

Sub-Saharan African Youth & Family Services in Minnesota (SAYFSM) is a nonprofit organization created by African-born immigrants in the Land of 10,000 Lakes to provide culturally appropriate services to our people.

What do we do?

- We indiscriminately serve all Africans regardless of their country of origin, religion, ethnicity, or political affiliation.
- We provided free, culturally appropriate HIV prevention education and support services to those in need of HIV therapy and counseling, and we link clients to available service providers to ensure reasonable living conditions for those who have tested HIV positive.
- We respect the unique needs of groups and individuals while acknowledging that cultural differences exist and have an impact on service delivery.
- We facilitate a spiritual and emotional support group for Africans living with HIV/AIDS that is culturally and linguistically sensitive .

Contact us for:

- HIV/AIDS awareness and prevention
- Prevention intervention and health education for positives
- Emotional and spiritual support groups for Africans living with HIV/AIDS
- Counseling and testing
- Resources and referral services
- Housing, clothing, and food shelf needs
- Sewing and computer classes for women
- Interpreters for African languages

Our address:

SAYFSM
1885 University Avenue, #297
St. Paul, MN 55104

Telephone No.: (651) 644-3983
E-mail: sayfsm@uskid.net
Website: www.sayfsm.org

DONATIONS GLADLY ACCEPTED!

Yes! I would like to contribute to SAYFSM:
 \$25 \$10 \$5 other

Please send your donation to:

SAYFSM
1885 University Avenue, #297
St. Paul, MN 55104

Thank You!!

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Sub-Saharan African Youth & Family Services in Minnesota (SAYFSM) provides culturally sensitive and linguistically appropriate HIV/AIDS education and social services to all Africans in Minnesota.



A quarterly newsletter of SAYFSM

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651-644-3983

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“We Shall Overcome . . .”

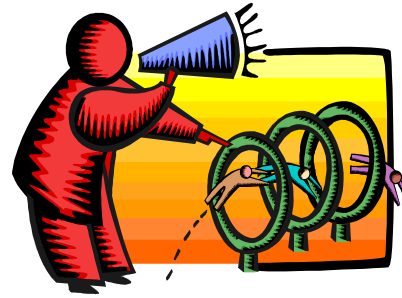
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Ms. Siona Nchotu—living with AIDS since 2002

Cameroonian-born Siona Nchotu, now living in Minnesota, talks openly about HIV/AIDS, reaching out to those infected with the virus to radiate a message of hope and compassion. Siona charms her audiences with her “we shall overcome” song, and for those who have listened to the message, she does not only sing, she swings too. **Read her story on pages 5 - 6 . . .**



**YOUR
LETTERS**

Tell us your story! Write to us about what is going on in your community about HIV/AIDS. We welcome views and suggestions on how best we can arrest the rising spread of HIV among our populations.

This pandemic, if left unchecked, is capable of becoming a "weapon of mass destruction." Working together, we can help make a difference.

Let us be part of the solution to this gigantic human catastrophe.

Write to:

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PARTICIPANTS NEEDED
Care Systems Assessment Demonstration (CSAD) is conducting confidential one-to-one interviews and group discussions to understand how to improve on existing health-care systems available to African immigrant and refugee communities. This survey is being conducted with maximum sensitivity to cultural aspects of the African people.

The project, code-named *CSAD Minnesota*, is accessible to willing participants by calling (612) 596-7925 or by e-mailing them at: csadm@co.hennepin.mn.us.

What do you need to know about HIV?

"Knowledge is better than riches." Cameroonian proverb

WHAT IS HIV/AIDS?

- **HIV is the virus that causes AIDS. It damages the immune system, which is the body's natural defense mechanism that protects our bodies from diseases and infections.**
- **After being infected, you can live for several years (5 to 10) without having symptoms or knowing you have HIV and can pass it on to others.**
- **After being infected with HIV for several years, your immune system is severely damaged and your infection progresses to AIDS.**
- **AIDS is the last stage of HIV.**
- **Only a doctor can diagnose AIDS.**
- **There is no vaccine or cure for HIV/AIDS.**
- **Treatment is available to help most people with HIV infection to live healthy and longer lives, even though they can still pass HIV on to others if protection is not used or they share needles.**
- **In order to benefit from treatments, knowing your HIV status early is crucial. You can know the status of your HIV only by getting tested for HIV.**

HIV does not discriminate!
Anyone can get HIV!
Know the correct facts about HIV and protect yourself!

WHAT YOU NEED TO KNOW ABOUT HIV/AIDS IF YOU ARE POSITIVE

- If you are HIV positive, you are to maintain your regular doses of anti-HIV drugs. Some people quit taking drugs or skip scheduled doses when they begin to feel good. This is risky because without HIV drugs in your system, the virus may mutate and reproduce itself in millions and become resistant to the drug when you resume taking the medications.
- HIV drugs do not prevent you from spreading the virus to others through sexual contact, by sharing needles, or by mothers breast-feeding their infants.
- If you are HIV positive and are considering getting pregnant, seek the advice of your doctor to minimize the risk of passing on the virus to your baby.
- You may have faith in some "traditional healing medicine," but before you switch from your prescribed dose by your health provider to another alternative, discuss your intentions with your doctor so that he/she can determine a good therapy plan for you.
- Eat nutritious foods (fruits, vegetables, protein, grains, dairy, low fats, vitamins and mineral supplements).
- Avoid tobacco, caffeine, alcohol, and other drugs.
- Avoid exposing your body to infections. Infections will weaken your immune system.
 - Stay in a clean environment.
 - Avoid staying near people who have flu, a cold, or other infection which is easy to catch.
 - Avoid unsafe sex and sharing needles.

UPDATE

ADVANCES IN MEDICAL SCIENCE

RAPID ORAL HIV TEST APPROVED

The Food and Drug Administration in the United States of America is reported to have approved the first rapid oral HIV antibody test. This new version uses a sample of oral fluid from around the gums of the mouth.

Results from such tests can be read in 20 minutes. The new test is more than 99% accurate.

Previously, tests for HIV were conducted with blood samples and results were obtainable in about two weeks. The new rapid oral test will allow individuals to receive their results during one session.

The test, expected to cost \$12 to \$15, will be available at some 40,000 approved medical laboratories, and federal officials have approved a waiver to use the test in other settings, such as doctors' offices, community clinics, and mobile vans. This rapid HIV oral test is not approved for home use.

FREE HIV TESTING SITES

SAYFSM.....	651-644-3983
Minnesota AIDS Project (MAP) AIDSLine.....	612-373-2437
Red Door.....	612-348-6363
Access Works.....	612-870-1830
Room 111.....	651-266-1352

****Please know that tests can be done anonymously or confidentially.****

Siona Nchotu (continued)

In 2003, I told the SAYFSM support group about my HIV status. When I speak to people, I emphasize that HIV is a disease just like any other, and it is preventable. I educate people about the disease and its transmission and prevention. I tell them in my message that HIV can't be cured, but if they tested positive, the drugs they will be given will give them a longer and better life. I also tell them about the resources available to people living with HIV/AIDS.

I tell them that I do not want them to experience what I had gone through. I had not known anything about the disease prior to my diagnosis, and I don't want others to be victims of the disease.

There are many resources here in Minnesota that provide food shelves, free legal advice, emotional support, and case management. Some examples are Aliveness Project, Minnesota AIDS Project (MAP), Open Arms, and the Minneapolis Urban League. Many emotional support groups exist, but for me, SAYFSM is culturally appropriate and has helped me tremendously. I strive to attend every meeting.

A word of advice: if you hide your illness, you cannot be helped. Early diagnosis is better than later, as is the case with any disease. You cannot be cured of HIV/AIDS, but you can live a better life if you are diagnosed early – the drugs you are given will extend your life. Lastly, you should have a good relationship with God, because He can do and undo.

God is a solid foundation.

If you stand on his side, you are sure to win.

I am a winner.

Coming up in Mbiu . . .

Read an interview with Solomon Berhe in the next issue of *Mbiu*. Mr. Berhe immigrated to the United States from Ethiopia in 1985. In 1997 his life changed when he was diagnosed with HIV. He kept his infection a secret until one day he realized that he could help many people if he told his story.



Message from SAYFSM Executive Director, Mr. Ephraim Olani

Much attention must be focused on meeting the prevention education and awareness needs of all members of the African communities in Minnesota. Some people mistakenly believe that HIV/AIDS prevention education is only for HIV-negative individuals, to keep them negative. Many have rejected the idea of engaging HIV-positive individuals, educating them to take care of themselves and protect others. Ignoring this vital side of prevention has contributed to the existing HIV/AIDS stigma. The best strategy for preventing HIV infection must include and involve people living with HIV/AIDS and welcoming them as equal partners and teachers.

Some of the factors that interfere with prevention are fear and stigma, discrimination, shame, rejection, ignorance, and denial. We have to intensify comprehensive prevention education until we win the battle against AIDS.

HIV/AIDS is a top concern of SAYFSM, and in this and future issues of *Mbiu*, we devote space to communicate HIV/AIDS information and services. We strive to put a human face on the disease by interviewing and writing about people who are living with HIV/AIDS or working to stop its spread.

We hope you will pass on this newsletter to friends and family to help create public awareness for the work ahead. Thank you for your involvement in our struggle.



Message from SAYFSM Board Chairman, Dr. Anil Mangla



It gives me great pleasure to write this column for our first newsletter that we are very fortunate to start with our excellent staff and volunteers.

I have spent the last three months of summer in the sub-Saharan region of Africa working with clinics, governments, and NGOs (non-government organizations) on the AIDS pandemic. My trip was not only overwhelming, but depressing too, as I witnessed a lack of adequate government involvement.

With almost 3 million children and adults infected every year in this region alone (that is about six individuals per minute), this number has not declined for the past three years and is rising. Knowing that there is no cure, this is the worst human health catastrophe known to mankind.

The only way out with this disease is enhanced awareness and prevention. This has been lacking in the underdeveloped world where many people do not even know what HIV stands for!

A major factor that plays a role in the increased infection rate is non-testing. The numbers we see on infection are an underestimate, as many people have

not taken the test, partly for lack of facilities. Other issues Africa faces include high costs of training physicians, stigma associated with HIV/AIDS, and thriving cultural beliefs that have a negative impact on the war against AIDS; nor can the immoral practice of rape cases which are on the increase be excluded.

With our experiences on the ground, we at SAYFSM have tailored our programs so as to build stronger relationships with our communities and reach out to the people who are infected and assist with their healthcare. We equally address problems of stigma and provide emotional support to those infected, working for their recovery so that they can support their families. Africa needs our involvement on these efforts and others in the war against AIDS.

SAYFSM has started offering free HIV testing by certified people, and I encourage the public to use this service. We also have many individuals in our organization who are HIV positive, and they will discuss their experiences and the excellent health facilities in Minnesota that have put them back on the road to recovery.

Please feel free to contact us with any questions. SAYFSM is fluent in many African languages, and we work with people of diverse cultural and ethnic backgrounds as a people with a common mission.

Dr. Anil T. Mangla, an infectious disease specialist and researcher, was born in South Africa. As a youth, he was interested in the diseases affecting Africans, such as malaria, TB, and cholera. He completed his bachelor's degree at the University of Kwazulu, a Ph.D. at Texas Tech University, a post doctorate HIV research fellowship at the University of Minnesota, and an MPH in Global Health Epidemiology. Dr. Mangla currently serves as president of the United Nations Association and chairs the Global Health and Infectious Disease Committee. He assists the St. Paul Chapter of the Red Cross's efforts to provide HIV/AIDS education in schools and chairs the Environmental Health and Education Commission for Woodbury. Dr. Mangla travels the U.S. and world speaking about the AIDS crisis and works with countries in sub-Saharan Africa to create AIDS clinics and hospices, and training centers for doctors who treat HIV patients. In 2001 he received the Outstanding Minnesotan of the Year award.



**From the
Consulting
Editor,
Swallehe Msuya**

MILLIONS ARE DYING

This is our first issue of the Sub-Saharan African Youth & Family Services (SAYFSM) newsletter named *Mbiu*. The name is borrowed from Swahili – the main language of communication spoken by about 100 million people in Eastern and Central Africa. Its literal meaning is “The Call,” or more accurately – the clarion call – where, traditionally, African communities are summoned to gather at a meeting place for an important announcement.

Drum beats and animal horn “*loud-speaks*” are used to alert members of the community about imminent danger, such as war. It is a way of reaching out to the people to gather and listen to the village chief or traditional leader, alerting the people and calling for preparedness of possible danger.

HIV/AIDS is devastating the African subcontinent south of the Sahara. We are, therefore, on a war footing. Figures released by UN/AIDS and the World Health Organization reveal that an estimated 40 million people around the world are infected with HIV/AIDS. There are 29.5 million people infected in sub-Saharan Africa alone – more than half the total global figure!

Statistical data from the Minnesota Department of Health show that as of December 31, 2003, there have been 7,356 cases of HIV infection diagnosed since the beginning of the epidemic in Minnesota. Out of that total figure, 4,183 were cases of AIDS and the remaining 3,173 cases were of HIV (non-AIDS cases).

The annual number of AIDS cases reported in Minnesota showed a steady increase from the beginning of the epidemic in the early 1990s, reaching a peak of 370 new cases in 1992. Since then the annual number of reported cases stabilized. From 1996



the annual number of new AIDS cases diagnosed and deaths among AIDS patients started falling in Minnesota due to the introduction of new anti-retroviral therapies.

In 2003 there were 163 new AIDS cases diagnosed in Minnesota and only 54 deaths occurred among AIDS patients. The year recorded 177 new HIV (non-AIDS) cases, a situation that appears to hold steadily since the mid-1990s.

Whereas we are encouraged about the achievements made in AIDS awareness campaigns, counseling, and provision of various services to those infected with the virus in Minnesota, we cannot close our eyes to the grim reality that at the end of 2003, we still had nearly 4,600 persons known to be living with HIV infection.

A lot of work still remains to be done by state authorities, nonprofit organizations and culturally appropriate community-based organizations to halt the spread of this epidemic. At the same time, research institutions must continue the search for a vaccine or cure to ensure that we wage a total onslaught on this dreadful human killer disease.

Due to stigma associated with HIV/AIDS, we also believe that there are people out there in our communities who because they have not noticed any serious health problem, have not taken the free HIV test being offered by various institutions in Minnesota. We urge all those who have not done so to accept this invitation for free testing and subsequent therapy, for indeed if the virus is detected early, our efforts to fight it are better.

We sincerely hope that ours is a message of hope and compassion to all infected with HIV/AIDS in our communities. We also trust that many of you will answer our call for free services (including testing) so that together we can work toward ensuring your physical well-being and a life full of unconditional love and collective problem solving, which is the hallmark of our cherished African heritage!

**For complete HIV/AIDS statistics go to the Minnesota Department of Health (MDH) Web site at:
www.health.state.mn.us.**



My Story— Ms. Siona Nchotu

Ms. Siona Nchotu was diagnosed with AIDS in 2002 after migrating to America from her native country, Cameroon, in 1999. From a low CD-4 count of 4, Siona had deteriorated in health to where her immune system was a rock-bottom low! Trusting in the higher authority above, Siona battled on with life, taking HIV medication, and has miraculously bounced back with vigor. She is now living a normal, productive life and has devoted the rest of her life to being an AIDS activist, educating others and encouraging them to tell their stories. Knitting and dressmaking are her other passions, and she is blessed with the power of speech. Siona does not only thrill her audiences by her great talk, she sings and swings with them with tremendous zeal. Read her story in her own words in this compelling Mbiu interview.

My name is Siona Nchotu and I am from Cameroon, West Africa. I am a trained nurse-midwife, both in Cameroon and Britain. In 1982, I returned to Cameroon from Britain, where I had lived for six years. I embarked on international business traveling between Cameroon and Britain until economic conditions deteriorated, then I moved to the United States.

I was diagnosed with HIV in September 2002. I never suspected I had AIDS. I was recovering from radiation therapy for breast cancer when I began experiencing pain on the left side of my chest. I thought I had a heart problem. It was a cardiologist who discovered that the problem was not with my heart, but my lungs.

I was referred to a lung specialist who saw me and then set me up for an appointment in two weeks. During that period, I became very sick. I breathed with difficulties. On September 25, 2002, I left my home, which was just four blocks from the hospital. It took me one hour to get there as I was gasping for

breath on the way. I could hear a voice urging me to get up and keep going. The force of this voice encouraged me and pushed me on to the hospital. When I finally arrived at the hospital, the nurse spoke to me, but I was unable to answer because I was so tired.

The nurse immediately called the doctor, who admitted me to the ward. I was sent to the Intensive Care Unit (ICU) where various tests were conducted on me. I remained in the ICU for five days, but I do not remember anything about those days.

On the fifth day, I woke up in pain, unable to speak. A tube in my mouth was my source of pain. I had been placed on mechanical ventilation to help me in my breathing. When my results were out a few days later, the doctor told me I had AIDS.

I don't know how I was infected. When I worked as a nurse midwife, I was exposed to body fluids and I think I could have gotten HIV during this time from a needle puncture or from delivering babies whose mothers had HIV/AIDS. In some African medical clinics, needles are reused and protective gloves are not worn. Also, when I was sick, a doctor cut my arm with blades, a common practice in Cameroon. Maybe the doctor had used those blades on someone infected with HIV right before me. I may have been infected this way.

When I first learned of my AIDS diagnosis, I was not worried, as I am a strong believer in God. I told my older sister about my status. My daughters lived nearby, but they did not want to visit me because they thought I was going to die. Even the daughter who lived just a block away wouldn't visit me, but now that they realize I will not die, they are more supportive.

When I learned about my condition, I prayed and made a covenant with God. I told him that if he saved me from dying, I would be a living testimony for him. Within six months of my treatment, the doctors could not detect the virus in my blood. God has fulfilled his promise and I am fulfilling my part of the covenant.

(continued on page 6)