

**HEALTH**

**Partnership fighting HIV/AIDS in minority communities**

**Eric Goosby**

*Special to Sentinel-Voice*

I saw my first HIV-infected patient in 1980 when I was a third-year medical resident covering the intensive care unit at San Francisco General Hospital.

The patient was a law student, a young Hispanic man from nearby Cal-Berkely.

One day, he was the embodiment of high aims and hopes as an aspiring lawyer, but in death he became an expression of lost dreams and unrealized potential, a victim of what was then an unknown pathogen.

We later realized that this was the beginning of a long succession of AIDS-related deaths.

As a physician trying to provide relief to those ravaged by the disease, I have witnessed AIDS-related deaths more than 450 times. It is difficult to recover from the sorrow of such sustained loss.

Recently, I joined about 600 of my colleagues for the first National Conference on African-Americans and AIDS in Washington, D.C.

This historic two-day gathering gave African-

American medical professionals a comprehensive forum to exchange valuable information and impart critical knowledge about HIV/AIDS with partners in government and academia. The conference, co-sponsored by the U.S. Department of Health and Human Services, was so successful and so hopeful that we are looking to make it an annual meeting.

At the close of the 105th Congress, the Congressional Black Caucus, Congress and HHS teamed up to leverage an additional \$156 million in the current federal budget to fight HIV/AIDS in racial and ethnic minority communities. These dollars are the means through which we will better position our communities to meet the expanding burden of the HIV epidemic.

I am optimistic about this new federal commitment.

AIDS is the leading killer of African-American men age 25-44 and the second leading killer of African-American women in the same age group. The largest percentage of increases for HIV/AIDS are now among women and youth, racial and ethnic minorities, injecting

drug users and their sexual partners.

Minority communities are not experiencing the overall decline in death rates and the promising new therapies that are being reported in the general population.

While my experience as a physician keeps me grounded in the real pain and human suffering that accompanies HIV, my experience with this disease as a federal policymaker brings into focus

the importance of community-level involvement to ultimately win the fight against it.

Money alone—no matter how much—will never defeat AIDS. Every part of the community has to play a role in prevention efforts and in making sure that treatment is confidential and available. These new dollars will begin the process to make this happen.

My experience on the

federal level also tells me that we need to strengthen the infrastructure of community organizations that are responding to the HIV/AIDS needs of minorities on the front lines. Too often, these groups are not equipped to compete for federal funding. Fortunately, the \$156 million initiative addresses this concern. It will help more community-based organizations who serve the health needs of minorities

strengthen themselves and broaden their reach, creating a durable response for their communities.

The funds will address the disproportionate impact of HIV/AIDS on racial and ethnic minorities. The funds can help the community heal itself.

*Dr. Eric Goosby is Director of the Office of HIV/AIDS Policy at the U.S. Department of Health and Human Services.*



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**Osteoporosis: What you can do today**

**Jennifer Hays, Ph.D.**

*Special to Sentinel-Voice*

Many women I've talked to fear they'll end up in a nursing home with a broken hip or a spine so fragile they can't get out of bed. What a shame that we think this is a normal consequence of aging. Far too many women end up with fragile, breakable bones, but it's due to a disease called osteoporosis.

Up until the age of 30, bone is continuously reabsorbed into the body and replaced by new bone tissue. During mid-life, we begin to lose more bone than we replace, even though estrogen slows down the process. When we have a marked decrease in estrogen during and after menopause, we become easy targets for osteoporosis.

No matter what stage of life you're in, there are things you can do to help prevent bone loss and maintain bone density. Here are some ways to increase your chances of walking into the future straight and tall:

• Eat a diet rich in calcium.

The amount of daily calcium recommended for women by the National Institutes of Health depends on the age group: ages 11-24, 1,200-1,500 mg.; ages 25-50, 1,000 mg.; ages 51-64 (on estrogen therapy), 1,000 mg; ages 51-64 (not on estrogen therapy), 1,500 mg; and age 65 or older, 1,500 mg. Good sources of calcium are low-fat dairy products; dark-green, leafy vegetables, such as broccoli, collard greens, and spinach; tofu; and calcium-enriched products such as orange juice, cereals, and breads. Unfortunately, most of us don't get anywhere near enough calcium from our diets, so check with your doctor about taking a calcium supplement.

• Get regular weight-bearing exercise. Ask a friend to walk with you, take the stairs instead of the elevator, and check with your gym about tailoring a weight-lifting program for you.

• Drink in moderation only.

• Don't smoke.

(See Osteoporosis, Page 14)