

- Good morning, Virgin Islands. This is the Disability Right Center, bringing you Ability Radio, you and your health. I am the co-host this morning. This is Archie Jennings. And this is a call-in show with regard to questions concerning medical issues within the Virgin Islands. Being that it's a call-in show, we request that no use of names, or no personal attacks, no unfounded allegations, or product pitches, no profanity, and we don't give medical advice, so we don't respond to questions asking for it. Today, we're gonna have a very interesting show regarding a historical medical issue, HIV/AIDS. We have, hopefully, three guests. We have Dr. Martinez, Dr. Tai Hunte-Ceasar, and Mr. Gary Smith, discussing this issue. It's, it goes back for a number of years with regard to historically a disease that was attributed to basically, at one point, African-Americans and Africans were, before it was recognized that it was a disease across all border and affect all nations on this Earth. With me in the studio this morning is Dr. Martinez. Good morning.

- Hi, good morning.

- And could you explain your background with regard to HIV.

- Okay. Well, good morning, everyone. I'm Gritell Berkeley Martinez, and I am the Territorial Director of the Communicable Diseases Division for the Virgin Islands Department of Health. We oversee STD services, HIV, and tuberculosis services in the territory. My history with the department, I started in 2002. And I first started with the office of Minority Health, where I worked on a HIV demonstration grant. And then was appointed in 2008 to oversee this particular unit. And during that time, we have worked to bring a HIV care up to standard here in the territory, matching the national standards. So we've come a long way. We're no longer having any HIV medication holidays. We have systems in place where individuals are certified for HIV medication, as well as HIV care. And I know Gary Smith was the Ryan White project director. He will talk more in terms of the eligibility process for individuals who are tested positive for HIV. What does that process look like and what services does Ryan White actually give to the community. And then we also have Dr. Tai Hunte-Ceasar. She's also, will be calling in. And she will be giving more of information on what is HIV, what type of care are we providing, and what's going on in the world of HIV medication.

- Oh, you mentioned that it was being brought up to standard. Could you sort of explain that to us?

- Sure. What we have done is that we have put processes in place where individuals are now going through a certification process, individuals who qualify for the Ryan White grant, which is a federal grant, are deemed eligible through that process and that determines...

- [ inaudible ] Dr. Ceasar.

- ...their medical assistance. They receive outpatient ambulatory care, case management services, and there are a host of other specific services that that particular grant gives to individuals who qualify for that service.

- Okay. I think we have Dr. Cesar online. I would like to welcome them to the show this morning.

- Hi. Good morning.

- Yes. Could you state who you are?

- Hi. I am Dr. Tai Hunte-Ceasar. I am the medical director of the Communicable Diseases Division, and I'm also in the Territorial Infectious Disease Division for the Department of Health. Thank you so much for having me.

- Oh, welcome this morning. My first question is, can you give a, sort of, an overview of the history of the HIV and what has taken place in the United States with regards to this disease?

- Sure. Sure. So HIV which is, you know, which is an acronym for the Human Immunodeficiency Virus. It's a virus that causes and leads to the syndrome, otherwise known as AIDS, which is the Acquired Immunodeficiency Syndrome. And we first recognized the virus back in the 1980s, when the, one of the first, when the first cases appeared in the United States. Among the "men who had sex with men" community, primarily the white community, at that time. And it was an infection that was causing persons to get extremely ill with infections that were not commonly seen among persons that had intact or healthy immune systems. So that's when the research started to develop, and look into why this virus was attacking the immune system and why person infected with this virus would appear to be dying of uncommon infections. So initially in the 1980s, this infection was among white individuals and among the gay community. And it quickly spread and the trends, the epidemiology trends shifted to other demographic populations, including the minority populations and the other individuals, heterosexual individuals. So we immediately identified that this was a virus that would spread through sexual activity, highly sexual activity. And then also we identified that it was a virus that was transmitted with blood exposure as well. And that's how the Ryan White Program, which Mr. Smith will talk about where it was born. Ryan White was a young, a young person who was affected by a blood disease called hemophilia that required frequent blood transfusion, and he actually acquired the infection from blood transfusion. So that's how we understood that this virus was transmitted sexually, as well as through blood exposure. So the trend spread, sort of, changed in the United States from being a disease that afflicted the gay community and more towards, still among the gay community, but also among heterosexual populations with those individuals who were having sex without barrier or condom use. Additionally because it was also spread with, it's also transmitted via blood exposure, we saw high rates that also started popping up in the United States among individuals who were drug abuses sharing IVs, sharing needles. So that's also another population that is at risk, that we saw trends popping up over the last 40 years. And we do have high rates of HIV transmission in populations where you have needle-sharing drug use, high drug use, [ inaudible ] drug use areas. So there's, the trends have shifted over the time. We've studied this infection over 40 years now and we are, we are still seeing high rates of transmission among the men who have sex with men populations. But we still, but among the minority population, or the black population, we still do see, we're seeing high turn, high transmission rates among heterosexuals individuals.

- Oh, okay. If you would hold on just a second, we are going to take break and get back to you, Dr. Tai. And we'll be back in one minute or so. Take care.

- Good morning. We're back with Ability Radio this morning. And discussing a very important subject with us this morning are Dr. Tai Hunte-Cesar, Dr. Martinez, and Mr. Gary Smith from the Department of Health. And right, we were right in the middle of Dr. Cesar. You were giving some information with regards to the history of HIV/AIDS in the, as it relates to the world and the Virgin Islands.

- Yes. So the, I was talking about the shift in the trends. So in, over the 40 years that we've studied this disease, we've noticed an epidemiological shift or a change in demographics for persons heavily burdened with HIV/AIDS. And we're now seeing that there still is a huge risk factor in the gay, trends gay community. But our trends mirror the national, the national numbers, in which we have a high burden of disease among minority or black both gay and heterosexual populations.

- Yes. Dr. Cesar, I have a question with regard to, this was pretty much a hot political football during the '80s. And I was wondering how did the stem cell research issue come up and how would it affects today, you know, the treatment of said disease?

- So stem cells have been a very useful in researching in all, in all aspects of medicine. Currently, we don't have any guidelines or methods of treatment regarding stem cells. And we're still, they're still currently active research going on in that area. But in terms of treatment and cure for HIV/AIDS, that has been focused on what we call antiretroviral therapy which is, just pretty much cells that will control the virus for treatment. And any other research that has been very hot for, in terms of HIV cure, usually focuses around vaccines as well as neutralizing antibodies.

- And with regard to the treatment today, what does a person receive as far as, I guess, either prevention or control of the disease?

- So there is, it's very important to understand and underscore and reiterate that there is currently no cure for the HIV virus. And everyone wants to, wants to know why we haven't come up with a cure yet, which is very interesting because there really is no cure for any virus. So that's what a lot of people don't realize. But that's beside the point. In regards to treatment, we focus on what we call antiretroviral therapy. And it used to be termed, when we discovered it or developed it in 1990, in the 1990s, highly active, active antiretroviral therapy. So now we just call it antiretroviral therapy. And pretty much that involves what used to be known as a cocktail but we, it's pretty much pills, combination pills that are given to an individual to take on a daily basis to have what we call, to achieve what we call viral suppression or control. So in layman's term, it's pretty much like having diabetes in which you have to take insulin when you eat or you have to take the, these antiretroviral therapy pills every day so that the virus doesn't replicate in your bloodstream. And we can, and we, and we achieve control. Once the virus is controlled by these medications, then it does not, that the virus isn't there to destroy the immune system and the immune system can remain healthy and intact. Then your body is able to function as a, as a regular host then and fight off any sort of infections that may occur, the common cold or any of the other atypical infections that might happen. So that's what we, that's what we use. It's a combination of pills or pills with a combination of medicine in it to control the virus. Once you stop taking the medicine, unfortunately, the virus will continue to replicate. That's why we haven't been able to achieve a cure. And we have had developments in these, in these combination pills. A number of combination pills are, allowed patients to take only one pill a day which would, this one pill would actually include several medications. So you have to take at least three medications in a combination of one pill or a couple of pills to achieve viral suppression or control of the HIV disease.

- And how is screening taking place within the Virgin Islands for this disease?

- So we test individuals based on, you know, targeted individuals. So we at the Department of Health will test any individual that comes in interested in testing for STDs. And we ensure that every, any persons greater than ages 15 that, who have not been tested for HIV is offered a test annually per the CDC guidelines. If they're sexually active and have risk factors, every person over the age of 15 should be offered an HIV test annually with their annual health assessment. But anyone that actually has positive STD test, we also screen them for HIV, because when you have one STD, you can have all. At this [ inaudible ] targeted testing is also do, is also, take, it also takes place in other health care centers, emergency rooms, other health care providers, other institutes that provide SCE services. And we also urge the private providers to include HIV testing in their annual screening, health screening, so that we ensure that all individuals are screened per the CDC guidelines for HIV testing.

- Oh, okay. Thank you.

- And it's also, it's also available free at the, at the Department of Health. So we don't discourage anyone who wants to get an HIV test. You can get it for free.

- Okay. That's good to know. This has been a very inflammatory disease throughout the years. There was a time, I remember, where dentists wouldn't see certain people, and I'm just wondering. There was a big scare about the blood supply. Can you sort of give a history about what took place and how was that resolved?

- So the nature of HIV testing has changed dramatically over the years. And our testing for this virus has gotten a lot better over the years to ensure that blood that's available for use is screened very effectively. The, initially, the tests that were available only looked for antibodies for HIV. Unfortunately, if you're exposed to HIV, your antibody test may not show positive until the immune system is able to mount that reaction, in which it might take somewhere, sometimes in excess to three months. So if you were acutely infected and you gave blood and you didn't know, because this is a silent disease, then sometimes the blood screening process would miss those acute infections. However, our testing has evolved dramatically and we are able to actually detect virus in any blood that's screened as soon as it is, it's, it is actually in the blood. So our antigen test have, has dramatically decreased that window period, and

screening for blood is much, is much better, and we're able to sort of ensure that blood that is being used or given to individuals have less likely the possibility of transmitting the HIV disease.

- And so basically that issue has been resolved over the years with regard to the fear of contact with blood and all those matters?

- Well, contact with blood for blood transfusion purposes, you know, the, you still have a risk of transmission with needle sticks, with occupational exposures, and things like that when you don't, when you don't know. But for the purposes of blood transfusion, the risk is extremely low. The risk still is, there's always still a very, very miniscule chance but we don't usually see, or we haven't seen raise of HIV transmission from blood transfusions in the, in the United States for several, several decades.

- And I don't know if this a question to ask Dr. Martinez or yourself, what's the prevalent of HIV in the Virgin Islands?

- Well, since we started collecting the data in 1983, right now, we have accumulated 1023 individuals that have tested positive for HIV or AIDS here in the territory. Currently, we have 608 individuals living with the disease based on the data. They may not all be living here in the territory, some may have gone abroad, but that's our current count. The Virgin Islands is ranked number three in the nation. And that is based on per capita of a hundred thousand individuals. So right now we are ranked three. And that is something that we are working on. But because of that stipulation, as per capita of a hundred thousand individuals, that might be a challenge for the territory to, unless the rates are significantly low. We have been seeing a trend, in terms of new diagnosis. It has been dropping here in the territory. In 2010, we had about 39 newly-diagnosed cases. It has dropped from 29 to 30. And right now, as of 2014, our latest current data, we had 15 new cases here in the territory. So our goal is getting HIV transmission to zero here in the territory. And we are seeing a drop in the number of newly-diagnosed cases. We do, we get our data from the labs. It is the law for laboratories, as well as physicians, to report all cases to the department. We have an HIV surveillance department which collects all the data and prepares reports for the CDC. And this data, we receive both electronically from off-island reference labs, as well as local labs, and as well as the physicians who treat or diagnose cases.

- I was also wondering during the 90s, I think there someone touting that they had a preventive or some cure for HIV. And people were sort of gravitating to the Virgin Islands, specifically St. John. And, do you ever have any data to show that the persons who have HIV were people coming in or were they residents of the Virgin Islands before and contracted it here? Do, is there a distinction between...

- Yes. Actually the data that is collected, it has place of diagnosis. And so we're able to tell if the individuals were diagnosed here in the territory or if they were diagnosed various, in areas off-island. So, yes, we are able to determine that.

- Oh, okay. And, Dr. Ceasar, I was just wondering if you wanted to do any wrap-up regarding your position and your role with the HIV in the Virgin Islands, so...

- So under, on the medical provider in the, in the STD HIV clinic, TB clinic, the communicable diseases clinic, and I provide the services for the STD treatment and diagnosis, which would include and encompass HIV. And if we do have an HIV conversion or HIV-positive patient, they would be referred for services in the same clinic, and I provide that primary care for HIV-positive persons, so we do have a clinic that serves anywhere between one hundred and a hundred and fifty HIV-positive individuals who's been receiving primary care for, you know, in the, in the clinic for years since they actually had been diagnosed or the newly-diagnosed individuals. So we provide HIV management, but also in addition to that, it's, we provide primary care. Which means that we provide all of the services for their, for their general health and wealth. Which would be, which would mean that once their HIV is under control and if they're, if they're adherent to taking the medications, and we do with other chronic diseases, that is prevalent in our community, which is, oh, you know, diabetes, hypertension, all that other stuff. They're not immune to the other, the other diseases that are common among, you know, among minorities or the other persons, individuals attending the clinic.

- Yes. So you wanna do, maybe give information as to the clinic that you [ inaudible ]

- So the, our clinic is located in hospital grounds, in the old municipal complex building behind Lionel Roberts Stadium. And we have services available between 8:00 and 3:00 p.m., Monday through Friday. And we provide HIV testing for free. And we also provide STD screening for small fees. And the HIV services are provided with insurance benefits. And they also, if you do not have insurance, then you would qualify for Ryan White services. So we provide services and care for individuals who are insured and non-insured. And the STD services are available for a small fee.

- Oh, okay. Thank you, Dr. Ceasar. And now I get, I think I heard in the background you might kind of busy this morning, so we'll let you go. And, again, thank you for all of the information you've given this morning.

- You're welcome. Thank you for having me.

- Take care.

- Take care. Bye-bye.

- Bye-bye.

- Uh-hmm.

- Yes, Dr. Martinez, you wanted to add to what Dr. Ceasar was addressing?

- Well, I just wanted to add, in terms of the HIV test and piece, modes of transmission. That's one of the things that we look at, "How was a HIV transmitted? What are the risk factors that the individuals were involved in?" And the areas that we report on are male-to-male sexual contact, injection, drug use, which Dr. Han spoke about in terms of the needle sharing, and then a combination of both. Also heterosexual contact, blood transfusion, and also perinatal transmission. And that's one thing here in the Virgin Islands. Our cases are zero for the last, I will say actually from 2012, we've had zero cases of perinatal, that is transmission from mother and baby in the womb. There's been zero transmission here in the territory. So that's a testament to our physicians, both the OB-GYNs and, as well as our infectious disease specialist here in the territory, to ensure that moms are tested for HIV within their first trimester. It's actually part of the law that all moms are to be tested for HIV. And once the, if they are in fact positive for HIV then they are placed on a regiment which will then prevent the transmission of the disease to the unborn child. So I just wanted to also bring that to the forefront also.

- Oh, okay. Thank you. And in regard to, I think we have someone else on line. Is Mr. Smith still there?

- Yes, I'm here. Good morning.

- Oh, good morning. How are you doing, sir? And thank you for your patience.

- I'm fine. Thank you for having me. Good morning, listeners of the Virgin Islands.

- All righty. And could you explain your position with the [ inaudible ]

- Well, I'm the Ryan White project director. I oversee the Ryan White Part B AIDS, drug assistance program, which Dr. Hunt, you know, spoke about briefly, and as Dr. Martinez mentioned. And I've been with the division for two years now, two-and-a-half years. I started with the Department of Health in 2010 with the Public Health Preparedness Division. And then moved over as a project director in 2013, I believe, yes.

- Well, that name, Ryan White, that stuck out to me for years, but could you give some background as to why the program is named Ryan White Program?

- Well, as Dr. Hunt mentioned, Ryan White was a young child out on the West Coast who contracted the HIV virus and then, you know, pertinent to AIDS, by blood transfusion. And, you know, he went through some very tough times at school, with family, being discriminated against, being ostracized. And thereby the Ryan White program became a law sometime during the late 80s. And, you know, we're heading out there, different parts of the Ryan White program. You have Ryan White Part A, Ryan White Part B, Ryan White Part C, Part D, and there's also an F. We currently have Part B and Part C in the Virgin Islands. Part B provides outpatient services, in addition to other support services such as case management, emergency financial services, transportation, psychosocial, food assistance. Just a myriad of services. Your Part C programs are specifically for federally-qualified health centers, which we have here in the territory. Frederiksted Health Care in St. Croix and St. Thomas East and on the island of St. Thomas. Currently, Frederiksted Health Care is the only health center that has a Part C going on. And the purpose of that Ryan White Program is to provide primary care for persons. The Part B Program now, which we have at the Department of Health, can also provide for primary care services as long as, you know, the center that you've visited, St. Thomas East End, they don't have a Part B. So any client can go to Saint Thomas East in the Ryan White Part B Program would pay for those services.

- Yeah. Also I was just wondering either for you or Dr. Martinez to speak about, when I was in high school, we used to have what we call the SYNTAX in Department of Health. They would come in and somehow we talk about, at that time, it was syphilis and gonorrhea and, you know, the sins of alcoholism. And I was just wondering how was the outreach here, you know, by the time this came, this disease came when I was long out of high school. I'm just wonder what's taking place for the education of the youth in the, in the territory.

- Well, I'll start. We do have an outreach team which is funded through the HIV Prevention Program. And they actually do outreaches to the junior high school, as well as to the high school. We have scheduled talks in coordination with the principals, as well as the classroom teachers, where they do go in and speak about STD transmission, HIV transmission, protecting yourself. We always tell them that the best protection is no sex until, that's the best protection. That makes transmission, 100% effective of having no transmission. But we do tell them that those who still choose to engage in that behavior about protecting themselves with condoms, as well as, you know, also talking to them about making healthy choices. You know, how to, you as an individual, deal with yourself as a human being dealing with self-esteem issues, dealing with personal issues, and dealing with peer pressure, and making overall healthy decisions for yourself. So those are some of the things that we speak to them about. We have also established clinics in the high schools. We have a clinic at Eudora Kean, as well as Charlotte Amalie High School. We're in partnership with the Family Planning Program. Their nurse practitioner is there once a week in each school which gives the students a private area that they can go in and be tested, receive consultation. And for those who are tested for STD such as chlamydia or gonorrhea, we're able to treat them right there on the spot. We speak to them about not, the infection part, not infecting other individuals. And so we have what's called disease intervention specialists. And they provide that, what's called partner services, where they find out who their partners are, get the individuals in for both counseling, as well as testing, and, to ensure no reinfections, because that's one of our concerns is reinfection of their partners. So in terms of the outreach, those are some of the things that we're doing in terms of outreach. I don't know, Mr. Smith, if you have anything else you would like to add.

- Yes. You know, I'm glad that, Archie, you asked that question because we do have some events, outreach events coming up. And the first would be on August the 3rd here in, at Kennedy Housing community in Saint Croix from 3:00 p.m. to 7:00 p.m. And then August the 9th at Bovoni Housing community from 3:00 p.m. to 7:00 p.m. as well. And then on August the 13th, we're gonna have a health fair at Saint Croix Junior High School where, you know, you will be able to receive health screen, screenings, in addition to HIV testing and also education. And in all of our outreaches, we do provide educational information about how to use a condom and also about STDs. And, you know, we will have some additional outreaches being held. And, you know, if I could share that information with you, Archie, on monthly basis, so you can share that information with the US audience, we would really appreciate it.

- Oh, okay, Mr. Smith. We're gonna take a quick break, and then just get back to you on some of those things.

- Okay.

- Again, it's, this is Ability Radio, you and your health.

- Yes. Good morning again, Virgin Islands. We welcome you back to Ability Radio, you and your health. Brought by the VI Lottery Commission and with the help of the 107.9 Da Vybe. Right now we have Mr. Gary Smith and Dr. Martinez here from Department of Health talking about HIV/AIDS. And one question I have, maybe a couple, Gary, while you're online, what's the eligibility process for an HIV positive patient?

- Okay. The eligibility process is the, you know, before I explain the model for the Ryan White Program is, such as the MAP or Medicaid model. So they modeled the Ryan White Part B Program on MAP. And you, of course, you know, if you're becoming to be positive, and that's one of the requirements of the program, we'll pay last resort, okay? So you will visit our eligibility specialist. We have one on each island, Saint Thomas, and also Saint Croix. They would interview you. You would have to provide a certain documentation, you know, your financial situation. If you have [ inaudible ] you can't qualify while in [ inaudible ] Assistance Program. And we have increased our STL to 500%. So thereby we want to make our services available to persons who may have a higher salary. So, you know, I wanted to get that out there. So the eligibility specialist would interview you. You would have to bring in your necessary documentation. And they would then complete an application with all of the necessary documentation. It would be reviewed and then approved. We would notify your physician, if you have a private physician. We would notify the pharmacy, where you would be able your medications. And also the laboratory where you go and, you know, have your labs taken. And it's a, it's a very streamline, easy process, as long as you all have all the necessary documentations. And to obtain more information for that, there's a contact information. It's, in Saint Croix, that is 718-1311 extension 3668, or Saint Thomas, 774-9000 extension 4728.

- Just as a question, what is the number of Ryan White patients that you have in the Virgin Islands?

- Currently, we have a hundred and forty-two, okay? And that includes persons that are uninsured and also insured. So we have persons that are part of our ADAP Program, AIDS Drug Assistance Program. Those are the ones that are uninsured. And then we have the Insurance Assistance Program where you have persons that have private insurance and also Medicare.

- And, Gary, that's only for the Part B Program, right? Do you have any figures on Part C?

- No. But I would, I would guesstimate they, their client roll is approximately between ninety to a hundred.

- And as a follow-up too, what are the benefits of early detection? We talked about the SYNTAX, and how does that benefit a person who may have HIV/AIDS?

- Well, early detection benefits you by being able to be linked to care early and also to achieve viral suppression. The longer, the longer it takes for the disease to be detected, you know, the more difficult it is for the physician, like Dr. Hunte eluded to control the virus. It also helps by, our program, they need money, it also reduces cost of care and it extends and increases your life expectancy.

- And with regard to your outreach, I want you to go ahead and repeat the information that you mentioned before since we have you online?

- Okay. So upcoming outreaches are gonna be on August the 3rd at the Kennedy Housing community, and that will be the, from 3:00 p.m. to 7:00 p.m. We will also be offering hypertension, glucose,

cholesterol screening in addition to HIV testing. And then on August the 9th at the Bovoni Housing community from 3:00 p.m. to 7:00 p.m., and we will be offering those same types of services. And then on August the 13th at St. Croix Junior High School, and also the, there'll be a three-on-three basketball tournament along with bounce houses and other games for kids. And, you know, we're inviting children and parents to come out. It's gonna be a back-to-school event. You will be hearing about that event I'd say probably starting next week regarding advertisements, where we're partnering with an agency out of [ inaudible ] to, with that, regarding that event. So that will be on August the 13th. So more information will be coming forward on the August 13th event, probably beginning next week. Now, contact information, if someone is interested in coming in and getting a test, St. Thomas, you can contact the Department of Health, 774-9000 extension 4661, 4464, or 4670. Again, 774-9000 extension 4661, 4664, or 4670. You can also contact the St. Thomas East End Medical Center at 775-3700, okay? St. Croix, the Department of Health, 718-1311 extensions 3661, 3669, or 3663. Again, St. Croix, 718-1311 extension 3661, 3669, or 3663. And those are contact numbers if you're interested in getting an HIV or STD test.

- Oh, okay. Thank you, Mr. Gary Smith. We're gonna have to take a short break, and then we'll get right back to Ability Radio and you, you and you're health. Thank you.

- Yes. Welcome back to Ability Radio, you and your health, with Dr. Martinez and Mr. Gary Smith. And this is a final wrap up. Dr. Martinez, could you give us some information as about how the medical community is operating together to make sure no matter where they go to for treatment, they're geared toward the Ryan White Program and the Department of Health if they have AIDS?

- Sure. Sure. Sure. What's been happening is, with Dr. Hunte-Cesar being our infectious disease specialist for the department, she has been the point of contact for the medical providers. Once they do have a positive diagnosis, the patient is referred to her or they seek her as a consult, in terms of care for that particular patient. So we're really trying to remove the silos of operation here in, both St. Thomas and St. Croix. Once we have a diagnosis in the emergency room or a private practitioner, contact is definitely made with the Health Department.

- Okay. Well, again, you've, the public have receive information about the upcoming outreach programs. Parents and grandparents, I'm a grandparent now, get your children out to these programs. Get them, let them to know about the available resources regarding this disease. Mr. Smith, are you still online?

- Yes, I am.

- Do you wanna do any final information or [ inaudible ]

- Yes. And thank you, yes. Thank you for that, Archie. You know, I want the listening audience, our community to, you know, as Dr. Hunte mentioned about controlling the disease, the CBC now considers HIV as a chronic disease just like diabetes, just like hypertension. So, you know, once your, you stick to your care plan provided by your physician, once you maintain taking your medications as you have to with diabetes and also hypertension, you can live a normal, healthy life. And that comes by having early detection. Our community, there are some conversations that we don't want to have, but being involved in this industry now, and having sex with men, we also have bisexual men, we also have persons out there that have multiple sex partners, get tested. You know, we will come to your home and test you if you want. Let's achieve the goal of zero transmission by 2020. You know, in order to combat and diminish this epidemic, this disease, you know, we're gonna have to do it as a community. And I just want people, in fact, you know, you may have someone that's HIV positive in your family, embrace them, love them. They're humans. It's an unfortunately situation that they're in. But, you know, we have to be able to come

to terms that the persons with this disease are no different than we are. It's just that they have this virus, this disease that they're dealing with. And we have to be able to embrace them, and love them, and treat them, you know, just as you would treat any other human being. And thank you very much for having me, Archie.

- And thank you for that word. Again anti-stigma is part of what we try to promote. Don't be afraid of the real issue because we all know just saying no, that...

- It doesn't work.

- ...didn't work over the years. So, again, let's get out there and do teach one, each one teach one. Bring the information to the forefront, so we can make a preventable, and make sure that people who have it get treatment, and don't discourage them or scare them away from what's available in this community. Again Ability Radio, you and your health, about, it's about health, it's about information. And as my father told me, health is wealth. So get, so get out there and try to maintain your health and make sure you are aware of the resources here in the community and take advantage of the resources. And it's preventable, it, but it's, once you have it, it's treatable. And don't shy away from what the resources are here. Again, thank you for, 107.9, bring, for allowing Ability Radio to be on the air. And we'll see you next week.