

The 7th Annual Street Outreach Workers Conference

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On June 10-13, 2001 The Texas HIV Connection held its annual street outreach conference in Austin, Texas. This is considered the longest-running street outreach conference in the country. More than 300 community health outreach workers attended this conference, learned new skills and shared their experiences to help each other with this much-needed and difficult work. These are the people that work daily in the trenches and deal with the real life issues of HIV, STDs, HCV, drug use, homelessness, domestic violence and other issues facing their clients.

One of the most important aspects of a this type of conference is the opportunity for outreach workers to 're-charge' themselves because the nature of outreach is very difficult physically and perhaps even more so emotionally. I am sure you can imagine how exciting it is to have 300 outreach workers blowing off steam.

The keynote speaker was Mohammed Bilal. Those of you familiar with the MTV series "The Real World" will remember Mohammed from one of the original shows based in San Francisco, California. One of the members of the group was Pedro – a person living with HIV. This particular series brought the issue of living with HIV to the consciousness of American youth. Mohammed discusses how Pedro changed his life and was a person that motivated him to become more involved in social issues. Storytelling through song, poetry and monologue is but one of Mohammed's many talents that help to educate people on today's social ills. Mohammed is also a member of the Hip-Hop band, "Midnight Voices," and both he and his group are based in San Francisco. On Monday afternoon, June 10, Patty P attended his training on oral storytelling, where he asked the audience to think of the person or case that both affected their professional and personal life in a positive or negative way. The themes of loss--dealing with death, never having an opportunity to truly have closure with your client—were profoundly felt within this group. It seemed that this type of grief process and healing activity might be beneficial for those of us working in HCV as well.

On Monday, June 11, Alan attended a training/discussion session restricted to TCADA (Texas State Alcohol & Drug Agency) personnel for training on documentation and brainstorming on various issues faced by their agency and outreach workers. Of particular note, was the dialogue and frustrations faced by outreach workers on the 20th Anniversary of the first CDC Report on HIV. Recent reports of increased HIV infections among young special populations is very frustrating to outreach workers that have been dealing with these issues for 20 years. Of course, there are no simple solutions but the message is to try to refine the message and the work.

Of particular interest to me during this session was a discussion on HCV. People talked about their frustration with the lack of knowledge, services and misinformation surrounding HCV. Most outreach workers in Texas are reporting high infection rates of HCV and HIV/HCV co infection among their clients. Once clients test positive for HCV there are little to no services to offer them, particularly for clients lacking medical insurance. Does this sound familiar? What was interesting was that the same questions and concerns are voiced at every meeting/conference I attend on outreach regardless of geography. This really points the way to an increased national movement to coordinate HCV testing, counseling, education and treatment. I think that we are on the way – eventually, but a national conference and consensus meeting is very much needed on HCV and injection drug use and HCV and prisons. I hope that the many outreach organizations from around the country will work together to make this a reality!

Also on Monday, June 10: Patty attended a session on syringe access presented by former ACLU attorney and now Temple University School of Law Professor Scott Burris. Burris and his colleagues in both Rhode Island and Baltimore have assessed the negative impact restrictions on syringe/needle distribution—either through syringe exchange or pharmacy sales—are having on public health. Additionally, Burris has served as an advisor to local municipalities, pharmacists, or syringe exchange activists wanted to challenge restrictions

on syringe distribution in several areas around the US. This was a great history lesson. In brief, using existing Texas restrictions, Burris educated the audience on how they might rescind or test local restrictions, suggesting the best model might be that of Philadelphia. In this jurisdiction, development and implementation of syringe exchange was easily done with collaboration from the Mayor, the Board of Supervisors, and the Health Department by appealing to the local municipalities to maintain control over its “duty” to maintain public health and safety rather than giving over that job to the State of Pennsylvania. Similar efforts are underway in Pittsburgh, citing syringe access as a local, municipal necessity to protect the public health. The audience felt this would be most easily done in a more “liberal” part of Texas such as Austin or even Houston. However, Burris countered that even a Republican governor in neighboring New Mexico has sanctioned syringe distribution through both exchange and pharmacy sale.

A major issue of discussion during the session is continued prosecution of syringe possession even in jurisdictions where distribution is legally sanctioned—i.e. the police vs. health department split. Audience members provided plenty of examples of this among their clients throughout Texas and in New Orleans. Burris thought that a combination of distribution methods was key to success in more conservative areas, so the remainder of the session became a “how to” training. While an aim for complete deregulation for distributor and seller might be the ultimate goal—Texans could look at: MD/NP prescription through community clinics, which is currently legal in Texas and has been sanctioned in courts around the country if the medical provider is prosecuted; AND/OR working closely with local pharmacy boards to allow for syringe sale at all pharmacies. Clearly, the message here is educating both medical providers and pharmacists as to what the law is, minimizing fear and maximizing public health.

HCV and HIV-HCV Sessions

Unfortunately, your reporters were unable to attend most sessions because we presented three workshops on HCV and HIV/HCV co infection. Our first workshop was a three-hour basic overview of HCV that attracted 70 outreach workers. Our second one and one-half hour workshop was a basic overview on HIV/HCV co infection attended by over 50 people. The next day will held a three hour advanced HCV workshop based on dispelling common myths around HCV and four different case presentations. Both portions of the session were very interesting because the audience is involved with talking about solutions to these complex problems. The case presentations were drawn from real patients, which made the discussion all the more real. All we can say is that these outreach workers are the best advocates from their areas, and faced with the real world issues of limited money or services conceived some very practical solutions to these complex issues.

It was a pleasure to attend and present at this conference. It was one of the most organized and well run conferences we have attended, with credit to Mary Sowder, Director, TX HIV Connection Workers Assistance Program, Inc., and the wonderful volunteers. We are already looking forward to their next conference. Check out their website at <http://www.hivconnection.org>.