

The Politics and Stigma of Global HIV/AIDS

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Many governments minimize the prevalence of HIV/AIDS in their country in order to preserve their “national pride,” while exacerbating the level of stigma in the population. The Joint United Nations Programme on HIV/AIDS, or UNAIDS, under fairly determined pressure from a few nations, has very recently lowered its global HIV estimate from 39.5 million to only 33.2 million, a decline of over six million persons. They did so claiming that newly conducted population-based studies are more accurate than previous antenatal clinic studies. However, these studies, conducted by visiting households, are likely to exclude many asymptomatic HIV positive working men who are not home during the day, biasing the data especially in those developing nations where the majority of HIV positive persons are men. While much of the reduction in number of estimated cases, particularly in parts of sub-Saharan Africa and southeast Asia, appear to be accurate and a result of successful HIV prevention programs and greater public caution in reaction to the impact of the epidemic, this is not always the situation.

India, which has tried to publicly downplay the extent of HIV/AIDS in their country for many years, has succeeded in having UNAIDS cut their estimated number of HIV/AIDS cases from 5.1 million to less than half of that at only 2.5 million estimated cases. China too had been denying the rapid growth of the epidemic within their country, asserting no change in their reported number of 840,000 cases for several years. UNAIDS has reduced their estimate further to only 650,000 estimated cases, even though the evidence contradicts this. While these reductions in estimated cases will assist India and China in its pretense at

a smaller epidemiologic burden, it will only make the reduction of HIV-related stigma in these countries more difficult.

Ironically, at the same time, the Centers for Disease Control and Prevention in Atlanta has recently announced that their estimated figure of 40,000 new HIV/AIDS cases per year, which has been cited year after year for at least a decade is, in fact, incorrect. Both internal CDC and independent studies have demonstrated over the past decade an increase in unprotected sex among men who have sex with men. The newly revised estimate is now 60,000 HIV/AIDS cases per year: a 50 percent increase.

Certainly, this jump in incidence did not occur in a single year. So, clearly, the overall prevalence estimate in the United States will need to be upwardly revised as well. We now then have the HIV prevalence, suppressed for years, increasing in the U.S. at the same time that the HIV prevalence, newly suppressed, declining in key countries in the developing world. HIV epidemiology is not politically neutral.

How a national government handles their HIV AIDS crisis is predicted, in large part, by their level of political oppression, or by the extent of conservative ideology. Societies which are democratic with a strong commitment to human rights are likely to support promotion of condoms, support efforts through legislation to protect the rights of persons with HIV and to de-stigmatize the disease, provide progressive safer sex messages in schools and the media, and give health and psychosocial care for persons living with AIDS.

On the other hand, undemocratic, oppressive societies are likely to oppose condom promotion, while emphasizing sexual abstinence unless legally married, contribute to the stigmatization of the disease and not support legislation to protect the rights of persons with HIV, oppose or ignore safer sex messages in schools and the media, and fail to give health and psychosocial care for persons living with AIDS.

Additionally, national cultures which view sex in all of its diversity as profoundly shameful and in need of strict social control are also likely to have a regressive HIV/AIDS policy, even in nations which are democratic or partially democratic. However, the association (and I would assume – correlation) between sexual repression within a population and political oppression by its government is high. In our own society, and in several other democracies and partial democracies, where there are competing sociopolitical factions and lobbies along the sexual politics spectrum, we have experienced a mixture of both progressive and regressive HIV/AIDS policies.

Today, in the United States we still see policies which inhibit the struggle against HIV/AIDS. These include lack of direct federal support for needle exchange programs, mandating of abstinence-only or fidelity-only HIV prevention programs which are federally funded and through PEPFAR (our global AIDS program), the federal prohibition of medical marijuana by persons with AIDS who experience nausea and weight loss, PEPFAR's requirement that funded agencies must sign a statement opposing sex work and – by inference – sex

workers, and an emphasis on funding faith-based organizations instead of more experienced secular AIDS service organizations – both here and abroad.

However, in our nation, we also see policies which have supported a sex-positive approach to HIV/AIDS control. These include: 1) local funding for needle exchange programs, 2) condom promotion, 3) peer-led sexual negotiation skills programs, 4) innovative community-level HIV prevention interventions, 5) HIV prevention in the workplace and schools, 6) HIV/AIDS anti-discrimination legislation and the application of the Americans with Disabilities Act, 7) the generally supportive role of the media, 8) a somewhat less negative attitude toward members of the gay community, 9) the ADAP Program nationally and PEPFAR globally which provide medications to persons with HIV in need, 10) the Ryan White and HOPWA programs which provide health, social work, psychological, nutritional, and housing services to persons with AIDS, and 11) fast-tracking of basic, clinical, pharmaceutical, and behavioral HIV/AIDS research by NIH, the FDA, and SAHMSA.

Regressive HIV/AIDS policies in politically oppressed nations have included execution, permanent quarantining, social ostracism, public condemnation, mandatory HIV testing without the benefit of AIDS treatment, imprisonment and deportation. For example, during the 1980's, Saudi Arabia beheaded several women with HIV, until international condemnation stopped this practice. Today, Saudi Arabia tests all immigrant workers and summarily deports those testing HIV positive. In Egypt, gay men are currently being imprisoned for being suspected of being HIV positive and gay. Reports of gay men being

tortured by the police have only managed to severely inhibit HIV prevention and AIDS care in Egypt.

Zambia, a partial democracy – a country where I have conducted HIV research during the early and late 1990's – had during President Chiluba's administration during the 1990's ignored or actively suppressed HIV surveillance, condom promotion, HIV education in the schools, public media campaigns, and (except from foreign donors) public funding for AIDS care and services. In spite of having one out of every six Zambian adults living with HIV, the stigma, denial, and often scorn against people with HIV never waivered during the 1990's. Today, gender-based violence and insecure property rights, according to Human Rights Watch, are preventing Zambian women from accessing life-saving antiretroviral treatment. Fear of physical abuse from their husbands, should they learn of their HIV status, often interferes with the woman's ability to adhere to the treatment regimen. Unequal distribution of property upon divorce and property grabbing by in-laws on the death of a spouse impede women's HIV treatment, who often struggle to pay for food, and for transportation to clinics for HIV treatment and counseling.

The Chinese government's HIV/AIDS policy has included massive arrests and executions of drug dealers, as HIV prevalence soared among injecting drug users. In parts of China, many villages have become largely HIV-infected through the selling of blood by using contaminated needles. Even in these so-called "blameless" villages, the stigma against persons suspected of being HIV positive remains very strong. Doctors and dentists, for example, have refused to treat

patients when they learn they come from those villages. Recently, Dr. Gao Yaojie, a well-known HIV specialist, has been held under house arrest by the Chinese government to prevent her from attending a banquet in her honor in the United States for her dedication and AIDS activism.

In Ukraine, police often patrol outside pharmacies and arrest drug users who have syringes. They intentionally hinder the ability of injecting drug users from receiving information about HIV prevention, believing that the IDU's should be punished for their drug use.

In Burma, numerous executions of female sex workers with AIDS returning from working in the brothels of Thailand have occurred in the past. Today, in Thailand, Burmese women face gender and ethnic discrimination, including violence, unsafe migration and trafficking, labor and sexual exploitation, and denial of health care.

Miriam Maluwa and colleagues have pointed out that HIV/AIDS brings out the best and the worst in people. Stigma is not a thing, but rather it is a process of devaluation. It plays into and reinforces existing social inequalities. The authors distinguish between felt and enacted stigma. "Felt stigma refers to the shame associated with a potentially stigmatizing condition and the fear of being discriminated against. Enacted stigma...has to do with the actual experience of discrimination." Many rights are often denied to people living with HIV/AIDS: for example, the right to employment, the right to marry, the right to freedom of movement, and the right to freedom from inhuman and degrading treatment.

On a global basis, promoting progressive democratic and open governments, as well as supporting a favorable social climate toward sexual discussion and expression, is the most effective general foundation for HIV control until we have in hand a vaccine. Moreover, we need to treat the reduction of HIV/AIDS stigma, through national stigma reduction campaigns, as seriously as we do the provision of treatments if we are to effectively slow the continuing spread of this devastating epidemic.

Thank you.