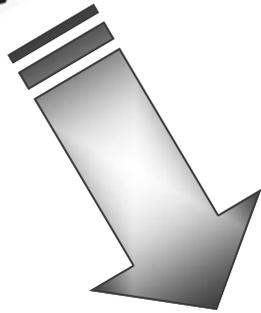


**WHY US?
LEFT BEHIND AND DYING**



Video Curriculum Modules

'Planned Shrinkage' of Some Slums

By JOSEPH P. FRIED

A top Beame administration official is urging that, as a possible alternative to citywide cuts in services because of the fiscal crisis, the city should consider adopting a policy of "planned shrinkage."

Under this, the population losses occurring in certain slum areas, including Brownsville in Brooklyn and the South Bronx, would be "accelerated" by public policy.

The aim of such a policy, in the opinion of Roger Starr, the Housing and Development Administrator, would be to hasten the population decline



the Williamsburg section of Brooklyn. Starr said that the plan involved two phases: one to be completed by 1975 and another to be completed by 1980. "Until new slums present themselves," Mr. Starr said, "one point. At another, it is not clear what the future of these planned shrinkage course might be adopted.

Another matter to be considered, he acknowledged, was the fact that in areas like the South Bronx and Brownsville, a number of housing construction and rehabilitation projects

Lesson 12: HIV – Migration

LEARNING WAS NEVER LIKE THIS

Lesson 12: Migration

Standards:

Health:

1.12.1

1.12.8

7.12.1

Science:

2.4

2.5

7.1

7.5

Skills Practiced and Gained:

1.1—1.7

2.3

Overview

“Where you see a high rate of HIV often you see a high rate of migration, of people moving around.” (Dr. Jim Thomas comments on migration during an interview with students.) Migration takes on various forms in poor and



predominantly minority communities. There is the migration of Black and Latino males to prison and back to the community. There is migration of minorities to different urban centers because of urban renewal or the gentrification of minority neighborhoods. There is migration of workers to locations where there are jobs and then back to their homes and communities. The video module, “*Migration*,” presents different migration patterns in African and African American communities and examines the impact migration has on the spread of HIV/AIDS.

Key Concepts

Reasons for migration among poor and predominantly minority communities

Urban Renewal or gentrification of the inner city

Social determinants of health

Impact of migration on the spread of HIV/AIDS in the African and African American communities

Materials for Activities and Educator Background Knowledge

Migration Interaction Chart and Teacher/Facilitator Debrief Chart used in *Activity 12.1*. You will also need a flip chart, grease/chalkboard, or projection for Teacher Debrief Chart.

Procedure

Part I

View “*Migration*” video module. After viewing the module use the following questions to facilitate group discussion or give the questions as prompts for journal entries.



Discussion / Journal Questions

- 1) What new information did you gather from the video module?
- 2) How does migration contribute to the high rates of HIV/AIDS in the African and African American communities?
- 3) What other questions or comments do you have?

Part II

When people move from one area to another, they interact with others who they may not have otherwise. If these interactions happen under unsafe conditions, disease can easily transmit from one individual to another. When these individuals return to original communities or move on to another community, they end up carrying disease to other populations who otherwise would have never been exposed.

Let’s perform a simulation to see how disease transmission is facilitated by migration.

Activity 12.1

- 1) Divide the class/seminar into four separate “regions” or “communities.” Assign each of these groups a letter. Assign each student/participant a number. Have them write region letters and personal numbers to the “My Identity” portion of the *Activity 12.1* sheet. For example, one person may write D13 to note that they are from region D and have been assigned number 13.



Part II (continued)

Activity 12.1 (continued)

2) Assign 2 individuals from each region to “migrate” into the center of the room. While there, they are to shake hands with one person for each round and keep track of who they interacted with on the *Activity 12.1* sheet by writing the other person’s letter and number. Go through 5 rounds of shaking hands. Explain to the students/participants that “shaking hands” could be any behaviors that expose one to diseases: sexual contact, blood transfusions, sharing of close living quarters that may result in transmitting of airborne diseases, etc.

3) After the 5 rounds, have the individuals return to their communities of origin. Go through 5 more rounds of hand shaking and keeping track of interactions.

4) Have students/participants return to their seats. Explain that there has been an outbreak of a disease in Community A and several of its members have been affected – in fact, both of the individuals who migrated are carriers of the disease. Together, trace the spread of the disease through the teacher debrief chart.



5) Discuss the following questions:

- Which communities were affected and which ones were unaffected before the migration?
- How quickly did the disease spread in the migratory population?
- What happened when the migrating population returned to their communities?
- How does this simulation demonstrate how HIV has spread through African and African American populations?

Closure

Migrations are common in many communities. Sometimes, these migrations may be due to several reasons:

- economic opportunities
- educational opportunities
- travel
- wars
- prisons
- seeking political asylum



Migrations can be a necessary part of life for some. They can represent opportunities for others. And, they can be a result of oppression and last resort for the unfortunate. Because of the human need for connection, relationship, and society, people will always come in contact with one another.

Use the following questions to facilitate group discussion or give the questions as prompts for journal entries.

- 1) Have you or your community experienced migration? How so?
- 2) Have you or your community come in contact with those who migrated? How so?
- 3) Knowing that living together, working together, and having relationships with one another is inevitable, what are some ways you can protect yourself and your communities from experiencing health risks?
- 4) Does understanding the nature of migration and disease change your thoughts about how you might act? Why or why not?

Why us? Curriculum

Activity 12.1: Migration Interaction Chart

Write your “identity” in the first box. Write down the “identity” of each person you shake hands with in each of the rounds your instructor announces.

Your Identity (Region letter and individual number)	
Identity of the person you shook hands with in round 1	
Identity of the person you shook hands with in round 2	
Identity of the person you shook hands with in round 3	
Identity of the person you shook hands with in round 4	
Identity of the person you shook hands with in round 5	
Identity of the person you shook hands with in round 6	
Identity of the person you shook hands with in round 7	
Identity of the person you shook hands with in round 8	
Identity of the person you shook hands with in round 9	
Identity of the person you shook hands with in round 10	

Why us? Curriculum

Handout 12.1: Teacher Debrief Chart

Project this chart, write chart on the board, a piece of butcher paper, or chart paper. Write the results of each handshaking rounds

Individuals already carrying disease	
Individuals carrying disease after Round 1: (individuals listed in the row just above PLUS those who shook hands with them in Round 1)	
Individuals carrying disease after Round 2: (individuals listed in the row just above PLUS those who shook hands with them in Round 2)	
Individuals carrying disease after Round 3: (individuals listed in the row just above PLUS those who shook hands with them in Round 3)	
Individuals carrying disease after Round 4: (individuals listed in the row just above PLUS those who shook hands with them in Round 4)	
Individuals carrying disease after Round 5: (individuals listed in the row just above PLUS those who shook hands with them in Round 5)	
Individuals carrying disease after Round 6: (individuals listed in the row just above PLUS those who shook hands with them in Round 6)	
Individuals carrying disease after Round 7: (individuals listed in the row just above PLUS those who shook hands with them in Round 7)	
Individuals carrying disease after Round 8: (individuals listed in the row just above PLUS those who shook hands with them in Round 8)	
Individuals carrying disease after Round 9: (individuals listed in the row just above PLUS those who shook hands with them in Round 9)	
Individuals carrying disease after Round 10: (individuals listed in the row just above PLUS those who shook hands with them in Round 10)	