



AIDS Project of Southern Vermont

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AIDS Project of Southern Vermont (APSV):

Founded in 1988 by a group of volunteers as a community-based effort, APSV has been highly responsive, keeping pace with the changing face of HIV/AIDS. We provide services to Windham, Bennington and southern Windsor county residents.

Our Prevention Program provides HIV and Hepatitis C testing; one-on-one motivational sessions focusing on setting personal health goals and problem solving for individuals at highest risk for contracting HIV; Syringe Services Program (new in 2016); and educational workshops.

Our Food Program, in partnership with the Vermont Foodbank and local faith communities, distributes frozen meats and vegetables, dairy, fresh local produce, non-perishable items and household items to HIV+ individuals and their immediate family members.

Direct Services/Medical Case Management helps HIV+ clients with accessing resources (community, social services, medical), finding appropriate health care (including substance abuse and mental health resources), finding safe housing, problem-solving, meeting the needs of daily living, financial assistance, and transportation to medical appointments.

People think HIV/AIDS is "gone, over, cured."

The advances in medication mean HIV can be a manageable disease but there is no cure.

HIV/AIDS funding has continued to become more concentrated in urban areas and on programs not designed for rural environments.

Current prevention programs and testing initiatives allowed by the CDC are NOT a good fit for Vermont, but that does not remove the risk Vermont populations experience.

We are a "low incidence state" which means we have fewer people becoming infected with HIV in a given year as a percentage of our total state population than many other states and urban areas. We have low prevalence, too, meaning we have overall lower numbers of people living with HIV/AIDS in our state, as well.

As the federal money has shifted in type and focus (urban areas), the private foundations have followed, no longer funding many types of programs/services they did in the past. This makes it doubly difficult to raise funds.

A lot more programming now hangs in the balance in Vermont, including testing services, direct services, and prevention programming.

We do have people living with HIV, at risk for infection, and becoming infected each year, here in Vermont. People need support and services if we want to keep our low incidence status.