How to Get Results in South Carolina

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In July 1994, Bambi Gaddist—or "Dr. Bambi" as she's lovingly called—launched what became the South Carolina HIV/AIDS Council (SCHAC) in the back of her Columbia home. Now located in its own office, the nonprofit serves nearly 5,000 people a year, mostly African Americans. But right now, she says, marks the first time that her city and state have dropped out of the nation's top 10 lists of high AIDS rates. How'd that happen?

In the big picture, Gaddist explains, the country became aware of the epidemic in the South. Within South Carolina, three factors are leading the charge against HIV: the relentless advocacy of AIDS organizations, the legislative support for critical issues like the AIDS Drug Assistance Program (ADAP), and the collegial relationship AIDS groups have with the state health department. In fact, she says, about 7,000 people in the state know they have HIV but aren't connected to care, and the health department is working with SCHAC on a process to remedy this problem.

Within her agency, Gaddist is especially excited about three innovative programs. First is the Wright Wellness Center, an evening and weekend clinic to diagnose and treat sexually transmitted infections. Then there's P.O.S.I.T.I.V.E. Voices, a four-week women's empowerment academy to build life skills and self-esteem. The third is the Elite Society of Undetectables, a work in progress based on the Alcoholics Anonymous model—folks with undetectable viral loads act as sponsors and "agents of change" for others living with HIV. Gaddist envisions chapters across the state coming together twice a year to celebrate the journey of reducing viral loads.

She says that the SCHAC mobile testing unit has been critical in reaching folks in rural counties around Columbia, and that Project F.A.I.T.H., a multidenominational prevention program, was enjoying great success until it got defunded. Her goals for the near future include developing prevention programs and making inroads with the transgender community, which is at high risk for the virus.

Challenges remain, and Gaddist can easily tick them off: stigma, poverty, the Southern Bible Belt, a lack of access to transportation and medical care, South Carolina's failure to expand Medicaid, and the biggest elephant in the room: racism.

However, Gaddist chooses to view these not as barriers but as opportunities. "I'm an optimist," she says. "If we can give people—and minority directors—a ray of hope, then that's good!"

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http://beta.docker.poz.com/article/south-carolina-HIV-AIDS-Council-27796-4604