9 ½ Minutes: HIV/AIDS and STDs in the South
The Community Educator’s Response

Presented to:
Bishop State Community College Faculty and Staff
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An Overview of HIV/AIDS and STDs in Southwest Alabama

- HIV/AIDS 30 years into the epidemic
- STDS: The big 3
- Where is Mobile County?
- Who Is Most At Risk?
- Us vs. “Them” – AFAMs, GWMs HIV and STDs
- The Community Educator’s Response
- Not on Our Side: Privacy and Disclosure Laws
- From Acute to Chronic: Personal Responsibility
- The Answer to the Question: 30 Years Later
- South Alabama CARES: Who we are and what we do
- For More Information . . .
Every 9 ½ minutes someone new is infected with HIV in the U.S.
Every 30 minutes dies from AIDS in the world with some 25 million deaths worldwide since 1981; 597,499 in the U.S., and approximately 900 in the state.
In 2009, those 50 and older represented the great increase in the number of new HIV infections in the U.S.
Since 2004, the CDC has identified AIDS as the leading cause of death among African American 18–24 years old.
African Americans make up 26% of the state’s population, yet account for 64% of all new HIV infections.
In Alabama rate of HIV diagnosis among black males was 8 times the rate for white males; and the rate of diagnosis for Black females more than 10 times the rate for white females.
85% of all new diagnoses among females was contributed to heterosexual contact.
In 2009 the state of Alabama saw the greatest increase in the number of new HIV infections in 30 years.
While the number of deaths from AIDS has continually declined nationwide, the number of new infections has steadily increased.
In the south, the number of new infections remains above the national average, while the number of deaths from AIDS continues to increase.
In 2009, ADPH reported that Alabama was the sixth highest in the nation for new Chlamydia infections; a 94% increase since 2004.

While those 25–29 represent the third largest age group for Chlamydia infections, those 15–19 represented 74% of all new infections in 2009.

The number of Gonorrhea infections have steadily declined in Alabama according to the nationwide trends.

This is one area in which African Americans have the lowest infection rates with Hispanic and White males representing the great number of infections statewide.

Syphilis is one the rise nationwide and the rates are increasing in Alabama.

From 2003 to 2009 there was a 271% increase in the number of newly diagnosed cases of primary and secondary syphilis infections ranking Alabama 4th in the nation with 409 cases identified.

New infections among males are significantly greater than females at more than 2 to 1. Males reported homosexual contact and injection drug use as their primary risk factors. This is a shift from heterosexual contact which has been the traditional cause.

Females continue to report heterosexual contact as their primary exposure category with those 20 to 24 years old reporting greater risk factors.
Jefferson County is the largest county in the state of Alabama based on population.

However, Mobile County ranks second to Jefferson County in HIV/AIDS cases and number one in other STDs based on the percentage of the population of statistics reported.

African American, Heterosexual, Females between the ages of 15 and 34 are consistently identified as those at greatest risk for HIV and other STDs in the state and nationwide.
CDC and ADPH consistently report that African Americans represent the greatest number of new HIV/AIDS infections, other STDs and deaths. Latinos rank second, followed by White Females and finally White Males. In 2004, the CDC declared that AIDS is no longer a Gay, White Male Disease. Contributing factors include: late testing and diagnosis; lack of qualified, consistent medical treatment; cultural and generational distrust of the medical community; lack of education and resources; self esteem and identity crises; pervasive communication of stigma and “homophobia.”

Tyloria Crenshaw, Executive Director South Alabama CARES
The Community Educator’s Response – Federal

- Federal laws state that any individual can have an HIV test at the age of 12 WITHOUT their parent’s consent.
- Testing for other STDs, including pregnancy vary by state but average 14 years of age.
- Federal HIPPA and privacy laws PROHIBIT providers from disclosing results to parents, spouses or any one other than the individual who was tested.
- Confidential testing is encouraged to get people to come forth despite stigma, get into care and maintain treatment.
- “Disclosing” or telling another person’s HIV or STD status is illegal in all 50 states including Alabama.
- Strict federal guidelines prohibit providers from disclosing to spouses, family members, church members, parents, etc.
- Even if you know – you can’t tell!
The Law is NOT on our side as providers in Alabama. It is NOT a felony to knowingly infect someone with HIV or another STD. It is only a misdemeanor and must be proven beyond a reasonable doubt.

HIV testing is NOT required in the state of Alabama, but the CDC has recommended that it's offered by every health care provider and facility and people can refuse or “opt out,” if they choose.

HIV testing is NOT and prevention education is NOT routine at Mobile County metro jail, youth centers or in the Mobile County Public School System.

HIV testing IS MANDATORY in the state and federal prison system. Even though many new cases are identified upon entering the system, research has shown that many individuals have been positive for years, did not know their status and first learn of being positive due to the mandatory testing.

Even though HIV testing is mandatory in the state’s penal system, the state DOES NOT allow inmates to have access to or use condoms to prevent the spread of HIV infection and other STDs.

Many inmates are not HIV positive when they enter the system, but learn they are positive when they leave.

Did I mention that AIDS is 100% preventable?!
What should you do?

- Maintain personal and professional responsibility.
- Create an environment for students and co-workers to have access to free and confidential HIV and STD testing.
- If students come to you with concerns, know that individual privacy is most important and that you can and will be held responsible for what you disclose!
- Be discreet and treat people the way you wanted to be treated.
- Educate yourself and your co-workers about alternative lifestyles, current drug habits and trends and resources.
- Learn about safe sex practices, gather resources for prevention education, condom distribution and testing centers.
- If all else fails – refer them to a professional – someone who knows the laws and is professionally certified.
- Remove your personal and/or religious biases when talking with individuals who have different sexual or cultural practices from yours. Judging and pointing fingers creates greater stigma and increases risk.
- Treat people the way you want to be treated.
- It's not just the young adults, but older adults are being infected as well. AIDS is no respecter of persons!
From Acute to Chronic – Personal Responsibility

- Being diagnosed with HIV or AIDS is no longer a death sentence!
- People are living longer, medicines are more advanced and the quality of life has greatly improved.
- You can no longer “look” at people and tell who has AIDS or who is sick! Everyone is at risk and needs to practice safe sex!
- Federal and state funding for AIDS resources has steadily decreased, putting the burden of responsibility for living with AIDS on individuals and their communities.
- In the next 5 years, AIDS will be treated like hypertension and any other “chronic” illness.
- While that is good from a healthcare standpoint, we want to continue to sound the alarm.
- Infections are increasing because people have become complacent. While AIDS is not an immediate death sentence – THERE IS STILL NOT CURE!
- The only one you can trust to protect yourself and your community is YOU!

Tyloria Crenshaw, Executive Director South Alabama CARES
The answer to the question: 30 years later, what should we do?

- Public policy discussions should follow the epidemic – rural, female, African American, uneducated and uninsured. The majority of those infected and dying look like you and me, they are our brothers, sisters, neighbors, church members, co-workers, etc.
- Educate yourselves and understand that homosexuality is not the direct cause of AIDS. It results from risky behavior whether homosexual, or heterosexual and from ignorance! Pointing fingers distracts from the real issue of personal responsibility.
- Practicing safe sex and openly communicating about life styles choices without fear of stigma or isolation must become a way of life.
- Churches, schools, civic organizations need to provide safe, reliable information about testing and counseling.
- There are no “tell-tale” signs. No one is rich enough, clean enough or fine enough. Until you are in a monogamous, committed relationship – everyone is suspect.
- Demonizing those who choose alternative lifestyles will not make them change. It may push them away, into a life of denial, greater secrecy and greater risk of spreading infection.
- While we live in the “information age,” remember that more information means more choices and more choices mean greater personal responsibility.
- Fear is not the answer. Education is. Knowledge is power and all of us need to know the truth!
Resources:

- U. S. Department of Health and Human Services, Health Resources Administration (HRSA) www.HRSA.gov
- Centers for Disease Control and Prevention:  www.cdc.gov
- Black AIDS Institute:  www.blackaids.gov
- Alabama Department of Public Health:  www.adph.org
- National Association of Persons Living with AIDS (NAPWA) www.napwa.org
- South Alabama CARES:  www.southalabamacares.org
- Franklin Primary Health Center, Inc.:  www.franklinprimary.org
- Mobile County Health Department:  www.mobilecountyhealth.org

Tyloria Crenshaw, Executive Director South Alabama CARES
For More Info Contact:

- Tyloria Crenshaw, Executive Director
- South Alabama CARES (Community AIDS Resources Education and Support)
- 2054 Dauphin Street, Mobile, AL 36606
- Office (251) 471–5277 ext. 20
- Fax (251) 471–5294
- Toll free: 800–758–7754
- tcrenshaw@southalabamacares.org
- www.southalabamacares.org