JUNETEENTH HISTORY
Juneteenth is the oldest known celebration commemorating the ending of slavery in the United States. Dating back to 1865, it was on June 19th that the Union soldiers, led by Major General Gordon Granger, landed at Galveston, Texas with news that the war had ended and that the enslaved were now free. Note that this was two and a half years after President Lincoln’s Emancipation Proclamation - which had become official January 1, 1863. The Emancipation Proclamation had little impact on the Texans due to the minimal number of Union troops to enforce the new Executive Order. However, with the surrender of General Lee in April of 1865, and the arrival of General Granger’s regiment, the forces were finally strong enough to influence and overcome the resistance.

Later attempts to explain this two and a half year delay in the receipt of this important news have yielded several versions that have been handed down through the years. Often told is the story of a messenger who was murdered on his way to Texas with the news of freedom. Another, is that the news was deliberately withheld by the enslavers to maintain the labor force on the plantations. And still another, is that federal troops actually waited for the slave owners to reap the benefits of one last cotton harvest before going to Texas to enforce the Emancipation Proclamation. All of which, or neither of these version could be true. Certainly, for some, President Lincoln’s authority over the rebellious states was in question. For whatever the reasons, conditions in Texas remained status quo well beyond what was statutory.

Friday June 15th, 2012
Flag Raising Ceremony is scheduled at 10:00am at Syracuse City Hall. The public is welcome to come and celebrate the traditional start of the festival. Along with other dignitaries, Mayor Stephanie Miner will read a proclamation.

Fun, Food, and Family Day Jubilee Park, 2:00pm.

Saturday June 16th, 2012
Visions of Victory Parade
The Parade kicks off the Juneteenth Festival. Starting at Dr. King School (stepping off at noon), and arriving in Clinton Square at 1:00pm the parade is enjoyed by all.

The DAC is pleased to announce the addition of Giovanna Perry, DAC Administrative Assistant, to our staff. Be sure to give Giovanna a warm hello when she calls to remind you of your upcoming appointments and answers your calls!
The mission of CNY Pride is to serve the Central New York lesbian, gay, bisexual, and transgender (LGBT) community and their allies. Our annual Pride Parade and Festival, along with similar events throughout the year, provides a forum to celebrate and affirm individual sexual and gender identity, to commemorate our community’s rich history and diversity, and to renew our dedication to ending intolerance and achieving equal rights.

**June 16, 2012 - Syracuse, NY**

The 2012 CNY Pride Parade is planned to step off at about 11:00 a.m. in front of the Q Center (627 West Genesee St., Syracuse) and proceed to the CNY Pride Festival at the Inner Harbor Waterfront Park (400 West Kirkpatrick St., Syracuse).

The parade is a half mile in length and we hope to have you join us. If you use a wheelchair, be advised there is a slight downhill slope on Van Rensselaer Street.

**2012 Pride Festival**

**June 16, 2012**  
**12noon to 5:00 p.m.**  
**Inner Harbor Waterfront Park**  
**Syracuse, NY**

For more information please visit: http://www.cnypride.org/

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**Lesbian, Gay, Bisexual and Transgender Pride Month 2012**

Lesbian, Gay, Bisexual and Transgender Pride Month (LGBT Pride Month) is currently celebrated each year in the month of June to honor the 1969 Stonewall riots in Manhattan. The Stonewall riots were a tipping point for the Gay Liberation Movement in the United States. In the United States the last Sunday in June was initially celebrated as “Gay Pride Day,” but the actual day was flexible. In major cities across the nation the “day” soon grew to encompass a month-long series of events. Today, celebrations include pride parades, picnics, parties, workshops, symposia and concerts, and LGBT Pride Month events attract millions of participants around the world. Memorials are held during this month for those members of the community who have been lost to hate crimes or HIV/AIDS. The purpose of the commemorative month is to recognize the impact that lesbian, gay, bisexual and transgender individuals have had on history locally, nationally, and internationally.

In 1994, a coalition of education-based organizations in the United States designated October as LGBT History Month. In 1995, a resolution passed by the General Assembly of the National Education Association included LGBT History Month within a list of commemorative months. LGBT History Month is also celebrated with annual month-long observances of lesbian, gay, bisexual and transgender history, along with the history of the gay rights and related civil rights movements. National Coming Out Day (October 11), as well as the first “March on Washington” in 1979, are commemorated in the LGBT community during LGBT History Month.

For more information please visit: http://www.loc.gov/lgbt/about.html
As part of the Department of Health and Human Services’ (HHS) efforts to plan for the 2013 reauthorization of the Ryan White HIV/AIDS Program, the Health Resources and Services Administration (HRSA) has launched a number of activities to collect ideas from stakeholders that will inform our policy deliberations.

The Ryan White Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, states, and local community-based organizations to provide life-saving medical care, medications, and support services to more than half a million people each year—including the uninsured and underinsured, racial and ethnic minorities, and people of all ages. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

Among the issues being discussed within HHS is the question of what the Ryan White program should look like in an environment of a health care system reformed by implementation of the Affordable Care Act (ACA). In light of the expansion of health insurance coverage that implementation of the ACA will bring, the Ryan White Program will certainly evolve. But as my colleague Dr. Deborah Parham Hopson, HRSA’s Associate Administrator for the HIV/AIDS Bureau, has noted, though the reauthorized Ryan White Program may ultimately look different, it will still serve as an important “safety net” for vulnerable populations living with HIV/AIDS.

Stakeholder Comments Sought
In a Federal Register Notice dated April 25, 2012, Dr. Mary K. Wakefield, Administrator of HRSA, invited comments from stakeholders about reauthorization of the Ryan White Program. HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Submit written comments online by July 31.

Listening Sessions Planned
HRSA has also announced that it will hold at least four webinar or teleconference listening sessions over the next few months to collect stakeholder input on Ryan White Program reauthorization issues. Each will focus on a different geographic region. Dates, times and other details will be published on HRSA’s Ryan White Reauthorization web page as they become available.

The services offered through the Ryan White HIV/AIDS Program continue to be an essential component of our efforts to reach the goals of the National HIV/AIDS Strategy. We look forward to working with our colleagues at HRSA and stakeholders from across the nation to consider how the program can most effectively be adapted in light of evolving needs, priorities and policies. I encourage you to share your thoughts on reauthorization via the forums that HRSA is making available.

http://blog.aids.gov/2012

May 16, 2012: HRSA Seeks Public Input on Ryan White Reauthorization

Each year on June 27, the National Association of People With AIDS (NAPWA), organizes National HIV Testing Day (NHTD), in partnership with other national and local entities across the country. This unique initiative sends the message to those at risk from those already living with HIV that there are powerful reasons for learning one’s HIV status. NAPWA was one of the first AIDS organizations to advocate that people at risk of infection should seek out voluntary HIV counseling and testing. As people living with HIV/AIDS, we know that knowledge of HIV status has been essential to making informed decisions about our lives. We took this knowledge one step further in 1995 and launched the NHTD campaign. NHTD was developed in response to the growing number of HIV infections in communities of color and other heavily impacted communities. Today, CDC estimates approximately 21 percent of the 1.3M Americans living with HIV are unaware of their HIV status. NAPWA believes voluntary HIV counseling and testing is a critical first step in taking control and responsibility over one’s health, hence our message: “Take the Test, Take Control.”

http://www.napwa.org/
Healthy Meals with MyPlate

MyPlate illustrates a way to plan out a healthy diet. MyPlate gives you a simple example of what the majority of our plates should look like at mealtime. Strive to make half of your plate fruits and veggies, a quarter of the plate should be grains, and the rest should be made up of protein sources such as meat or beans. It’s ok if your plate doesn’t resemble MyPlate for all meals, especially breakfast, but the plate represents how most dinner plates should look to ensure a healthy, satisfying meal. Before you eat, think of what and how much of various foods go on your plate or in your bowl.

A healthy daily menu should contain a wide variety of foods including fruits, veggies, whole grains, and lean protein. A sample daily menu based on 2,000 calories per day, could look like the following:

<table>
<thead>
<tr>
<th>Breakfast: Oatmeal with blueberries &amp; walnuts</th>
<th>Lunch: Garden Salad with fruit and milk</th>
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<tbody>
<tr>
<td>1 cup oatmeal</td>
<td>1 ½ cups baby spinach leaves</td>
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<tr>
<td>½ cup skim milk</td>
<td>¼ cup chickpeas</td>
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<tr>
<td>¼ cup blueberries</td>
<td>¼ cup carrots</td>
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<tr>
<td>½ oz walnuts, chopped</td>
<td>¼ cup red onions, chopped</td>
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<tr>
<td>1 tsp cinnamon and sugar</td>
<td>¼ cup walnuts, chopped</td>
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<tr>
<td>1 cup 100% orange juice</td>
<td>2 tablespoons salad dressing</td>
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<table>
<thead>
<tr>
<th>Dinner: Turkey Burger with fruit &amp; pasta salad</th>
<th>Snack:</th>
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<tbody>
<tr>
<td>1 whole wheat bun</td>
<td>½ cup Greek or regular yogurt</td>
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<tr>
<td>¼ lb turkey burger, grilled</td>
<td>¼ cup cranberries, dried</td>
</tr>
<tr>
<td>1 slice cheddar cheese</td>
<td>¼ cup whole grain cereal or granola</td>
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<tr>
<td>2 slices tomato</td>
<td>OR</td>
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<tr>
<td>2 leaves lettuce</td>
<td>3 tablespoons hummus</td>
</tr>
<tr>
<td>2 slices onion</td>
<td>5 whole wheat crackers or baby carrots</td>
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<tr>
<td>2 slices portabella mushrooms</td>
<td></td>
</tr>
<tr>
<td>1 cup pasta salad</td>
<td></td>
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<tr>
<td>1 cup fruit salad</td>
<td></td>
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<tr>
<td>16 oz unsweetened tea</td>
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<table>
<thead>
<tr>
<th>Healthy Herby Turkey Burger Recipe Serves: 8</th>
<th>Directions:</th>
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</thead>
<tbody>
<tr>
<td>Ground turkey is usually a lot leaner than ground beef, so to keep the burger from becoming too dry it helps to use ground dark meat from thighs and legs. Adding a little olive oil to the mix also helps to add healthy fats. If you don’t have fresh herbs on hand you can always use dry herbs. One tablespoon of fresh herbs equals a teaspoon of the dry version.</td>
<td>1. <strong>Sauté</strong> the chopped onion in olive oil for 3 minutes over medium heat. Add the garlic and sauté for another 2 minutes until the garlic starts to brown. Remove form heat. Transfer the onions, garlic, and oil to a large bowl to cool down.</td>
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<tr>
<td><strong>Ingredients:</strong> 2 Tbsp olive oil ½ medium red onion, minced 4 minced garlic cloves 2 lbs ground turkey meat, preferable form the legs and thighs 1 tsp salt 1 tsp black pepper ½ cup loosely packed chopped parsley 1 Tbsp minced fresh rosemary 1 Tbsp minced fresh sage 2 tsp chopped fresh thyme</td>
<td>2. <strong>Once</strong> the onions are cool, add the ground turkey, salt, pepper, and herbs into the bowl. Using your hands, gently mix everything until well combined. You want the herbs mixed in without overworking meat, which could make the burgers tough.</td>
</tr>
<tr>
<td><strong>Directions:</strong> 1. <strong>Sauté</strong> the chopped onion in olive oil for 3 minutes over medium heat. Add the garlic and sauté for another 2 minutes until the garlic starts to brown. Remove form heat. Transfer the onions, garlic, and oil to a large bowl to cool down.</td>
<td>3. <strong>Form</strong> the meat into patties. <strong>Simple burger patty tip: use your fingers to form a slight indentation in the middle of the patties. Having the middle part slightly thinner than the edges when raw will help the patties finish with a more even shape and less bulge in the middle.</strong></td>
</tr>
<tr>
<td>3. <strong>Form</strong> the meat into patties.</td>
<td>4. <strong>Cook</strong> on a hot grill or in a hot cast iron frying pan for 5-6 minutes per side, until cooked through. If using a grill, coat the grill grate first with a little vegetable oil. If using a frying pan, put a little oil in the pan first to help keep the burgers from sticking. You can even sprinkle a little salt on the bottom of the pan to prevent the patties from sticking when you flip them.</td>
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</tbody>
</table>

References: USDA MyPlate available at http://www.choosemyplate.gov/food-groups/
ADD and ADHD in Adults

Attention Deficit Hyperactivity Disorder is one of the most well recognized childhood developmental problems. This condition is characterized by inattention, hyperactivity, and impulsiveness. It is now known that these symptoms continue into adulthood for about 60% of children with ADHD. That means about 4% of the adult population, or 8 million adults. Adults with ADHD may have difficulty following directions, remembering information, concentrating, organizing tasks or completing work within time limits. If these difficulties are not managed appropriately, they can cause behavioral, emotional, social, vocational and academic problems.

The following behaviors and problems may stem directly from ADHD or may be the result of related adjustment difficulties: chronic lateness and forgetfulness, low self-esteem, employment problems, difficulty controlling anger, impulsiveness, substance abuse or addiction, poor organization skills, procrastination, low frustration tolerance, chronic boredom, difficulty concentrating when reading, mood swings, depression, anxiety, relationship problems. These may be mild to severe and can vary with the situation or be present some of the time or all of the time. Some adults with ADHD may be able to concentrate if they are interested in or excited about what they are doing. Others may have difficulty concentrating under any circumstances. Some adults look for stimulation, but others avoid it. In addition, some adults with ADHD can be withdrawn and antisocial and others can be overly social and unable to be alone.

Adults with ADHD are more likely to change employers frequently and perform poorly and have had fewer occupational achievements. They are also more likely to have had more driving violations such as speeding, or to be involved in more crashes, to use illegal substances more frequently and to smoke cigarettes, to have more marital problems and have had multiple marriages.

Researchers agree that ADHD does not start in adulthood, that there must be evidence that it began in childhood in order to diagnose it in an adult. Talk to your medical provider for a referral to a mental health provider for an evaluation if you believe you have problems related to adult ADHD. Once a diagnosis has been made there are treatment options available. Medications, cognitive and behavioral therapy to reduce anxiety and boost self esteem and to alleviate symptoms of depression, and anger management, if indicated. Adults with ADHD can learn strategies to manage their condition such as: take medications as directed, organize yourself, control impulsive behavior, minimize distractions, find constructive outlets for excess energy and ask for help.

Although most people don’t outgrow ADHD, they do learn to adapt. If the difficulties associated with ADHD are managed appropriately throughout their lives, adults with ADHD can learn to develop personal strengths and be productive and successful.

This information was excerpted from: http://www.webmd.com/add-adhd/guide/adhd-adults?print=true

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The Infectious Disease Clinic offers on-site individual, group, and case management mental health services. All of our patients are eligible to receive services appropriate for their care. If you would like to receive mental health services please discuss with your doctor, nurse practitioner, physician assistant or social worker.

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Why Should I Eat Strawberries?

A serving of 8 strawberries contains more vitamin C than an orange. Strawberries are rich in folate, potassium and fiber. They are high in antioxidants and help fight cancer and heart disease. Remember fruit tastes best and is most nutritious when eaten from local growers and in season. Medium strawberries are more flavorful than large-size. Strawberries should be firm and dry to touch. They will stay fresh for a couple days in the refrigerator if kept in their original container.

Source: David Grotto, RD 101 Foods That Could Save Your Life
"Take care of your body. It's the only place you have to live".
Jim Rohn

"You can set yourself up to be sick, or you can choose to stay well".
Wayne Dyer

"Vitality shows not only in the ability to persist, but in the ability to start over".
Anonymous

"To wish to be well is a part of becoming well"
Seneca (Roman philosopher, mid-1st century AD)

"The I in illness is isolation, and the crucial letters in wellness are we".
~Author unknown, as quoted in Mimi Guarneri, The Heart Speaks: A Cardiologist Reveals the Secret Language of Healing

"Getting my lifelong weight struggle under control has come from a process of treating myself as well as I treat others in every way."
Oprah Winfrey

"You have to stay in shape. My grandmother, she started walking five miles a day when she was 60. She's 97 today and we don't know where the hell she is".
Ellen DeGeneres

HIV infection has had a demoralizing impact on the Caribbean Diaspora and the Caribbean-American communities throughout the United States for over 20 years. Surveys of Caribbean-American communities reveal significant health disparities, and have identified HIV/AIDS and inadequate access to health care as major health issues in this population.

According to the Centers for Disease Control people of color now account for a greater proportion of AIDS cases reported. A close examination of the U.S. AIDS cases over the past decade reveals that HIV/AIDS is the leading cause of death among African American between the ages of 25-44. It is important to note that African-American are often view as one group, there is, in fact, a wide variety of populations in the US included under this heading are upper class, lower class, Christian, Muslim, inner city, suburban, descendants of slaves and recent Caribbean immigrants all come under the African-American heading. Current epidemiological surveillance does not record these social, cultural, economic, geographic, religious, and political differences that may accurately predict risk.

A high rate of migration between the Caribbean and the United States creates potential public health implications for the delivery of care and treatment services for Caribbeans living with HIV/AIDS in the United States. The large degree of mobility among Caribbean populations includes migration not only between the Caribbean and the United States, but within states or travel to other cities (for example Miami, New York and Boston). This mobility may be due to employment, family obligations, need to hide (because of HIV stigma), and need to seek medical care.

Poor health, premature death and AIDS have challenged the extended Caribbean-American family in every part of the country to find new reservoirs of compassion, to increase our political voices, confront many difficult issues such as drug use, sexuality, poor health care which for generations, have been deemed unmentionable. The spiritual lives of our communities have been tested to its core as religious leaders reach out to advocate with families who have suffered stigma and exclusion.

June 8th, is the eight day of Caribbean-American Heritage Month in the United States and the first day of what will become an annual observance of -National Caribbean-American Health/AIDS Awareness Day. NCAHAAD is a national mobilization effort designed to encourage Caribbean-American and Caribbean-born individuals, across the United States and its territories, to get educated, get tested, get treated and get involved. It is also a time to reflect, memorialize and show compassion for those infected or affected by HIV/AIDS. It is a day of hope for the future of a Caribbean and Caribbean American community with available preventive health care as a daily part of life and a Caribbean Diaspora free of AIDS.
Do you know your Hepatitis C (HCV) status? Are you currently on treatment?

Come find out about the services offered at the Designated AIDS Center (DAC) to HIV/HCV co-infected consumers.

Educate

Encourage

Empower

This open house is for consumers and providers interested in information about Hepatitis C & HIV Co-Infection Services at the DAC. Individuals need not be patients at the DAC to attend. Refreshments will be provided.

DAC Conference Room
June 7th, 2012 3:00pm–5:00pm
725 Irving Avenue, Suite 302
Syracuse, New York 13210
315.464.7313

For people who have Twitter accounts:
If you are interested in Hepatitis C issues check out Hepatitis NY on Twitter.

Living Well with Hepatitis C

Peer mentor support for co-infected clients.

Individual or group

If you would like to speak to a peer mentor please contact:
John Wikiera at 315-542-1703 or Ralf Bernecker at 315–476-1125
The DAC Consumer Advisory Board is looking for new members. Are you interested in working with a dynamic group of consumers? We need your input! The CAB is involved with issues that affect you. You can be an important voice within the DAC and the regional/statewide HIV community. If you want to know more about the CAB please speak with Missy, Kelley or Judy. To become a member please ask a staff person for an application.

The next meeting of the CAB will be June 28, 2012.

Prescription Reminder
If you want to know if your prescription is ready at your pharmacy, please call your pharmacy and not our office. Once you leave a message concerning prescription refills or renewals please allow at least 4 hours before calling to check on the status of your request. Most prescriptions requests are called into your pharmacy the same day. Messages received late in the day may not be called in till the following business day. Please call for prescription renewals several days before you will run out. This will help to avoid any medication interruption.

HIV/AIDS Services:
ACR: 1-800-475-2430
FACES: 1-866-95-FACES
STAP, Southern Tier AIDS Program: 1-800-333-0892
NYS Dept. of Health: English: 800-541-2437
Spanish: 800-233-7432
Liberty Resources: 315-701-0293

Hotlines and Services:
CONTACT: 315-251-0600
CPEP: 315-448-6555
Vera House: 315-468-3260

For more information please visit: http://www.menshealthmonth.org/

JUNE is Men’s Health Month!
Anchored by a Congressional health education program, Men’s Health Month is celebrated across the country with screenings, health fairs, media appearances, and other health education and outreach activities.