

HIV Risk Reduction

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The Adaptable Dr. Tambe: A Dynamic Force That Changed HIV in Fulton County

One theme has permeated the life of Dr. Pradnya Balkrishna Tambe, the Medical Program Administrator in the Communicable Disease Prevention Branch of Fulton County's Department of Health and Wellness: the ability to adapt to challenging circumstances. Her talent for enduring difficulties and focusing on long-term goals has transformed the delivery of healthcare in Fulton County and impacted the lives of thousands of HIV patients.

In 1971 as a young bride from central India, Dr. Tambe moved 8,500 miles away from her family to start a new life in the U.S. with her husband, a man she did not know well. While she had specialized in ophthalmology during medical school, she discovered she now would have to change her chosen field to pediatrics to take advantage of an available internship and residency program at Louisiana State University.

The couple had moved to Baton Rouge so her husband could obtain his doctorate in physics.

As a foreigner, she faced cultural barriers in the deep South; as a woman in a male-dominated profession, she dealt with additional issues. Regardless of the situation, "circumstances changed, but my mindset did not," she says. "I put my heart into whatever was presented." Her positive spirit triumphed as her career progressed through various positions, and she adapted once again to focus on public health. In 1981 she became a fulltime physician in Fulton County's STD clinic. Little did she know that her journey had prepared her well for a new battle hiding in the wings: the emergence of HIV.

Initially, Dr. Tambe and one other physician with assistance from nurses and other medical personnel would see up to 200 patients a



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day. By 1986, she became the clinic's Medical Director and many of her patients were suffering from a mysterious new illness identified as AIDS.

"Early on in the epidemic Dr. Tambe was one of the first physicians to begin screening her STD patients for signs and symptoms of HIV," recalls Health Program Administrator Ruby Lewis-Hardy who has worked alongside

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Ruby Lewis-Hardy
Health Program Administrator

the physician for years. “She is a pioneer. She often recognized HIV disease indicators through oral, vaginal and general examinations and suspected infection before the client as aware they were compromised. This was long before the advent of rapid testing.”

In addition to her work with patients, as Medical Director, Dr. Tambe’s first endeavor was to reorganize the department. “With so many patients, we couldn’t deliver the quality of care we desired, so I decentralized the program. “ She opened satellite clinics, trained medical providers from other agencies and took advantage of a CDC grant to train medical and nursing students to care for patients with STDs.

Just as those measures began having an impact, the HIV epidemic changed the picture yet again. The influx of patients had once more swelled, and by 1991 the department was identifying 300 patients with the disease annually. Dr. Tambe secured emergency funds to set up a clinic exclusively devoted to HIV primary care. With 800 HIV-related deaths annually in the county during those early years, it was a difficult period.

A jump to present day shows a remarkable contrast. Dr. Tambe has three clinics under her purview: The HIV Primary Care Clinic, the STD clinic and a TB clinic. Altogether, there are eight physicians and two dozen professionals devoted to patient services. The direct services are provided by staff nurses, doctors, health educators, technicians and medical assistants, as well as a psychiatrist and mental health counselor. Clients also have access to dental care. To enhance efficiencies, staff members have been cross-trained, maximizing their skill



A delegation of Russian doctors and epidemiologists was particularly interested in how Fulton County handles HIV/AIDS cases. Pictured with the two members of the delegation are (left to right) Phyllis Powell, Michelle Allen, Dr. Tambe, Teresa Bell, and standing behind the Russians, Jerome Mack.

set to deliver more comprehensive services. Accountability has been enhanced through training and protocols to monitor and improve performance. In addition, Dr. Tambe has established an on-site licensed laboratory and pharmacy, further enhancing care by delivering faster test results and getting medication into patient’s hands on a more timely basis.

A great proportion of HIV Clinic customers are men who have sex with men—and many have syphilis in addition to HIV.

Most of the patients seen in the HIV Primary Care Clinic today are underinsured or uninsured, there are many immigrants, and almost half have a substance abuse history. Women comprise 28% of the patient base, and the number is growing because of educational initiatives. A great portion of the clinic’s customers are men who have sex with other men -- and many have syphilis in addition to HIV.

“Because Dr. Tambe has worked at the largest STD clinic in Georgia for so many years and because of the number of patients she has seen over that span of time, she is considered an expert,” says Hardy. While the physician is proud of her accom-



A group of Harvard Fellows, physicians visiting Public Health facilities across the country, pose with Dr. Tambe during a visit to Fulton County.

plishments, and says it's always nice to receive praise, she is true to the science of her profession. The one thing that brings her the greatest satisfaction is when data changes and the clinic delivers measurable results. And despite the ongoing gravity of the epidemic, during her tenure, the change in measurable results has been profound. The diagnosis that was once a death sentence is now regarded by many as a manageable chronic disease and the annual HIV death rate has dropped from 800 in 1991 to 30 today.

Communication plays a crucial role in the battle against HIV: whether it's between physician and patient, between sexual partners, or between family members.

While data speaks volumes, so do small gestures. "When patients with mental health or substance abuse issues present for care at her clinic, Dr. Tambe makes sure they receive proper referral to social services and is often seen personally walking the client across the street to Grady for services," says Hardy. "She also takes special care with sexual abuse cases, often rewriting policy and procedure for the protection of these clients."

"Ruby has influenced me a lot," says Dr. Tambe, who returns her colleague's admiration. "She fights for her patients. I've learned a lot from her; she has changed my view of life."



Aldredge Health Center, home of the Fulton County Communicable Disease Prevention Program.

If someone handed Dr. Tambe a magic wand, she would use it to change the viewpoint of others. At this stage in the battle with HIV, she feels communication plays a crucial role in protecting health: whether it's between a physician and patient, or between sexual partners, or between family members. "People need to talk to each other and listen," she says. "The breakdown in family communication is really hurting society. This is a very individualistic culture. It's great to be financially and emotionally independent, but if we don't listen to each other, and work with each other despite differences, it hurts."

Educating other professionals and organizing outreach programs are also important components of the future. Dr. Tambe has initiated collaborations with nearly two dozen other agencies, for example to train substance abuse agencies to do on-site HIV testing and stationing AID Atlanta case managers inside her own clinic. During her 28 years with the department, Dr. Tambe has been one of the primary forces that changed the delivery of care and the long-term dynamics of HIV in Fulton County. "These contributions," says Hardy, "are part of her legacy."

*Photos courtesy of Terria Smith and Acar Nazli
Fulton County Department of Health and Wellness.*

Black MSM and HIV/AIDS

In Georgia as elsewhere, the HIV/AIDS epidemic is taking a disproportionate toll on Blacks and especially on Black men who have sex with men (BMSM). HIV workers in substance abuse (SA) treatment centers are aware of a correlation between HIV, mental health, and substance abuse and that psychosocial issues facing SA consumers often include sexual abuse and childhood trauma. These same barriers to prevention are particularly evident among BMSM and are made even more oppressive by the weight of homophobia.

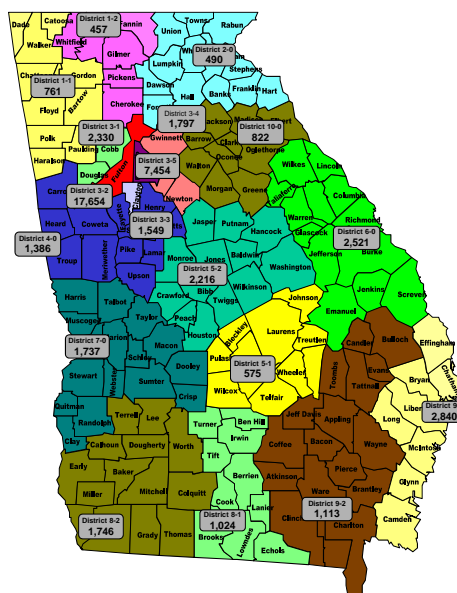
There is such a sense of shame and guilt with being gay, especially for Black people. ...you can be a murderer, a rapist, anything. But do not be a sissy.

One of the most prominent barriers to prevention has to do with poor self-concept or low self esteem.

So basically, in terms of HIV for Black gay men it's not—and this is the punch line—it's not a question of them not knowing how to save their lives. It's a question of them knowing if their lives are worth saving.

HIV workers seeking to respond to the crisis can begin by distinguishing between myth, and fact. For example, the high rate of infection among BMSM does not correspond to lower rates of condom use. Black men who have sex with men are even more likely to take steps to prevent the spread of infection than White gay men—who in turn, take greater precautions than the general population. The risk lies in the fact BMSM choose sexual partners from a smaller pool; the networks in which BMSM socialize are so limited that a single HIV-infected member increases the odds of transmission dramatically. In effect, BMSM have less room for error based on the higher prevalence of HIV.

Source: National Alliance of State & Territorial AIDS Directors. Complete "Black MSM and HIV/AIDS—NASTAD Brief No. 3" and "Black Gay Men/MSM & HIV/AIDS—Meeting Summary" available at www.hiveis.com under At Risk Populations.



HIV/AIDS Cases in Georgia

Since the beginning of the epidemic, 48,637 Georgians have been diagnosed with HIV/AIDS. Although only 30% of the state's population is Black, in 2007 78% of those diagnosed with HIV/AIDS were African American. The majority of Georgians with HIV or AIDS are also male. Among these, the most commonly reported risk factor is male sexual contact. Of HIV cases reported in Georgia in 2007, 73% were among men who have sex with men.

Source: Georgia HIV/AIDS Surveillance Summary and 2008 Georgia Data Summary: HIV/AIDS Surveillance, Georgia DHR, Division of Public Health

Find both complete summaries along with the map pictured above at www.hiveis.com under At Risk Populations - Statistics.

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