Tulsa CARES Opens an HIV and Hepatitis C Clinic

Oklahoma ranks third in the nation for hepatitis C deaths. The state also has a high rate of rural HIV transmission.

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Tulsa CARES, an Oklahoma nonprofit that serves people living with HIV and hepatitis C, opened a medical clinic this month. Previously, clients needing to see a health care provider were connected to doctors elsewhere in the city. In addition to offering direct HIV and hepatitis C care, the new clinic will provide general primary care to its clients.

Oklahoma ranks third in the nation for hepatitis C deaths. It's also one of seven states with such a high rate of rural HIV transmission that it received special focus in recent federal HIV plans.

"We have had care coordinators who help with funding so that patients can get treated, but we haven't actually had a medical component of being treated here by a provider," Madhuri Lad, DO, who will lead the Tulsa CARES clinic, told NewsOn6.com. "I have spent the last eight years with Oklahoma State University Specialty Services. They have a Ryan White–funded clinic that services about 1,300 patients," Lad, a doctor of osteopathic medicine certified in internal medicine and the treatment of HIV, told the news program.

"We know that Oklahoma is one of the top states with increased incidence of hepatitis C," she said. "We know that there are a lot of patients living with HIV in the community." She added that Tulsa CARES hopes to address barriers to treatment in addition to writing prescriptions and providing wraparound services.

In fact, Tulsa CARES hopes to build its own medical building next to its current location at the Charles Faudree Center at 3712 East 11th Street.

In addition to providing HIV and hepatis C services, such as testing, support and treatment, Tulsa CARES offers pre-exposure prophylaxis (PrEP) to prevent HIV, mental health and housing services and a food program.

Hepatitis simply means inflammation of the liver, an organ that acts as the body's filter. Hepatitis has many causes, including viruses—such as hepatitis A, B and C viruses—as well as toxins and chemicals from excessive alcohol and fat. When the inflammation becomes severe, it can result in the hardening and scarring of liver tissues—which can impede the liver's ability to function—a condition called cirrhosis. Over time, this can lead to liver cancer, liver failure and death. (For more information, check out Hep's Introduction to Hepatitis.)

In Oklahoma, hep C cases are increasingly related to the opioid epidemic and seen among young people who inject drugs, a common way the virus is transmitted.

The good news for people with hepatitis C is that in most cases the disease is curable. What's more, hep C treatment is easier than ever, usually consisting of daily tablets for a number of weeks.

Additional good news arrived in Oklahoma in 2020 when voters approved Medicaid expansion. And last year, lawmakers in the state cleared the way for legal harm reduction services, including syringe exchanges. For more details, see "Two Reasons Hepatitis C Deaths in Oklahoma Will Likely Decline."

Health officials in Oklahoma have often taken steps to address HIV. Last spring, they launched a program to provide PrEP. Another program, Rapid Start, aims to quickly connect people newly diagnosed with HIV to care and help them start treatment.

The two HIV programs are funded through the federal "Ending the HIV Epidemic: A Plan for America" initiative. Launched in 2019 by President Donald Trump, the 10-year plan aims to lower new HIV rates by 75% by 2025 and by 90% by 2030. This would amount to fewer than 3,000 HIV cases a year. "Reducing new infections to this level," according to the initiative, "would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic."

Reaching these benchmarks involves investing federal funding and resources in programs such as Rapid Start and PrEP in 57 key jurisdictions. These are the 48 counties nationwide plus Washington, DC; San Juan, Puerto Rico; and seven rural states with high HIV burdens (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma and South Carolina) that together account for 50% of new HIV cases.

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