HIV/AIDS in the Arab American Community: Breaking the Silence!

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Summary of Post-Conference Workshop Presentations

A. OVERVIEW

The Arab American population in the greater Detroit, Michigan, area is the largest Arab community in North America and the second largest outside the Middle East. Arab Americans have a common cultural and linguistic heritage and may have ethnically linked risk factors and disease patterns. Levels of health awareness and efforts to improve health largely vary by socioeconomic and educational factors. This population faces a number of cultural, social, and educational challenges in adapting to the norms and practices of American society.

A post-conference meeting was held on the issue of HIV/AIDS on May 13, 2006. The meeting, called the HIV/AIDS in the Arab American Community: Breaking the Silence!, continued work begun at the June 2005 HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim-American Communities. This year’s meeting was held with the support of The Leadership Campaign on AIDS (TLCA) from the US Department of Health and Human Services (HHS). Taken together, the sessions mark the first time the largest Arab community in the United States has publicly discussed HIV/AIDS.

In addition, marriage at an early age, large and close-knit families, and other values can make it seem to Arab Americans that the disease cannot make inroads in their community. Yet, HIV/AIDS is known to exist in the Arab world—up to 700,000 cases in North Africa and the Middle East, according to the World Health Organization (WHO). Because the disease is rarely spoken of privately, and until now never publicly, infection rates are unclear closer to home—in Detroit, in Michigan, across the United States.

The goal of the workshop was to shed light on HIV/AIDS in the Arab American community. It fostered discussion among domestic and international healthcare experts, and among Arab people from here and abroad, about HIV/AIDS and ways that Arab Americans can respond to it. It also highlighted current ACCESS efforts to address HIV/AIDS.

In addition to attending the various presentations detailed later in this article, participants joined discussion groups to brainstorm ways the Arab American community can fight HIV/AIDS. Suggestions included: working with religious and community leaders as spokespersons to address the disease; joining with Arab role models, such as celebrities, to conduct HIV/AIDS public service announcements; educating mothers to help raise awareness in their families; finding new and additional venues for testing and outreach; disseminating messages to the media that address denial and its negative impact on the community; incorporating HIV/AIDS education with oth-
er health issues; and speaking about HIV/AIDS in schools.

Reported in this section are highlights from presentations by:

Loretta Davis-Satterla, MSA, director, Division of Health, Wellness and Disease Control, Michigan Department of Community Health (MDCH).

Sabri Belgacem, MPA, MD, director of health systems and services development in WHO’s regional office for the Eastern Mediterranean.

Nithya Mani, MPA, the Asia Near East development advisor, Office of HIV/AIDS, USAID/Bureau for Global Health.

Raida Rabah, MD, medical director, HIV Intervention Clinic, Brandywine Valley Infectious Diseases, Coatesville, PA.