As he announced the release of the national strategy, President Barack Obama expressed admiration and gratitude to those working to turn the tide of HIV/AIDS. “To all of you who’ve been out there in the field working on this issue day-in and day-out... you are representing what’s best in all of us: our regard for one another, our willingness to care for one another. I thank you for that. I’m grateful for you. You’re going to have a partner in me.” (To see a video of the full address, visit www.hiveis.com.)

**HIV EIS & the National Strategy**

*Part of a Nationwide Effort*

The National HIV/AIDS Strategy underscores the significance of the work being done by the nurses and counselors of Georgia’s HIV Early Intervention Services (EIS) program.

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**Same Resources; Better Results**

A key concept of the national strategy is to achieve better results through a coordinated response to the epidemic. Most EIS workers are already aligned with this aspect of the strategy; they have learned to leverage their efforts by partnering with others.

Offering critical HIV prevention services to all clients entering addiction treatment, each EIS nurse or counselor is a member of a community-wide network. When a client tests HIV-positive or discloses an HIV diagnosis, EIS workers link them to Public Health and Ryan White clinics and AIDS service organizations to insure that all consumers living with HIV receive the medical care and social support that they need.

**Vision for the National HIV/AIDS Strategy**

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.
Many also raise awareness, combat stigma, and promote HIV testing by engaging community leaders, local media, and the faith community to reach active drug users.

Using the momentum of national and international HIV/AIDS Awareness Days like World AIDS Day, they reach out to college campuses, collaborate with correctional facilities, and work in concert with public health departments and community-based organizations to offer HIV testing at health fairs and other community events designed to attract those at greatest risk.

**HIV/AIDS in America**

The HIV/AIDS epidemic in America is growing, says Jonathan Mermin, MD, MPH, Director of the Division of HIV/AIDS Prevention, who leads CDC’s domestic HIV prevention activities. (source)

It has been three decades since the first cases were reported in the United States. In that time HIV transmission rates have been reduced and, thanks to highly active antiretroviral therapy, HIV infection is no longer inevitably fatal. With treatment, people living with HIV/AIDS now enjoy longer and healthier lives and at the same time are less infectious to others.

Unfortunately, the successes of the past are insufficient to meet the challenges of a growing epidemic and flagging commitment by the general public.

The national strategy has been called ambitious. And the plan is ambitious. Not because America lacks the knowledge or the tools needed to halt the spread of HIV infection, but largely because the public’s sense of urgency has waned.

According to the Kaiser Foundation, in 1995 44% of the general public ranked HIV/AIDS the number one health problem facing the nation. By 2009, that figure had dropped to 6%.

And yet, roughly 50,000 people in this country become infected each year and currently there are more than 1.1 million Americans living with HIV – more than ever before. (CDC)

Further, people continue to die of AIDS because they are identified too late in the progression of the disease. CDC estimates that one in three Americans diagnosed with HIV don’t learn of their HIV infection until they are already in the most advanced stage of the disease. And just over one in five Americans who have HIV are not aware of their status. (Georgia Voice)

**HIV Grips South’s Poorest Counties**

The epidemic affects some areas of the country more than others. “The Southeast is the epicenter of the disease,” says Dr. Wendy Armstrong, medical director of the Ponce de Leon Center in Atlanta, one of the largest and most comprehensive HIV clinics in the nation. (Georgia Health News)

Since the first cases were reported in 1981, the HIV epidemic in America has migrated from the big coastal cities where it began to concentrate in some of the
poorest counties in the nation.

The link between HIV and poverty is clear, according to Dr. Jonathan Mermin, director of HIV/AIDS prevention at CDC. “People with household incomes of less than $10,000 a year were 10 times more likely to have HIV than people whose household incomes are greater than $50,000.”

HIV has become largely a disease of poverty. And nearly all counties in the U.S. grappling with both high rates of HIV and poverty are located in the South, according to a USA Today study of data from Emory University’s AIDSVu project, an interactive online map depicted on page 2.

The AIDSVu map of infection data illustrates the growing concentration of HIV in the South and at the same time reveals the correlation between poverty and HIV.

Rates of infection are highest in Southern counties that are among the poorest in the country. Nationwide, in counties with the greatest HIV infection rates, one in seven people live below the poverty line. In the South, the figure is one in five.

Among the 175 counties that rank among the top 20% for both HIV and poverty, all but six are in the South, where blacks on average were poorer than whites. In some counties, more than 40% of blacks live below the federal poverty line. According to an analysis of the CDC data presented by AIDSVu by USA Today, those were also the counties with the highest rates of HIV infection.

Of the ten states reporting the highest number of AIDS diagnoses in 2009, Georgia was sixth. (CDC)

**Populations Hit Hardest**

Another hallmark of the epidemic according to Dr. Mermin is the fact that it disproportionately affects already disenfranchised populations. Nationwide, African Americans and Latinos are more likely to have HIV than whites. Poor people and those with less education are more likely to have HIV, and gay and bisexual men are more than 40 times more likely to have HIV than others.

In Georgia, despite the fact that African Americans make up less than 30 percent of the state’s population, the number of African American women with an HIV diagnosis is 13 times that of white women and the number of black men living with HIV is 5 times that of white men. In addition to a disproportionate rate of HIV infection, African Americans in Georgia also have a markedly higher death rate and more difficulty in getting lifesaving drug treatment. (Georgia Health News) According to the CDC, the disparities in early detection and treatment are related to Social Determinants like a lack of health insurance. In 2007, nearly 1 in 5 African Americans were without health insurance versus just over 1 in 10 whites. (CDC)
HIV Thrives on Stigma

When President Obama announced the national strategy to a gathering of AIDS activists and stakeholders, he stressed the imperative of a broader, more coordinated response to the epidemic – not just among federal and local government agencies but among all sectors of society.

Pointing out that it’s not enough to fight the virus, the president underscored the powerful role that stigma plays in the spread of HIV/AIDS and called on community leaders “to embrace all, not just some, who are affected by this disease.”

He went on to encourage Americans to “look within. . . to ask how we can root out the inequities and the attitudes on which this scourge thrives.”

“When a person with HIV/AIDS is treated as if she’s done something wrong, when she’s viewed as being somehow morally compromised, how can we expect her to get tested and disclose her diagnosis to others?”

A Message for HIV EIS Workers

While many of Georgia’s EIS workers are the sole HIV professional in an addiction treatment setting, each belongs to a statewide network of nurses and counselors. And now each is also part of a nationwide effort. In a message to HIV EIS workers, Marie Sutton of Imagine Hope, Inc. said, “Every test you conduct reduces the number of people who are unaware of their status. Every newly diagnosed positive is one more person empowered to save their own life and to prevent the infection of others.”

“We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee.”

- Marian Wright Edelman
  Founder / President
  Children’s Defense Fund

Day after day, HIV EIS workers enhance clients’ knowledge, erode the stigma that fuels HIV, and increase the number of people who know their HIV-status.