

**BEFORE THE BOARD OF MULTNOMAH COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

**PROCLAMATION NO. \_\_\_\_\_**

Proclaiming the week of June 5 as the Annual HIV/AIDS Long-Term Survivors Awareness Week in Multnomah County, Oregon.

**The Multnomah County Board of Commissioners finds:**

- a. Thirty-seven years ago, on June 5, 1981, the Centers for Disease Control published a brief account of five gay men, diagnosed with a rare form of pneumonia (PCP) indicating severe compromised immune systems. In addition to reports of cases of PCP and other opportunistic infections among gay men, CDC received reports of a cluster of cases of a rare and aggressive cancer, Kaposi Sarcoma, among a group of gay men in New York and California. By the end of 1981, 270 cases had been identified among gay men with reported 121 deaths incurred.
- b. The long delayed and ineffective early institutional response in the early 1980s has been characterized by historians as an example of monumental injustice; and the grassroots response to that injustice has been described as a groundbreaking model for all community organizing to come.
- c. People in communities most affected were called upon to be caretakers, undertakers, lobbyists and activists in a climate of not knowing what was happening, nor when if ever, help would arrive. Many tended to the dying and buried the dead while they themselves were waiting to die.
- d. In some parts of the country public health authorities, including the Multnomah County Health Department (Ryan White Part A Program, HIV Clinic and STD/HIV/HCV Program) and the Oregon Health Division, utilized community organizing techniques to develop culturally competent responses to the epidemic, even while facing resistance and push back from people who were scared or judgmental. In other places, there was nothing. The County's Ryan White Program first received funding 24 years ago.
- e. Now, some 37 years later, with new treatments, HIV/AIDS is increasingly seen, for those newly infected, as a manageable chronic disease, but those who have survived the darkest decades face new major life challenges: physically, emotionally and spiritually. The Centers for Disease Control estimate that 50% of Americans living with HIV are over the age of 50 with projected 70% by 2020. Oregon Health Authority surveillance data show that 51% of Oregonians living with HIV/AIDS in Multnomah County are over the age of 50, many of whom are long-term survivors.
- f. In 2017, the Multnomah County Aging, Disability, and Veteran Services Division (ADVSD) added long-term survivors aging with HIV/AIDS as a target population for

organizations applying to provide culturally specific services. ADVSD services are targeted at people age 60+ but for HIV/AIDS Long-Term Survivors, the age was lowered to 50+.

- g. HIV/AIDS long-term survivors are individuals who acquired HIV in the 1980s and 1990s, before the advent of highly active antiretroviral therapy (pre-HAART) when having HIV was considered a death sentence. Long-term survivors also include individuals born with HIV, those who acquired the virus young and are now in their twenties and thirties, and those who tested past 1996 and have been living with HIV for over 10 years. Additionally, there are long-term survivors of a different stripe. They are the survivors who remain HIV-negative. They were the lovers, caretakers, and frontline healthcare workers who stepped in to take care of people with HIV and AIDS. They too suffered enormous losses and experience the same mental health stressors as those living with HIV/AIDS.
- h. Depression, complex post-traumatic stress disorder (C-PTSD), suicidal thoughts and tendencies, anxiety, lack of future orientation, and not being able to imagine growing older are some of the symptoms increasingly seen in long-term HIV/AIDS survivors, both positive and negative. This has become known as **AIDS Survivor Syndrome**.
- i. Stigma also continues to cause additional stress. A recent study of HIV stigma in older adults with HIV found that 96% reported experiencing HIV stigma itself and 56% reported experiencing rejection from service providers, family, friends, church members, and sexual partners. Inequities still exist in institutional policies and systems. Although current medications are most often effective, not everybody has access to them or can afford them, even with health insurance.
- j. A national grassroots movement, named **Let's Kick ASS-AIDS Survivor Syndrome** has emerged to: (1) acknowledge the profound experiences and unique issues of long-term survivors, both HIV-positive and negative; (2) to challenge our communities' institutions to acknowledge and address the symptoms of AIDS Survivor Syndrome; (3) to demand an end to disparities and discrimination; and (4) to tap into the strength, resilience and experiences of people who have learned how to survive against all odds.
- k. The statewide chapter of this national movement is called **Let's Kick ASS-Oregon**. The Portland Metro/Multnomah County area chapter of this national movement is named **Let's Kick ASS-Portland**.
- l. Acknowledging the profound impact of the experiences and unique issues of long-term survivors, both HIV-positive and negative, men and women, is an important step in fostering a culturally competent and healthy community and reducing health disparities for diverse people of all ages. **It is (still) not over!**

**The Multnomah County Board of Commissioners Proclaim:**

1. The week of June 5 as the Annual HIV/AIDS Long-Term Survivors Awareness Week in Multnomah County; call on County Departments and community institutions to work together to reduce health disparities, expand cultural competency, and tap into the strength, resilience and experiences of long-term HIV/AIDS survivors; and commit to supporting Let's Kick ASS-Oregon.

**ADOPTED this 24<sup>th</sup> day of May, 2018.**

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

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Deborah Kafoury, Chair

REVIEWED:  
JENNY M. MADKOUR, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
Jenny M. Madkour, County Attorney

**SUBMITTED BY: Commissioner Sharon Meieran, District 1.**