

## Plan to Reduce HIV-Related Health Disparities and Health Inequities

### **Step 3: Reduce stigma and discrimination against people living with HIV.**

In the earliest days of the HIV epidemic, fear, ignorance, and denial led to harsh, ugly treatment of people living with the disease, and some Americans even called for forced quarantine of all people living with HIV.<sup>151</sup> Although such extreme measures never occurred, the stigma and discrimination faced by people living with HIV was often extremely high. Even today, some people living with HIV still face discrimination in many areas of life including employment, housing, provision of health care services, and access to public accommodations. This undermines efforts to encourage all people to learn their HIV status, and it makes it harder for people to disclose their HIV status to their medical providers, their sex partners, and even clergy and others from whom they may seek understanding and support.

Time and again, an essential element of what has caused social attitudes to change has been when the public sees and interacts with people who are openly living with HIV. For decades, community organizations have operated speakers bureaus where people with HIV go into schools, businesses, and churches to talk about living with HIV. In the 1990s, both major political parties had memorable keynote speakers at their presidential nominating conventions that were living with HIV.<sup>152</sup> We know that many people feel shame and embarrassment when they learn their HIV status. And, there is too much social stigma that seeks to assign blame to people who acquire HIV. Encouraging more individuals to disclose their HIV status directly lessens the stigma associated with HIV. As we promote disclosure, however, we must also ensure that we are protecting people who are openly living with HIV. This calls for a continued commitment to civil rights enforcement.

This year marks the twentieth anniversary of the Americans with Disabilities Act, the landmark civil rights law that has proven so vital to the protection of people with disabilities including HIV. To be free of discrimination on the basis of

HIV status is both a human and a civil right. Vigorous enforcement of the Americans with Disabilities Act, the Fair Housing Act, the Rehabilitation Act, and other civil rights laws is vital to establishing an environment where people will feel safe in getting tested and seeking treatment. Recently, the Obama Administration completed the process begun in the Bush Administration to eliminate the HIV entry ban that restricted noncitizens living with HIV from entering the United States. These and other policy actions have been positive steps forward in lessening the stigma associated with living with HIV.

Working to end the stigma and discrimination experienced by people living with HIV is a critical component of curtailing the epidemic. The success of public health policy depends upon the cooperation of the affected populations. People at high risk for HIV cannot be expected to, nor will they seek testing or treatment services if they fear that it would result in adverse consequences of discrimination. HIV stigma has been shown to be a barrier to HIV testing and people living with HIV who experience more stigma have poorer physical and mental health and are more likely to miss doses of their medication.<sup>153</sup>

### **Recommended Action**

To reduce stigma and discrimination experienced by people living with HIV, **Strengthen enforcement of civil rights laws:** The Department of Justice and Federal agencies must enhance cooperation to facilitate enforcement of Federal antidiscrimination laws.

<sup>151</sup> National Library of Medicine. Profiles in Science: Visual Culture and Health - HIV/AIDS. 2003.

<sup>152</sup> In 1992, Bob Hattoy addressed the Democratic National Convention and Mary Fischer addressed the Republican National Convention, and both openly acknowledged living with HIV.

<sup>153</sup> Valdiserri, RO. HIV/AIDS stigma: an impediment to public health. *Am J Public Health* 2002;92(3):341-342.