

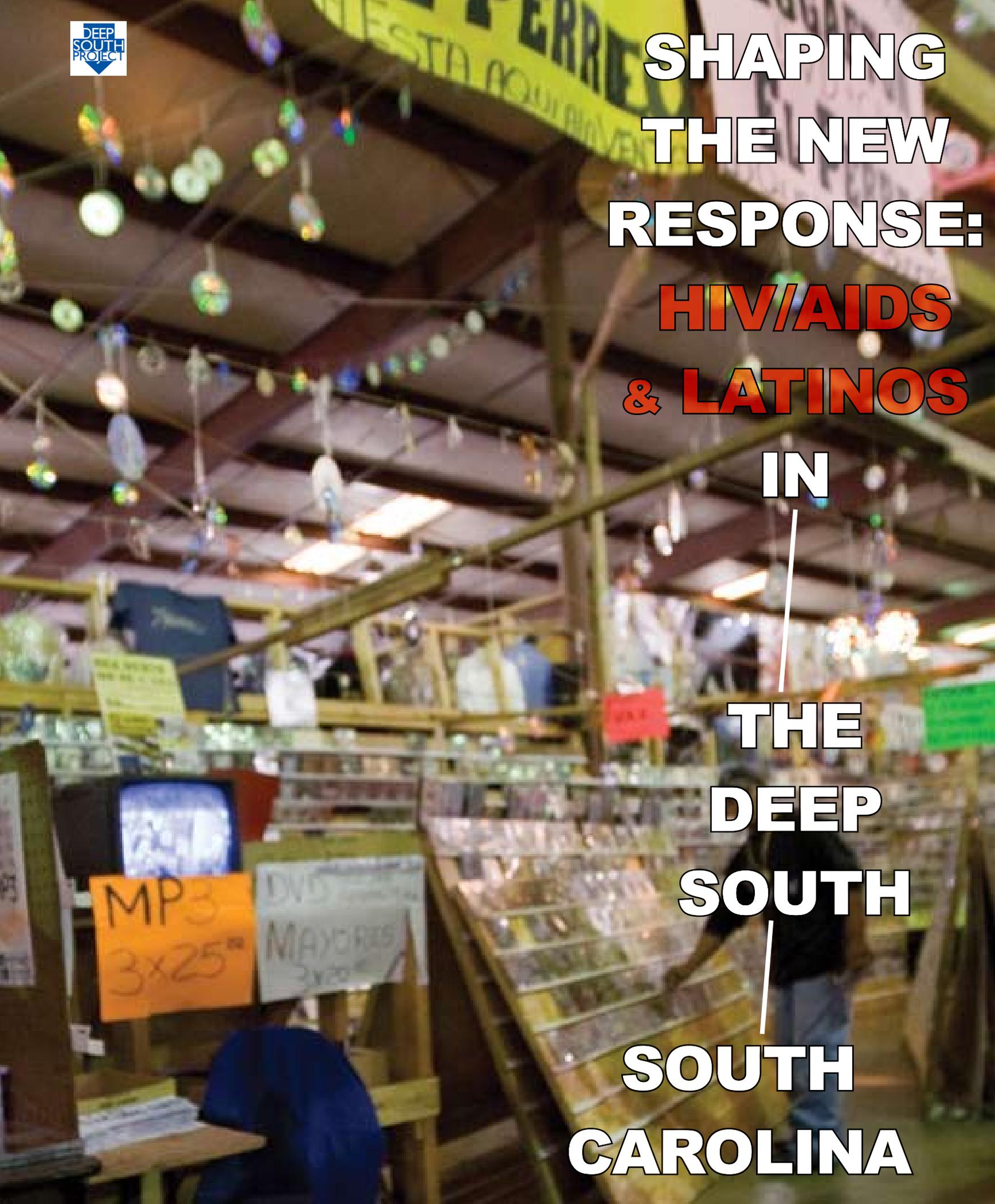


**SHAPING
THE NEW
RESPONSE:
HIV/AIDS
& LATINOS**

IN

**THE
DEEP
SOUTH**

**SOUTH
CAROLINA**





SOUTH CAROLINA

Table 22: **Demographic and epidemiological facts:**

Estimated 2007 state population (ACS):	4,408,000
Estimated 2007 state Latino population (ACS)	166,000 (3.76%)
Reported HIV/AIDS cases (12/31/07)	17,384

Table 23: **South Carolina reported overall and ‘Other’ HIV diagnoses, 2005-2007**

Year	HIV diagnoses	Latino HIV diag.*	Others % of total
2005	773	41	5.30%
2006	782	47	6.01%
2007	774	49	6.33%

Source: STD/HIV Division Surveillance Report, South Carolina Department of Health and Environmental Control, December 2005, December 2006, December 2007, <http://www.epi.state.nc.us/epi/hiv> <<http://www.epi.state.nc.us/epi/hiv>> www.scdhec.net/health/disease/stdhiv/docs <<http://www.scdhec.net/health/disease/stdhiv/docs>> .

*‘Others’ includes Hispanics, Asian/Pacific Islanders and Native American. The cumulative Hispanic-only proportion of total cases in South Carolina is estimated by DHEC to be 2.1%.

Table 24: **Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2006, South Carolina**

Caucasian	African-American	Latino
5.8	52.8	27.6

Source: Kaiser Family Foundation, www.statehealthfacts.org

Table 25: **Rates per 100,000 population of total adults and adolescents living with HIV/AIDS in South Carolina at the end of 2006**

Caucasian	African-American	Latino
133.8	978.6	278.8

Source: CDC (2008) HIV/AIDS Surveillance Supplement Report 13(1): 39-40.



DEMOGRAPHICS AND IMMIGRATION

South Carolina has received a rapid influx of Latino residents, whose numbers have at least tripled in the last ten years. The growth has been particularly sharp in the resort and retirement communities of Myrtle Beach and Hilton Head Island where immigrants came to work in construction and services. Some counties near Hilton Head have experienced 10- to 15-fold increases in their Hispanic populations in the last decade. According to an AIDS service provider, all local contractors use Latino immigrants: ‘Everything would grind to a screeching halt without them.’⁶⁶ Spanish-speaking students now comprise 24% of enrollment in the public schools on Hilton Head Island.

However, legal tightening has affected the work opportunities that once drew the immigrants to the state. Some Hilton Head businesses have sought workers with temporary visas from Asia and Eastern Europe to fill service jobs after immigration raids led to fines. A provider estimates that about 7,000 immigrants work on the island, especially in the large gated communities known as ‘plantations.’ However, so many immigrants have ar-

rived that temporary jobs are now scarcer.⁶⁷ Men typically earn \$200-300 a week as temporary workers.

Mexicans are the most numerous among the immigrants, but there are also many Hondurans, Colombians, Venezuelans and Argentines. Guatemalans, some of whom speak local dialects and are not fluent in Spanish, dominate in other zones and are often employed in the poultry industry. The director of a volunteer clinic said that a new trend in response to the increasing difficulties of crossing the border is the simultaneous immigration of entire families and a resulting rise in Latino births. Because men cannot go back and forth as easily as before, they are more inclined to bring the entire family with them to the state for longer stays.

Haitian and Mexican migrant farm workers are another regular presence in the state. Labor camps sometimes are fenced in to avoid assaults on the migrants and to prevent workers from leaving the fields for better-paying jobs elsewhere.

Attitudes toward the newcomers are ambiguous. Anti-immigrant measures are less draconian where dependence on migrant labor is high such as in the resorts and

66. Stan Stolarczyk, ACCESS Network, July 2007.

67. Luis Bell, Latin American Association of South Carolina, personal communication, July 2007.



the agricultural zones near the coast. The municipal government of Hilton Head authorized the operation of a hiring hall, in part to reduce complaints about the presence of potential day laborers in public zones. Entities that serve immigrants also receive support from the Hilton Head Island Foundation.

Nonetheless, a South Carolina health department official stated that the negative public discourse on immigration was pervasive enough to set back their work. Raids were more frequent, and health department staff had had to intervene to obtain the release of HIV patients. The issue of inadequate care or even life-threatening negligence of detained immigrants with HIV/AIDS in U.S. facilities was covered by a Washington Post series in May 2008 and a critical report by Human Rights Watch in 2007.⁶⁸ ‘We’ve been trying to gain their trust, and now a lot of them have withdrawn and become skeptical again,’ said the official.⁶⁹ She added that immigrants are now more reluctant to attend public health fairs.

The biggest factor now is the mistrust. People used to be very friendly—one would come for testing and bring his friends. Now they doubt our purposes.
—Barbara Charles, South Carolina STD/HIV Program

The anti-immigrant law that took effect in Georgia in July 2007 has led immigrants living in border areas of South Carolina to avoid shopping across the state line in Savannah for fear of arrest.

HIV/AIDS

Over 70 percent of all new AIDS diagnoses in South Carolina are among African-Americans.⁷⁰ The racial/ethnic category ‘other’ comprised 5.5 percent of the new cases although the estimated Hispanic proportion of the state population is only about 3.5 percent. There is generalized uncertainty about what this statistic means and may reflect some confusion in the way Hispanics are identified for epidemiological surveillance purposes.

HIV screening is a high priority for the state program. The years 2006-07 registered a decline in testing of Spanish-speaking residents partly due to a change in testing technology, the end of certain community-based testing programs and the elimination of interpretation services after a round of budget cuts in 2006.

68. Priest D & Goldstein A (2008) ‘Careless Detention: Medical Treatment of Immigrants.’ Washington Post, May 11-14, 2008; Human Rights Watch (2007).

‘Chronic Indifference: HIV/AIDS Services for Immigrants Detained by the United States.’ 19(5): G.

69. Barbara Charles, SC Dept of Health and Environmental Control, personal communication, July 2007.

70. ‘STD/HIV Division Surveillance Report, December 31, 2007.’ South Carolina Department of Health and Environmental Control. http://www.scdhec.net/health/disease/stdhiv/docs/HIVSTD%20surveillance%20report_12312007.pdf



Pockets of high HIV rates among Latinos have been detected. ACCESS reported in 2007 that its 255-person caseload in Hilton Head included 18 Latinos, or 7 percent of the total, compared with no Latino cases in 2002.⁷¹

Beaufort-Jasper-Hampton Comprehensive Health Services (BJH) has an HIV patient caseload of 240 of whom 40 are Hispanic, or 16 percent of the total.⁷² BJH, a federally-funded community health center, has registered a recent upsurge of Hispanic clients many of whom come in with low CD4 counts indicating a late stage of HIV infection.

Fifty-eight percent of all Hispanic males diagnosed with HIV in South Carolina during the period 2005-06 fell into the 'No reported risk' category, much higher than the norm (cf. 19 percent among Caucasians and 29 percent among African-Americans).⁷³ Most Hispanic females with HIV are detected in the context of prenatal care.

Sixty percent of Hispanics known to be HIV-positive in the state are not in care, compared to 47 percent among Caucasian clients and 44 percent among African-Americans.⁷⁴

Testing is mandatory in South Carolina upon entry to prison but not in jails, and 5 percent of all new HIV diagnoses detected in the state are found among those incarcerated.

GOVERNMENT

The South Carolina STD/HIV Program was run by an acting director for several months in 2007-08 and was affected by a lengthy restructuring process. In 2007 the state drew national attention as its ADAP program generated a waiting list, which reached 500 individuals at one point before being eliminated through a \$3 million supplemental appropriation from the state legislature. The new Ryan White distribution formula for federal monies also partially alleviated the situation.

However, the HIV program is more reliant than ever on federal money.⁷⁵ In the words of one official, 'A large group [of HIV patients] is falling between the cracks.' Some research studies are enrolling individuals needing medications and easing the strain on state resources.

The state Community Planning Group, now known as the HIV Planning Council, recognized the emerg-

71. Stan Stolarczyk, ACCESS Network, personal communication, July 2007.

72. Mary Basil, Beaufort-Jasper-Hampton Comprehensive Care Center, personal communication, July 2007.

73. Tony Price, South Carolina Roundtable presentation June 4, 2008.

74. Tony Price, SC Department of Health and Environmental Control, SC Roundtable on Latinos and HIV/AIDS, June 4, 2008, Columbia.

75. Susan Fulmer, SC Department of Health and Environmental Control, personal communication, July 2007.



ing epidemic among Latinos in South Carolina in its 2004-2008 prevention plan. The 2010-14 prevention plan is expected to address the problem of HIV-positive residents who are not currently benefiting from modern treatment and care in addition to prevention issues.

The state's Commission for Minority Affairs established a Hispanic/Latino Ad Hoc Committee in 2000 that included some 50 members and issued an advisory report after a year of meetings.

CURRENT CONDITIONS

For general health care, Volunteers in Medicine in Hilton Head provides an example of a safety-net clinic serving the low-wage uninsured. It has an active patient roster of 6,000 of whom 59 percent are Latino. It employs a dozen full-time staff to manage 250 volunteer health professionals drawn from the large retiree population.

In a neighboring county the federally-funded Beaufort-Jasper-Hampton Comprehensive Health Center serves some 19,000 registered patients annually at eight sites. Hispanics comprise 28 percent of its patient population.

There is also a summer satellite clinic on St. Helena Island for seasonal labor on the tomato farms. The St. Helena clinic has not detected any HIV cases although testing is fairly routine there.

Dr. Wayne A. Duffus of the University of South Carolina studied the frequency of doctor visits by individuals with undetected HIV infection in the state who are not tested for the virus at that time of the visit, so-called 'missed opportunities' for case detection. The frequency of late testers (individuals diagnosed with AIDS within one year of first testing positive for HIV) is an important obstacle to reducing the burden of disease and slowing the rate of new infections. Dr. Duffus noted that only 3 percent of the South Carolina emergency rooms surveyed routinely conducted HIV tests. Emergency rooms are used frequently by Latino residents.

Care for HIV-positive Latino clients is keeping up with demand, but bilingual and/or bicultural employees remain scarce in the state. When AIDS service organizations are linked to the primary care services used by Hispanic residents, testing and referrals proceed smoothly.



Prevention education for Spanish-speaking residents is sporadic and may have wound down entirely in the Columbia area after the suspension of Latino outreach and screening in 2007. An ad hoc 'AIDS 101' presentation at the Hilton Head hiring hall in June 2007 was the first of its kind for all those present although some of the men knew about HIV and condom use from their home countries.

All pregnant women are tested for HIV for free if they use public family planning clinics, and some male partners also agree to the test at that time.

Church charities are a key point of access to the immigrant community. Holy Family Catholic Church in Hilton Head is a typical case for large Latino congregations: it holds an annual health fair in January with all local voluntary organizations to provide basic screenings and information.

A primary care clinic in Columbia serving Hispanic clients recently obtained a grant to add HIV work to its mandate. Meanwhile, an ongoing research study undertaken through the University of South Carolina will examine HIV testing experiences from the perspective

of both pregnant Latina women and prenatal care providers in the state.

A Latino organization based in Columbia has experience in the issue and carried out extensive HIV testing in the area in conjunction with the VOICES/VOCES intervention.

The South Carolina Hispanic/Latino Health Coalition grew out of the work of the Task Force on Hispanic Issues formed by Governor Jim Hodges in 2000. The chair of the health subcommittee of that panel then formed the Coalition in 2002 to continue to advocate for Latino health and quality healthcare services in South Carolina.

The state health department continues actively to seek opportunities to screen for HIV among the Latino population. In some areas staff visit weekend soccer games using a mobile van and target other activities where Latinos congregate. Factories that employ large numbers of Hispanic workers occasionally provide access for HIV screening. The health department has established a liaison with three Columbia hospital emergency rooms to respond to the testing demands and handle referrals.⁷⁶

76. Duffus WA (2006) 'Missed Opportunities for Earlier Diagnosis of HIV Infection—South Carolina, 1997-2005,' MMWR 55(47):1269-72.



SOUTH CAROLINA ROUNDTABLE

The Commission convened a Roundtable on Latinos in South Carolina and HIV/AIDS on June 4, 2008, with the invaluable assistance of local partners from three CBOs and the University of South Carolina. Thirty 30 individuals from AIDS service organizations and other private and public entities joined the meeting from five urban areas throughout the state.

Attendees heard summaries of current conditions in the state from representatives of the state health department, academic researchers, providers and advocates. Their recommendations included a call to return to disaggregated data reporting on Latinos (rather than combining Latino clients with a broader category of ‘others’), increased Latino representation on the HIV Planning Council, and expanded service hours to accommodate this population.

The state also created a Working Group on Latino issues in the HIV Planning Council as an outcome of the Roundtable, which is now chaired by a member of the Roundtable organizing committee.