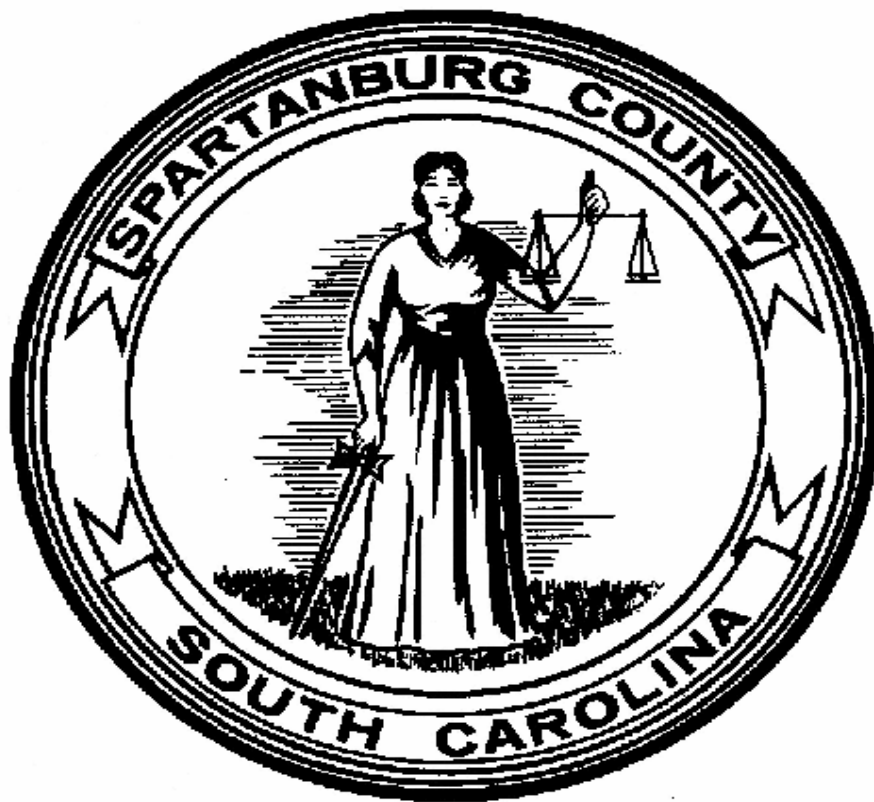


H I V a n d A I D S

A Spartanburg County Perspective



FOURTH EDITION
2004

ACKNOWLEDGEMENTS

The Spartanburg County HIV/AIDS Committee would like to thank Tracey Jackson, Executive Director of Piedmont Care, Inc., for serving as Chairperson of the committee to update this document. Ms. Jackson and Piedmont Care, Inc. provided essential leadership and spent considerable time to gather, compile and edit the information for *HIV and AIDS: A Spartanburg County Perspective*.

Piedmont Care, Inc. is a nonprofit organization serving HIV positive(+) people and their families in Spartanburg County. Donations to Piedmont Care, Inc. are tax-deductible. To make a donation, please contact:

Tracey L. Jackson, Executive Director
Piedmont Care, Inc.
269 South Church Street, Suite 201
Spartanburg, SC 29306
(864) 582-7773
tracey@piedmontcare.org.

TABLE OF CONTENTS

<i>Introduction</i>	1
<i>Executive Summary</i>	2
<i>The Facts: HIV & AIDS</i>	3
<i>The Global Epidemic</i>	4
<i>United States</i>	5
<i>South Carolina</i>	6
<i>Spartanburg County</i>	7
<i>Community Resources</i>	9
<i>Critical Issues</i>	13
<i>Projections and Trends</i>	18
<i>Recommendations</i>	19
<i>Glossary</i>	21
<i>Bibliography</i>	23
<i>Internet Resources</i>	25

INTRODUCTION

This report examines the impact of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) on Spartanburg County, South Carolina.

The Spartanburg County Community and Economic Development Department and the Spartanburg County HIV/AIDS Committee set several goals for this document. They are:

- Describe the impact of HIV/AIDS in Spartanburg County.
- Educate the community about HIV/AIDS.
- Make recommendations to Spartanburg County government.

Thank you to the following organizations for making this document possible. Without them, Spartanburg County could not fully address the HIV/AIDS issue.

Appalachia III Public Health District
Piedmont Care, Inc.
Spartanburg Alcohol and Drug Abuse Commission
Spartanburg County Community and Economic Development Department
Spartanburg County HIV/AIDS Committee Members
Spartanburg Regional Healthcare System

EXECUTIVE SUMMARY

After twenty-two years of battle against HIV, we have a better understanding of the virus, but there is still no cure and no vaccine. The good news is that HIV infection can be prevented.

Spartanburg County, like communities worldwide, is impacted by the HIV/AIDS epidemic. The Health Resources and Services Administration (HRSA) recently labeled Spartanburg an “emerging community – a metropolitan area not eligible for a grant under Part A/Title 1 and for which there has been reported to the Director of the Center of Disease Control and Prevention a cumulative total of between 500 and 1,999 cases of AIDS for the most recent period of 5 calendar years for which data are available.”

HIV/AIDS is a global epidemic. If the rate of HIV infection remains constant, by 2013, 112 million people may be HIV+. (Kennedy)

- 40 million people worldwide are infected with HIV.
- 24 million people worldwide are dead as a result of HIV infection.
- There is an estimated 13 million orphans worldwide due to HIV/AIDS.

According to the Centers for Disease Control (CDC):

- An estimated 850,000 to 950,000 people are living with HIV/AIDS in the U.S.
- Approximately 40,000 new HIV infections occur in the U.S. annually.
- Approximately half of all new HIV infections in the U.S. occur in individuals under the age of 25.

A work group representing fifteen southern states, including South Carolina, have created the *Southern States Manifesto*, a document describing the HIV epidemic in the South as an “emergency.” The Manifesto reports, “Southern states account for a little more than one-third of the U.S. population (38%), but account for about 40% of the people estimated to be living with AIDS and 46% of the estimated number of new AIDS cases.”

THE FACTS HIV & AIDS

The goal of the American Red Cross HIV/AIDS Education Program is to prevent the spread of HIV by encouraging people to respond in informed ways to the risk of HIV infection and to people who have HIV. The *American Red Cross Facts Book* provides the following facts about HIV/AIDS:

- HIV is the virus that causes AIDS (a result of HIV infection). HIV is an acronym for Human Immunodeficiency Virus
- AIDS is an acronym for Acquired Immune Deficiency Syndrome. AIDS is a condition that results from HIV infection. The condition is caused by the weakening of the immune system as a result of the virus.
- People can find out if they have HIV by getting counseled and tested. Using a sample of blood, urine, or fluid from the mouth, a blood test called an ELISA can show whether people have antibodies to HIV.
- People with AIDS or HIV often show no outward signs of infection.
- Currently, there is no cure for AIDS.
- HIV spreads through unprotected sex – vaginal, oral or anal – blood-to-blood contact with people who have HIV. HIV can also spread from a mother with HIV to her baby during pregnancy or through breast feeding.
- The body fluids that transmit HIV are blood, semen, vaginal fluid, breast milk and other body fluids containing blood.
- HIV cannot spread from person-to-person by casual everyday contact. People cannot get HIV from just being around someone with HIV or from sharing utensils, office space, bathrooms, handshakes or phones. In addition, the virus is not spread by hugs, touches, massages or even kisses on the cheek.
- Used correctly and consistently, latex or polyurethane condoms help protect people from HIV and some other sexually transmitted diseases.
- A mosquito bite will not give a person HIV.
- The risk of becoming infected with HIV from a blood transfusion in the U.S. is extremely low. The blood supply has been tested for HIV since 1985.

THE GLOBAL EPIDEMIC

HIV/AIDS is a global epidemic of catastrophic consequences for many undeveloped countries. HIV/AIDS is an infectious disease passed from person-to-person. In this world of global transportation, migration and economy, Spartanburg County must care about the HIV epidemic worldwide.

According to *The World Health Report 2004*, HIV/AIDS “is now the leading cause of death for young adults worldwide.” In addition, the World Health Organization (WHO) reports that “almost 6 million people...will die in the near future if they do not receive treatment – but only about 400,000 of them were receiving it in 2003.”

UNAIDS, the Joint United Nations Programme on HIV/AIDS, in cooperation with the WHO, releases an annual report on the status of the global AIDS epidemic. Their 2002 report, *AIDS Epidemic Update*, identified four major trends in the epidemic:

- A shift in the gender of those infected, with more women becoming HIV+.
- Threats to political stability due to economic devastation.
- Effectiveness of HIV prevention efforts in some regions.
- Insufficient resources to continue funding such efforts.

THE 2003 UNAIDS REPORT ESTIMATED

40 million people are living with HIV/AIDS worldwide.
5 million people were newly infected with HIV in 2003.
AIDS deaths in 2003 totaled 3 million.

“As in previous years, more than 95% of new infections and fatalities occurred in developing countries where access to antiretroviral drugs still remains limited and in some cases not available at all...Fewer than 4% of people in need of antiretroviral treatment in low and middle-income countries received the drugs in 2002. Less than 10% of people with HIV/AIDS have access to palliative care or treatment for opportunistic infections...Without treatment and without a vaccine, current projections now suggest that an additional 45 million people will become infected with HIV in 126 low and middle income countries between now and 2010.” (Quinn)

The 2003 *State of the World* report by the United Nations states, “half of new HIV infections and at least a third of more than 333 million new cases of sexually transmitted infections each year occur in people aged 15 to 24... HIV/AIDS is spreading fastest among youths in sub-Saharan Africa, where about 8.6 million youths are infected – 62 percent of them female.”

UNITED STATES

Every state in the nation is affected by the HIV/AIDS epidemic. Although the numbers of AIDS-related deaths are down, HIV infection continues to spread and there are signs that infection is on the rise in some populations. According to research presented at the 2002 Conference on Retroviruses, “as many as one-third of those infected with HIV do not know they are positive.” (Kaiser March 2004)

New Cases

According to CDC statistics, there were 42,136 new AIDS cases diagnosed in the United States during 2002. This represents an increase of 2.2 percent from the previous year. Women account for a growing proportion of new AIDS cases rising from 7% in 1986 to about 25% of AIDS cases in the most recent reporting period. (Kaiser 2004) “In the U.S., African Americans now account for an estimated 54% of all new HIV infections.” (Quinn)

HIV/Aids Related Deaths

HIV was the 3rd leading cause of death among African Americans between the ages of 25 and 34 and the 6th leading cause of death for Latinos and for whites in this age group. HIV was the leading cause of death for African American women in this age group. “AIDS-related illnesses remain the leading cause of death for African American men aged 25 to 44 and the third leading cause of death for Hispanic men.” (Quinn)

HIV/AIDS in the South

“The South has the greatest proportion of persons living with AIDS compared to other geographic regions of the United States.” (Manifesto) The epidemiology of the HIV/AIDS epidemic shows that increasingly the South is the hardest hit by this disease. The Kaiser Foundation reports that “the South had the greatest estimated numbers of people living with AIDS and AIDS cases diagnosed in 2002.” (March 2004)

SOUTH CAROLINA

South Carolina statistics mirror the epidemic nationwide.

The 2004 epidemiological profile prepared by South Carolina DHEC reports:

In South Carolina approximately 882 people are diagnosed with HIV each year.

66% of persons diagnosed with HIV/AIDS are men.

34% of persons diagnosed with HIV/AIDS are women.

77% of persons diagnosed with HIV/AIDS are African American.

19% of persons diagnosed with HIV/AIDS are white.

3% of persons diagnosed with HIV/AIDS are Hispanic.

African Americans have a case rate 9 times greater than white persons.

Women diagnosed with HIV/AIDS were mostly African American (83%); while 13% were white and 3% were Hispanic.

Like all southern states, South Carolina carries a heavy HIV/AIDS burden. According to the CDC, in 2003 South Carolina ranked 9th in the nation for AIDS case rates per 100,000 population. In 2002 South Carolina ranked 10th highest in cumulative number of HIV infection cases, according to The Kaiser Family Foundation State Health Facts Online.

SPARTANBURG COUNTY

The burden of HIV disease is evident in Spartanburg County which has 82% of the Appalachia III Public Health District's HIV/AIDS cases. The Appalachia III Public Health District encompasses Spartanburg, Cherokee, and Union counties. According to the *Appalachia III Epi Profile 2003*, Spartanburg, Cherokee, and Union counties had a 50% increase in the number of persons living with HIV from 1995 – 2002. Data provided by S.C. DHEC, cumulative through March 31, 2004, shows that Spartanburg County reported 794 HIV and AIDS cases with a population of 253,791. There is an increased burden on the care and prevention communities as HIV+ people are living longer and the number of HIV infections rise.

Census data from 2000 indicates that the population of Spartanburg County has increased nearly 12% since 1990. African Americans make up 21% of the population. Three percent of the population is Hispanic or Latino, which is slightly higher than the percentage for the state. It is estimated that approximately 12% of the county's residents and 18% of the county's children live in poverty. The median household income is estimated to be \$35,713.

Piedmont Care, Inc., a nonprofit organization serving HIV+ people and their families in Spartanburg, Cherokee, and Union counties, currently serves 320 people. Approximately 75% of those reside in Spartanburg County. Since inception in 1994, Piedmont Care has served 655 people living with HIV/AIDS and their families.

The Spartanburg Regional Healthcare System, Ryan White Title III Program, currently serves 285 individuals living with HIV/AIDS. 79% of those reside in Spartanburg County.

Economic Impact

The cost of treating HIV/AIDS is staggering and would impoverish most individuals! There are an estimated 41 million Americans without health insurance coverage. The Kaiser Family Foundation reports, "Combination therapy alone costs between \$10,000 and \$12,000 per patient per year depending on the regimen and payer. When additional medical expenses for doctor's visits, laboratory tests, and drugs to prevent or treat HIV-related opportunistic infections are taken into account, average annual costs rise to approximately \$18,000 to \$20,000 per patient, with even higher expenses for those with more advanced HIV-related illness." (Kaiser May 2004) The underinsured and uninsured cannot possibly pay the price to obtain and maintain their treatment.

Since half of all new infections occur in people under the age of 24, the HIV/AIDS epidemic will impact our population during the most productive years of their life.

The *Southern States Manifesto* states, "Combination therapy was associated with a near doubling in life expectancy for patients with advanced AIDS thereby reducing the average cost of potential life lost. This leads to a figure of \$23,000 per quality-adjusted year of life saved, a measure of the costs to improve and extend life."

According to *The Kaiser Family Foundation*, “in FY 2004, U.S. federal funding for HIV/AIDS is expected to total \$18.5 billion. Of this, 59% will go to care, 16% to research, 9% to cash and housing assistance, 5% to prevention, and 10% to combating the international epidemic.” (March 2004)

Two organizations serving Spartanburg County residents living with HIV/AIDS are funded through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The Ryan White CARE Act is designed to improve the quality and availability of care for individuals and families affected by HIV disease. Piedmont Care, Inc. has a budget of approximately \$500,000 annually, currently serves approximately 320 clients, and employs 7 people. The Spartanburg Regional Healthcare System Ryan White, Title III Program has a budget of approximately \$450,000 annually and employs 5 people.

According to information provided by *Mr. Larry W. Powers, Director of the Spartanburg County Detention Facility*, during 2003 their facility provided approximately 118 anti-retroviral medications to 24 HIV+ clients with an estimated cost of \$44,000.

Based on data presented in this document, the Spartanburg County HIV/AIDS Committee estimates that approximately \$1.5 million could be spent annually in Spartanburg County to provide HIV/AIDS treatment to HIV+ people. (794 people at \$18,000 each)

COMMUNITY RESOURCES

American Red Cross

The Piedmont Chapter of the American Red Cross serves Spartanburg, Cherokee, and Union counties. The American Red Cross makes available 5 distinct HIV/AIDS training programs and two related programs: 1) Basic HIV / AIDS, 2) African American HIV/AIDS, 3) Hispanic HIV/AIDS, 4) Workplace HIV/AIDS, and 5) Programs for Youth. The two related programs include Bloodborne Pathogens: Prevention Disease Transmission and Family Caregiving: Caring for a Loved One With HIV / AIDS. While all programs provide basic factual information concerning HIV transmission and AIDS, the African American and Hispanic programs are designed to present the information in a culturally specific manner. The Workplace HIV/AIDS program and Bloodborne Pathogens: Prevention Disease Transmission is directed at businesses which need to meet mandated training requirements under the Americans with Disabilities Act (ADA) and Bloodborne Pathogens Standard of the Occupational Safety & Health Administration (OSHA). Programs for Youth involve providing age-appropriate HIV/AIDS education from an early age through adolescence and young adulthood. Family Caregiving: Caring for a Loved One With HIV/AIDS is directed at family caregivers responsible for caring for someone with HIV/AIDS. The American Red Cross makes available pamphlets, rents videos, and trains interested individuals as instructors capable of making presentations. Also available is an African American and a Hispanic program that can be taught without going through a formal instructor certification course.

Community Long Term Care (CLTC)

CLTC offers a waiver program for HIV/AIDS clients. After meeting Medicaid eligibility criteria, individuals with AIDS can be offered services including personal care aides, home delivered meals, counseling, private duty nursing, home management services, environmental modification, attendant care services, and foster care. Registered nurses complete the evaluation process to determine level of care, and functional and medical criteria. Social Workers serve as case managers to assist clients and caregivers coordinate needed services.

Family Care Council

The Family Care Council provides prevention education for youth and adults. The organization developed a curriculum primarily for adolescent pregnancy prevention, which includes HIV/AIDS prevention. The program is facilitated in partnership with the Department of Juvenile Justice. Programs are also facilitated in community settings that include schools, group homes, youth service organizations and the faith communities. Staff participates in health fairs and disseminates prevention information on HIV/AIDS. The Family Care Council houses a Resource Library that contains videos, curricula, games, books and brochures. The materials support the organizations programs of prevention and are available for community use.

Mary Black Health System LLC (MBHS)

Mary Black Hospital employs an infectious disease specialist who treats patients in both the inpatient and outpatient settings. In addition to serving hospital and office patients, the physician serves at the Spartanburg Regional Healthcare System Ryan White Title III clinic weekly.

Piedmont Care, Inc.

Piedmont Care, Inc., an educational and advocacy organization, coordinates and provides medical, social and psychological services for individuals and families affected by or at risk for HIV. Piedmont Care provides the following services:

- Case Management
- Dental care
- Emergency financial assistance
- Health education/risk reduction
- Housing assistance
- Insurance continuation
- Language services
- Medication assistance
- Nutritional supplements
- Outpatient medical care
- Transportation

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act federal funds were secured in 1994 to establish Piedmont Care, Inc. Piedmont Care, Inc. is a nonprofit organization serving HIV+ people and their families in Spartanburg, Cherokee, and Union counties; who have low or very low incomes and are either uninsured or under insured.

Social Security Administration

Persons with HIV/AIDS may be eligible for Social Security, Supplemental Security Income, and Medicare. The Spartanburg County Department of Social Services offers Aid to Families with Dependent Children, Food Stamps, and Medicaid.

Spartanburg Alcohol and Drug Abuse Commission (SADAC)

The mission of Spartanburg Alcohol and Drug Abuse Commission is to reduce human suffering from alcohol, tobacco and other drug use abuse and addiction by providing and promoting quality prevention, education, intervention and treatment services in Spartanburg County. SADAC's clinical treatment staff provides individual and group level counseling for drug users and other chemically dependent clients. Prevention staff provides HIV/AIDS education to clients in treatment and the general community. Referrals are made to support services.

SADAC's Risk Reduction Assistance Program

Individuals who use alcohol and other drugs are placing themselves at risk for becoming addicted and/or infected with diseases such as TB (tuberculosis), HIV and other STIs (Sexually Transmitted Infections). This program provides prevention and interventions through education and counseling, which encourages personal development to lower risk of infectious diseases, encourages behavior change, and provides services to help people live a healthier lifestyle. The program provides interventions, counseling, testing site referral, pre and post counseling, and other services based on the client's needs.

SADAC's Detox Program

The program provides assessment, individual and group services in a three-to-five day residential social setting (non-medical) detoxification program to physically stabilize, educate, and motivate individuals for referral to appropriate treatment services. There is twenty-four (24) hour admission availability.

HIV Interagency Prevention Collaboration

The mission of SADAC's HIV Interagency Prevention Collaboration is to develop community capacity to eliminate the spread of HIV infection among priority (high-risk) populations in Spartanburg, Cherokee, and Union counties. The focus of the Collaboration is to join forces with other groups and individuals to negotiate ways of working together to better meet the HIV prevention needs of those at greatest risk for transmission of HIV. The Collaboration currently has over 15 collaborative partners from the three county target areas and provides services to include outreach, education, early intervention, peer education, community based counseling and testing, and information and referral services.

Spartanburg County Government

Spartanburg County government has supported the HIV/AIDS Committee and other HIV/AIDS initiatives in the county in a variety of ways. The Spartanburg County Community and Economic Development Department is currently the primary source of support. The County has been actively involved in addressing housing issues, providing meeting space, and offering staff support to assist in communication and coordination of interested organizations. Minimal financial assistance is given for the publication of brochures and this document, *HIV and AIDS: A Spartanburg County Perspective*. Historically, Community and Economic Development have offered financial opportunities through Community Development Block Grant funds.

Spartanburg County Health Department

The Spartanburg County Health Department has played a major role in the identification, prevention, and treatment of HIV/AIDS since the first case was identified locally. It has been involved in educational efforts through the media, speaking to various groups and organizations, distributing literature, and providing community outreach. It provides confidential testing and counseling and coordinates a partner notification (contact tracing) program. Referrals are made to other agencies and physicians. Private physicians and hospitals may order HIV testing on their patients. All positive results must be reported to S.C. DHEC. Test results are provided only in person to the client and are available only for data purpose (i.e. no names). S.C. DHEC (Columbia) dispenses certain HIV/AIDS related medications to qualified patients under a state and federally funded program.

Other services include home health care and skilled nursing care for homebound patients. Personal care aide services and medical social work services are available to qualified persons who need help with personal care and daily living activities, including personal grooming, laundry, light housekeeping, shopping and meal preparation.

The Health Department participates in the S.C. Children's AIDS Care System, which provides case management services to children who are exposed to or infected with HIV. Health Department staff who works with the HIV/AIDS program includes a health educator, a nurse, a communicable disease investigator, and a licensed medical social worker.

Spartanburg County HIV/AIDS Committee

The purpose of this committee is to focus attention on the issue of HIV/AIDS in our community with a county perspective. The Spartanburg County Health Planning Commission established the HIV/AIDS Committee in 1987. This committee has served as a coordination and communications entity among agencies and organizations and has been involved in a variety of activities including an HIV/AIDS forum, a college campus education initiative, a detention facility education program, establishment of housing, and the publication and updating of this report.

Spartanburg Regional Healthcare System (SRHS)

SRHS has cared for those with HIV/AIDS since 1985. An Adult Infectious Disease Clinic was organized within the Regional Internal Medicine Clinic in 1990 to provide HIV specialty care. All patients are evaluated by house staff with physician supervision. A nurse practitioner was hired in 2002 to provide primary care to HIV infected individuals.

In October 2002, SRHS received federal funds through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title III to expand primary and HIV specialty care services provided to individuals living with HIV. Services provided through this program include outpatient medical treatment, oral healthcare services, mental health counseling, nutritional counseling, transportation services, and pharmaceutical assistance services.

Upstate Homeless Coalition

A collaborative organization dedicated to ending homelessness through programming, advocacy, and building safe and affordable housing. The Upstate Homeless Coalition coordinates the programs and initiatives throughout a 13-county area, helping to find gaps in services for homeless people and develop strategies to close the gaps.

Other major agencies that play a role in the provision of services to people with HIV/AIDS include the Spartanburg Area Mental Health Center, the Spartanburg County Housing Authority, local ministries, shelters, Piedmont Community Actions, Mobile Meals, the Salvation Army, and the Regenesi Community Health Center.

CRITICAL ISSUES

Housing

Several housing issues came to the forefront through research accomplished in partnership with the City of Greenville and AIDS Housing of Washington. The HIV/AIDS Housing Plan was the result. Participants in the development of this Plan included residents, advocates, and leaders in Spartanburg County. The Plan comprises data collection, analysis, and recommendations.

The consumer survey portion of the Plan revealed the following:

- Respondents were most likely renting.
- The median income of respondents was 74 percent of the poverty threshold.
- The majority of respondents paid more than half of their income for housing costs each month.
- Respondents were most likely to be denied access to housing based on poor credit history or inability to pay move-in costs.
- More than a quarter of respondents have experienced homelessness.

Consumer focus group key findings from the same report:

- Stigma and discrimination significantly influence how, where, and when people living with HIV/AIDS reach out for assistance, particularly those living in rural areas.
- Quality, affordable housing in safe neighborhoods is difficult to secure and maintain for people living on limited incomes, especially for those living with HIV/AIDS seeking to stabilize their health.
- A diverse range of housing assistance, financial support, and support services would be most helpful to people living with HIV/AIDS.

The HIV/AIDS Housing Plan makes the following recommendations to improve the housing status of people living with HIV/AIDS and their families:

- Solicit county and city officials to take a leading role in addressing issues through policy formulation/adoption of the Plan.
- Solicit and secure state HOME Investment Partnership Program grant funds.
- Complete the 16 units currently under construction.
- Develop and implement strategies to reach the broader community.
- Identify specific services provided throughout the region that could be streamlined.
- Expand AIDS service group membership to include non-traditional service providers.
- Develop partnerships with HIV/AIDS mainstream housing service providers.
- Publish resource directory for distribution to providers.
- Investigate the possibility of creating the state's first care facility.
- Develop partnerships and obtain funding for two new skilled nursing facilities.

Medical Care

Treatment advances have substantially reduced AIDS-related mortality. In addition, treatment has extended the lives of many and in some cases improved their quality of life. Current treatments are not a cure and may not work for all HIV+ people. Treatment with powerful HIV/AIDS drugs can have a dramatic impact on the disease, including slowing the progression of HIV to AIDS. The powerful new treatments may come with debilitating side effects impacting the ability to work and take care of day to day living. There are many drugs available to treat HIV which have been approved by the Food and Drug Administration (FDA). Although advances have been made in the treatment of HIV/AIDS; medical care often remains out of reach for low income individuals. “The shift from acute-care needs to chronic-care needs has not been adequately accounted for by changes in the HIV care delivery system.” (Public Financing)

“According to recent research, three-drug combination therapy for AIDS, in spite of its expense, is a cost-effective use of resources. If states offered more instead of less generous ADAP benefits – for example, few or no limits for drug prescriptions per patient, total monthly costs would fall a significant 30%. Much of the decline in costs could be attributed to a reduction in average hospitalization costs from \$750 to \$395.” (Manifesto)

In Spartanburg County, there is a significant gap in the number of persons identified as HIV-infected and those in the medical care system. According to data collected by Spartanburg Regional Healthcare System for 2001, the number of persons in 2001 in private medical care, of which 83% have private insurance, comprises 14% of the persons living with HIV including AIDS. The number of persons being treated for HIV care in 2001 through the Infectious Disease Clinic of SRHS was 265, which is 44% of those persons living with HIV including AIDS. Therefore, 42% of the persons with HIV including AIDS were not in medical care in 2001. The demographics from the Infectious Disease Clinic and two of the physicians’ private practices show that Black males constitute the largest number and percentage of the HIV population not in medical care service, followed by White males, and Black females, respectively.

“There is currently no effective HIV vaccine available, we are getting closer to finding one – thanks in great part to thousands of volunteers, researchers, and others that support HIV vaccine research. The recent news from VaxGen about the initial results from its three-year Phase III trials of AIDSVAX has generated much discussion. Many other candidate vaccines are in the works. In fact, the National Institutes of Health’s National Institute of Allergy and Infectious Diseases (NIAID) is currently sponsoring multiple clinical trials of HIV vaccines with the support of its global HIV Vaccine Trials Network (HVTN). These vaccine trials will one day require tens of thousands of volunteers. However, before we can even begin to think about volunteers, we must make HIV vaccine information available, accessible, and appropriate so that those providing and receiving HIV prevention and care services, understand how HIV prevention vaccine research can affect them. In order for HIV vaccine research to be successful, we need an educated public who understands its value in helping to bring an end to the global AIDS pandemic.” (HIV Impact)

Prevention

The CDC estimates that 850,000 to 950,000 persons in the United States are living with HIV and of those an estimated 25% are unaware of their infection. Evidence suggests that as many as two thirds of the estimated 40,000 new HIV infections each year occur through transmission from persons who are unaware of their HIV positive status. HIV education raises fundamental issues and addresses taboo subjects such as sex, drugs, and death. HIV/AIDS education in the United States is 20 years old, yet educators are often limited in the information they can provide, making accurate information difficult to access. The goals of HIV prevention are:

- to decrease those persons who are at a high risk for acquiring HIV,
- to change and maintain behaviors to keep them uninfected,
- to provide skills for a behavioral change and
- to prevent new infections by working with persons diagnosed with HIV.

As reported in *POZ Pandemic 2003*, those who are HIV negative need to hear messages focusing on “Stay Negative” and those HIV positive need to hear messages focusing on “HIV stops with me.” HIV infection is preventable and often can be averted through behavior change. Therefore, knowing the facts about HIV/AIDS, being educated using accurate and clear messages is the first step to stopping the spread. After knowledge, comes the skills and tools to employ these behavior changes, including substance abuse treatment, access to condoms, and condom negotiation skills, refusal skills, decision skills, etc. When providing HIV prevention programs and interventions we must continue to use culturally appropriate curricula for our target audience. It is equally important that HIV curricula are theoretically based and proven effective.

The South Carolina Community Planning Group (CPG) completed a statewide needs assessment to determine priority populations in which prevention efforts should be focused. As a result of this process the following populations were selected as priorities: African-American MSM (15-44), White MSM (15-44), African-American WSM (15-44), African-American Male IDU (20-44), African-American Female IDU (20-44), White Male IDU (20-44).

Stigma

People living with HIV/AIDS experience stigma due to their illness. The negative consequences of belonging to a stigmatized group leads to the call for strict confidentiality measures in both HIV testing and care. Confidentiality is a primary concern for people living with HIV/AIDS. In a recent Piedmont Care focus group, clients pointed to the need for confidentiality and the fear of discrimination as their top concerns. The fear of becoming “known” can prevent HIV positive people from seeking care, both physical and emotional. Stigma may also prevent those who are at-risk for infection from seeking testing and counseling.

The following excerpt is from *HRSA CARE Action*, a publication of the U.S. Health Resources and Services Administration: “The well-known social anthropologist Erving Goffman pioneered the study of stigma. In his landmark book *Stigma: Notes on the Management of Spoiled Identity*, Goffman described stigma as ‘an attribute that is deeply discrediting within a particular social interaction.’ According to Goffman, a person who is stigmatized is ‘reduced in our minds from a whole and usual person to a tainted, discounted one.’” Goffman went on to explain the characteristics of diseases which receive the highest degree of stigma. First, the person infected is at fault. Blame is a crucial factor. Second, the disease is progressive and incurable. Third, the public does not understand the disease. Fourth, symptoms cannot be hidden. HIV fits these criteria. The stigma of HIV manifests itself through fear and apprehension, expressions of negative attitudes toward the social groups perceived to be affected and even impacts people who are connected to the issue, but are not infected. Some of the consequences of stigma are:

- Deterioration of interpersonal relations
- Rejection of the HIV antibody test
- Stress related to the hiding of the condition
- Anxiety
- Depression
- Guilt
- Loss of support
- Isolation
- Difficulties with family dynamics
- Emotional or physical violence
- Deterioration of relations with health care providers.

A review of international studies on stigma showed several things can reduce stigma:

- Information
- Counseling
- Coping skills acquisition
- Contact with an HIV-infected person

“Recent estimates suggest that as many as 280,000 people living with HIV in the United States do not know they are infected because they have not been tested and that only a third of people who know they are infected are receiving care. Community Based Organizations (CBOs) reported that many people avoid testing and treatment because they are terrified about the potential consequences of a breach of confidentiality; social stigma, rejection by loved ones, being evicted from an apartment, losing a job, and suffering harassment or violence...violation of medical privacy was one of the most frequently reported civil liberties problems faced by people living with HIV/AIDS.” (ACLU)

Testing and Counseling

Each new infection involves someone already infected with HIV. If a person knows their HIV status they can access the benefits of treatment before symptoms emerge. Early testing also allows people to take necessary precautions to prevent spreading HIV to others. The earlier the start of treatment, the greater the delay in the onset of serious complications associated with HIV/AIDS.

HIV Testing and counseling is recommended for the following people:

- Those who consider themselves at risk for HIV infection.
- Persons who have had multiple sex partners or have had unprotected anal, oral or vaginal sex.
- Pregnant women and women who plan to become pregnant.
- Partners of injection drug users (spouses, sex partners, or needle-sharing partners).
- Persons who have shared needles for any purpose including body piercing or tattoos.
- People who have sexually-transmitted infections or who have been sexually abused.
- Tuberculosis and hepatitis B and C patients.
- Patients who received transfusions of blood or blood components between early 1978 and mid-1985.

Confidential HIV testing and counseling is available at the Spartanburg County Health Department. For an appointment, please call 596-2227.

FREE and Confidential Community Based Counseling and Testing, using the OraSure method, is available through the Spartanburg Alcohol and Drug Abuse Commission (SADAC). OraSure is an oral mucosal transudate test which is an alternative to the standard blood test. This test uses a specially treated pad placed in a person's mouth, and gently rubbed between the lower cheek and gum. The pad collects oral fluid called mucosal transudate (OMT). This fluid contains HIV antibodies in an HIV infected person. For more information or an appointment call 585-8252 or 1-888-802-8252.

PROJECTIONS & TRENDS

HIV/AIDS does not lend itself easily to projections, particularly in an area as small as Spartanburg County. The Spartanburg County HIV/AIDS Committee is comfortable making the following statements which may relate to Spartanburg County:

- A. Costs are expected to rise with the overall cost of health care. Increasingly effective treatments and early intervention with resultant increases in longevity will contribute to the increases.
- B. New drugs to treat HIV/AIDS will continue to be developed.
- C. New cases of HIV/AIDS will be identified at an increasing rate.
- D. Community awareness will increase as more people become personally acquainted with someone with HIV/AIDS.
- E. The debate over confidentiality and mandatory testing will continue.
- F. HIV/AIDS will continue to spread into schools and colleges demonstrating the need for strong prevention education programs.
- G. Staffing needs will grow in response to the epidemic.
- H. Housing, including long term care, temporary shelters, residential care facilities, foster care will continue to be needed.
- I. Transportation for low income clients will continue to be needed.
- J. There will be an increasing impact on business, industry, and government in terms of costs and productivity.
- K. A growing proportion of HIV/AIDS patients will be medically indigent and the public sector will bear an increasing proportion of the cost of their care.
- L. The debate over abstinence based education versus abstinence only education will continue.

RECOMMENDATIONS

The Spartanburg County HIV/AIDS Committee recommends that Spartanburg County government adopt the Southern AIDS Coalition Policy Statements distributed November 2003 as follows:

Prevention

The Southern AIDS Coalition believes that, in order to reduce the spread of HIV/AIDS and the diseases commonly associated with it such as sexually transmitted diseases and hepatitis, and to improve the health status of those already infected by these diseases, all persons living in the United States, regardless of their geographic location, must have access to culturally-and linguistically-appropriate community-based services, including: outreach and prevention services; testing and counseling opportunities; and linkages to healthcare. Therefore,

- (1) We call upon the Federal Government to develop program policies to ensure greater equity in the provision of comprehensive and appropriate HIV/AIDS prevention services within all states, and specifically within all areas of the South.
- (2) We call upon State and Local Governments within the South to increase human and financial resources directed to communities bearing a significant and disproportionate impact of HIV/AIDS as determined by epidemiological data and community assessments. Communities of color and men who have sex with men are disproportionately affected; addressing these disparities requires focused efforts and the dedication of special resources.

Care

The Southern AIDS Coalition believes that all persons living with HIV/AIDS across the United States, regardless of their geographic location or income, must have access to appropriately trained HIV-specific primary medical care providers, to services necessary to sustain medical care, and to medication formularies consistent with United States Public Health Service guidelines. This goal is consistent with the vision of a compassionate society, and contributes to the prolongation and improvement of peoples' lives, facilitates their positive contributions to family and society and helps to reduce the further spread of this pandemic.

- (1) It is imperative that the Federal Government provides emergency funding to assure the availability of HIV-related medical care services and medications for persons living in the South. Federal policy must be modified/adopted to assure that funds are used to establish and support a basic "standard of care" for all states and territories. This "standard of care" must assure that all eligible individuals (i.e., those who are HIV+, whose income is at/below 300% of the federal poverty level and who have no other third party source to pay for these medications), have access to a basic HIV/AIDS medication formulary which includes all FDA-approved anti-retrovirals and an adequate selection of medications for the prevention and treatment of opportunistic infections and co-infections.

It is similarly imperative that the Federal Government support and fund the availability of safe, affordable and otherwise appropriate housing – consistently demonstrated to be one of the most critical support services to facilitate improved health status and successful health care outcomes – for all people living with HIV requiring such assistance.

The Spartanburg County HIV/AIDS Committee recommends that Spartanburg County government work with service providers to fulfill the following recommendations:

A. *Services*

1. Continue to market the availability of HIV testing and counseling at the Spartanburg County Health Department and SADAC.
2. Establish a volunteer legal services program.
3. Develop a continuum of housing alternatives.
4. Continue the HIV/AIDS Committee's initiative to improve coordination.
5. Create a continuum of health care options; which take into consideration various pay-sources and options.

B. *Education & Awareness*

1. Focus local education initiatives on risk reduction.
2. Continue the coordinated public education program.
3. Seek funding for education and prevention efforts among high risk populations targeted by the S.C. Community Planning Group.
4. Develop and implement an education program for public officials. Involve them to the extent possible on HIV/AIDS program boards and committees.
5. Establish awareness focal points in heavily traveled areas throughout the County drawing attention to the growing number of AIDS cases. Feature a simple prevention message.
6. Continue the HIV/AIDS multi-campus awareness program. Recruit college students to assist with community education initiatives.

G L O S S A R Y

Acquired Immune Deficiency Syndrome (AIDS)

AIDS can affect the immune and central nervous systems and can result in neurological problems, infections, or cancers. It is caused by the human immunodeficiency virus (HIV).

Antiretroviral Therapy

Treatment with drugs designed to prevent HIV from replicating in HIV infected persons. Highly active antiretroviral therapy (HAART) is an antiretroviral regimen that includes multiple classifications of antiretroviral drugs.

Confidentiality

Pertains to the disclosure of personal information in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the original disclosure.

Confidential HIV Test

An HIV test for which a record of the test and the test results are recorded in the individual's chart.

ELISA

Enzyme-linked immunosorbent assay. A commonly used screening test to detect antibodies to HIV.

High-Risk Behavior

Those behaviors that increase the chance of harm to one's body including the chance of being infected by the AIDS virus.

Human Immunodeficiency Virus (HIV)

The virus that causes AIDS. It destroys the immune system by invading and attacking T-cells, the white blood cells that attack infection.

IDU

Risk factor category for HIV infection representing "injection drug use."

Injection Drug User

Someone who uses a needle to inject drugs into his or her body.

MSM – Risk category for HIV-infection representing "men who have sex with men."

G L O S S A R Y

(continued)

Protease Inhibitor

A class of medicines which block the working of protease, an enzyme crucial to an early step in the reproduction of HIV.

Risk Factor

Behavior or other factor that places a person at risk for disease.

WSM

Risk category for HIV infection representing “women who have sex with men”.

WORKS CITED

American Civil Liberties Union (ACLU), ACLU AIDS Project. HIV & Civil Rights, “A Report from the Frontlines of the HIV/AIDS Epidemic.” September 2003.

American Red Cross. The American Red Facts Book 2004.

Center for Disease Control and Prevention. HIV/AIDS Policy Fact Sheet 2003.

Center for Disease Control and Prevention. HIV/AIDS Update 2003.

City of Greenville, Community Development Department. The HIV/AIDS Housing Plan 2004.

Committee on the Public Financing and Delivery of HIV Care. Institute of Medicine of the National Academies. Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White 2004.

Health Resource Services Administration (HRSA), HRSA Care Action, “HIV/AIDS Stigma.” August 2003.

HIV Impact, “Turn Your Red Ribbon Upside Down! HIV Vaccine Awareness Day May 18, 2003.” May/June 2003.

Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: The HIV/AIDS Epidemic in the United States. March 2004.

Kaiser Family Foundation. HIV/AIDS Policy Issue Brief. May 2004.

Kaiser Family Foundation. State Health Facts Online. 2004.

Kennedy, Rory, and Nan Richardson. Pandemic: Facing AIDS, Education Workbook. Umbrage Editions and Moxie Firecracker Films, 2002.

POZ Pandemic Special Edition, “Education and Prevention.” 2003.

Powers, Larry W. “Spartanburg County Detention Facility – HIV Information.” November 2003. Quinn, Thomas C., M.D. “World AIDS Day: Reflections on the Pandemic.” The Hopkins HIV Report January 2003.

South Carolina. Department of Health and Environmental Control. Bureau of Disease Control STD/HIV Program. South Carolina 2003 Epi Profile. 2004.

South Carolina. Department of Health and Environmental Control. Bureau of Disease Control STD/HIV Program. HIV/AIDS Surveillance Report. March 2004.

WORKS CITED
(continued)

Southern State AIDS/STD Directors Work Group. Southern States Manifesto: HIV/AIDS And STDs in the South: A Call to Action. March 2003.

UNAIDS - WHO. AIDS Epidemic Update. December 2003.

United Nations. State of the World. October 2003.

World Health Organization. The World Health Report 2004: Changing History. 2004.

INTERNET RESOURCES

American Foundation for AIDS Research: www.amfar.org

Centers for Disease Control: www.cdc.org

Doctors of the World – USA: www.doctorsoftheworld.org

Joint United Nations Programme on HIV/AIDS: www.unaids.org

Kaiser Network: www.kaisernetwork.org/dailyreports/hiv

National Association of People with AIDS: www.napwa.com

S.C. Department of Health and Environmental Control: www.state.dhec.sc.us

The Body: An AIDS and HIV Information Resource: www.thebody.com

The Pandemic: Facing AIDS project: www.pandemicfacingaids.org

U.S. Department of Health and Human Services: www.dhhs.gov

U.S. Health Resources and Services Administration: www.hrsa.gov

U.S. Surgeon General: www.surgeongeneral.gov/AIDS

World Health Organization: www.who.org

Published
November 2004