a health professional. The financial barrier should not exist.

Photo credit: AP Images
