

The hiv aids epidemic in the united states

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This year, it was estimated that at least 500, 000 people in the United States have already died of AIDS since the disease first surfaced in the 1980s. This figure was said to be the equivalent of the entire population of Las Vegas. In 2008, meanwhile, there were at least 1 million people in the US who are living with HIV/AIDS.

What is dangerous is that about a fifth of them do not know they have the disease. Such ignorance worsens the HIV/AIDS epidemic in the US by greatly increasing the risk of onward transmission (AVERT n. pag.).

Experts pointed out that despite these alarming statistics, the US government's efforts towards HIV prevention and treatment remained unsuccessful. For one, stigma and discrimination towards HIV-positive individuals continue to persist.

In addition, thousands of uninsured Americans still do not have access to necessary health services such as antiretroviral therapy. As a result, the country's HIV/AIDS epidemic keeps on claiming more lives - approximately 56, 000 Americans are infected with HIV every year (AVERT n. pag.).

Contrary to stereotypes, HIV/AIDS affects all sectors of American society. The misconception that the disease affects only homosexuals and drug dependents stemmed from the fact that in the early years of the epidemic, majority of HIV-positive individuals in the US were homosexuals, intravenous drug users, hemophiliacs and Haitian immigrants.

However, the demographics of people living with HIV/AIDS have changed over the succeeding years. At present, sectors including heterosexual whites,

African-Americans and Hispanics are already vulnerable to the ailment (AVERT n. pag.).

As of 2007, African-Americans constituted about 12% of the total population of the US. But an estimated 49% of them were diagnosed with HIV in the same year. Health experts consider this to be very ironic, given that several well-known African-Americans such as anchorman Max Robinson, tennis player Arthur Ashe and rapper Eazy-E died of AIDS in the 1980s and the 1990s.

But neither are they surprised - denial of the existence of HIV/AIDS still persists among African-Americans. This forswearing stems from the fact that among African-Americans, openly talking about sensitive subjects like sexuality, premarital sex and drug use are still seen as taboo (AVERT n. pag.).

Although there has been a decline in the overall number of AIDS-related deaths in the US at the start of the 21st century, AIDS-related deaths among Hispanics during this period remained relatively stable. Hispanics made up about 19% of the country's total population in 2007, but around 15% of this figure is believed to be living with AIDS.

Health experts attribute this situation to language barriers, social structures, migration patterns and lack of regular health care services (AVERT n. pag.). These factors expose Hispanics to high-risk behaviors that will ultimately lead to AIDS, such as unprotected sex and drug abuse.

Despite the fact that no sector of American society is safe from HIV/AIDS, homosexuals remain to be one of the most vulnerable groups. In 2007, about

two-thirds of male adolescents and adults who were diagnosed with HIV were homosexuals.

This figure was said to be the result of unprotected sex among an increasing number of homosexuals. According to experts, most homosexuals are complacent about condom use because they believe in the misconception that antiretroviral drugs cure HIV/AIDS.

This erroneous belief is not without fatal consequences - it was estimated in 2008 that HIV/AIDS diagnoses among homosexuals between 2001 and 2006 increased by 8.6% (AVERT n. pag.).

Critics pointed out that the US government did not spend enough money on HIV/AIDS prevention measures. In October 2007, Congress reduced the country's federal AIDS prevention budget for the 2008 fiscal year by \$692 million (the reduction was initially announced as \$3 million) - a move that would further keep cheap and or free antiretroviral drugs out of reach of indigent AIDS patients (AVERT n. pag.).

Furthermore, the US refused to cooperate with the United Nations in the latter's programs to curb the spread of HIV/AIDS. The US, for instance, blocked the UN's anti-HIV/AIDS program of providing drug dependents access to clean needles.

Officials at the US State Department justified this decision by arguing that this program might be misinterpreted as an endorsement of drug abuse by providing dependents with a place to inject drugs (GlobalHealthReporting.org n. pag.).

Simply put, the US believes that the only way for drug dependents to avoid HIV/AIDS is to completely abstain from drugs. But studies show that a drug dependent will undergo relapse at least four times before becoming fully rehabilitated (DrugLibrary. org n. pag.).

The UN's point in launching the anti-HIV/AIDS program is that while drug dependents are ridding themselves of their habit, steps might as well be taken to ensure that they are healthy. After all, what is the point of getting rehabilitated from drug abuse when one ends up HIV-positive afterwards?

How is the US currently dealing with the HIV/AIDS epidemic in its own turf? For one, not all schools in the country provide HIV/AIDS education. Those that do adopt a curriculum that falls into one of the following categories - abstinence-only, abstinence-plus or comprehensive.

As a result, students are provided incomplete and even inaccurate information about HIV/AIDS. Even schools that provide the most comprehensive HIV/AIDS education reportedly fail to provide or gloss over important information (AVERT n. pag.).

In the end, it is still the young people who pay the heaviest price for such errors. Their ignorance about HIV/AIDS renders them vulnerable to the disease when they start having sexual relations later in life as adults.

It also doesn't help that whatever information they will learn about HIV/AIDS are mostly in the form of myths - HIV could be transmitted from kissing, HIV is small enough to pass through the pores in latex condoms, only homosexuals could acquire the disease, etc. (AVERT n. pag.)

In addition, the US government focused so much on encouraging as many people as possible to undergo HIV testing that they failed to inform people regarding guidelines surrounding the procedure. In busy clinics and hospitals, for instance, patients “ may not be properly informed that they are being tested for HIV or that they have the right to refuse the test” (AVERT n. pag.).

Formalities such as the need for written consent and lengthy pre-test prevention counseling also discourage people from taking HIV testing (AVERT n. pag.). Furthermore, health experts failed to recognize social and cultural factors behind a patient’s reluctance to undergo HIV testing.

Ethnic minorities in the US must be educated about HIV/AIDS in such a manner that their religious and or cultural sensibilities are recognized – before lecturing African-Americans about practicing safe sex, for instance, they must first be given the assurance that openly discussing sex is not shameful as their culture dictates.

If the US wants to put a stop to its HIV/AIDS epidemic, it must first put an end to its inconsistent and shortsighted anti-HIV/AIDS measures. All schools must be required to provide comprehensive HIV/AIDS education to its students. “ Comprehensive HIV/AIDS education,” however, means complete and objective information about the disease.

Students are provided options on how to avoid HIV/AIDS, whether through abstinence or through condoms.

Second, the US government must spend more money on health care services for AIDS patients and for HIV/AIDS research. Studies show that as long as

they have consistent access to proper health care services, AIDS patients can still live long and healthy lives despite their illness.

Lastly, public health and social workers must educate people about HIV/AIDS in such a manner that their personal, religious and or cultural concerns about the disease are addressed. People must be given the assurance that openly discussing HIV/AIDS, sexuality and other related topics does not make them promiscuous.

Indeed, what makes HIV/AIDS a very sensitive subject is that discussing it touches other taboo subjects such as drug use and sex. But in the context of the disease, ignorance kills. People may hide in stereotypes, but HIV/AIDS does not. HIV/AIDS asks only one thing: " Are you human?"