VOLUME 12 | FALL 2021

Health is a Human Right

A closer look at HIV/AIDS

GLOBAL HEALTH IN ACTION NEWSLETTER
AND MERCER STUDENTS MARK HIV @ 40

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EDITORIAL

This year marks the 40th anniversary of HIV/AIDS. As actors in global health, GHIA seeks to educate people about the pandemic that came before COVID. During Mercer Students Mark HIV @ 40, many different organizations will be putting on events to bring awareness and offer a moment of reflection. We hope you join us at all of these events, highlighted on the last page of this newsletter.

We offer the opportunity to reflect on the impact of the HIV/AIDS pandemic. We can only move forward to eradicate HIV/AIDS after we have reconciled with the progress made in the last 40 years.

- Parneeta Mohapatra, Chief Editor

JOIN US TO REFLECT ON THE IMPACT OF HIV/AIDS IN THE LAST 40 YEARS, AND BE INSPIRED TO JOIN THE FIGHT!

The Severity of HIV/AIDS in Georgia

By: Suha Mohiuddin

While many Americans may believe that HIV/AIDS no longer remains a concern or diminish its severity, they do not realize that approximately 1.2 million people in the US currently have HIV while 13% of them are unaware of their positive status. Although infections have declined overall, the South remains a hotspot for HIV transmission.

> People with HIV are still stigmatized. The infection rates are going up. People are dying. The political response is appalling. The sadness of it, the waste.
>
> *- Elton John*

HIV/AIDS in Georgia

Transmitted via blood, bodily fluids such as semen, amniotic fluids, and breastmilk, or from needles during drug use or blood transfusions, the virus has the ability to completely weaken the immune system and lead to various long-term symptoms. In 2018, about 54,600 people in Georgia were living with HIV, with 2,501 of those people being newly diagnosed. Of these affected people, over 75% were men and over 70% of cases were of Black people.

Although the highest rates of HIV transmission come from sex, specifically MSM (Male to Male Sexual Contact), the determinants of these rates in Georgia are more closely tied to issues relating to sex education, stigma, poverty, discrimination, and the mass incarceration of Black males.

Fewer schools in 20% of the United States taught HIV/AIDS prevention in 2011 than in 2008. These are now college students who still may not have the proper education on preventing HIV/AIDS or understanding its correlated symptoms as it continues to affect them.

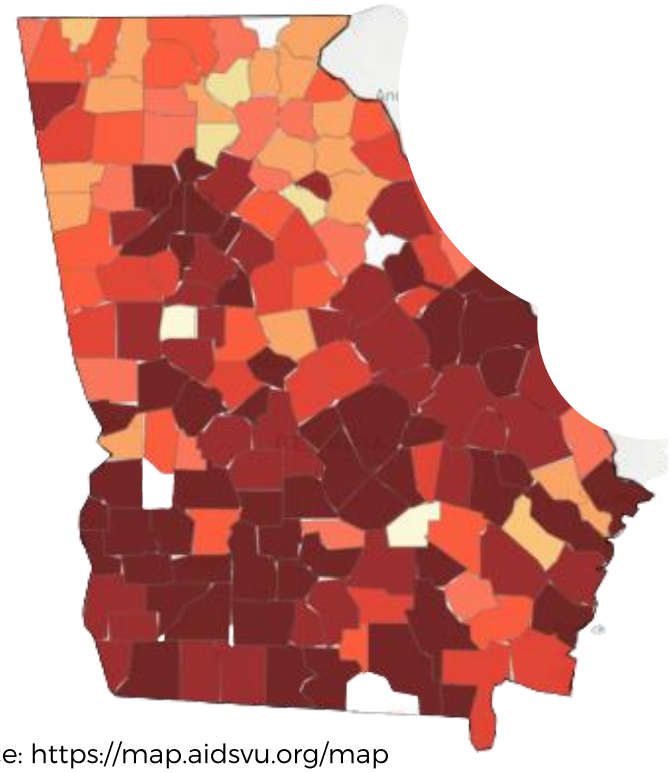
Data from 2018 shows that 15.9% of Georgia residents lack health insurance, 11.3% live with food insecurity, and 13.7% live in unstable housing. The rate of Black males living with HIV is 6 times the rate of White males living with HIV and 11.9 times higher for Black females compared to White females.

These rates are not due to the individual behaviors and practices, but rather, a result of multiple disadvantages. Disadvantages come in various forms whether it be a lack of transportation to clinics, a lack of healthcare due to poverty, and even stigma amongst Black people in the LGBTQ+ community. According to Emory University, high-risk men have trouble understanding the severity of HIV and are not getting tested. Others fear the stigma of being associated with the LGBTQ+ community, drug use, or HIV in general.

Georgia was known to be one of six states with the highest HIV-infected prisoners in 1991.

Although that number has since decreased, mass incarceration remains an issue for all In Georgia as it continues to exacerbate HIV/AIDS rates. Approximately 2.6% of female and 1.8% of male state prison inmates known to be HIV infected.

Prevalence of HIV/AIDS in Georgia (2018)



Source: https://map.aidsvu.org/map

0 - 50	51 - 60	61 - 80	81 - 90	91 - 120
121 - 150	151 - 190	191 - 250	251 - 380	381+

Numbers per 100,000 people

So What Can We Do?

While it would be easy to tell everybody to remain abstinent and avoid risky sexual behaviors, it is foolish of us to expect positive results or even a decrease in transmission. So what can be done? You can begin by getting more people to receive a routine HIV test if they engage in sexual intercourse. Clinics that offer these tests also recommend those who may be at higher risk, such as homosexual males, to take pre-exposure prophylaxis (PrEP), a daily pill to reduce the risk of transmitting HIV. Those who have already been tested positive for HIV can take antiretroviral therapy (ART) to reduce their viral load and relieve themselves of any symptoms.

With more education regarding the virus and its treatments, more people can better understand their risks. However, the real issues of stigma, discrimination, poverty, and mass incarceration still remain. To combat these effects, we must advocate for the poor and fight to change policies. Whether it be speaking up about your own HIV-positive status or educating yourself to understand the role poverty plays in this epidemic, all actions would lead to relief of stigma and discrimination.

Has COVID-19 Derailed HIV/AIDS Progress?

By Parneeta Mohapatra

Forty years of HIV/AIDS research and treatment was impeded significantly when COVID-19 spread across the globe. In general, we saw the lack of pandemic preparedness in many countries with overcrowding in hospitals and limited personal protective equipment (PPE). However, the pandemic also put pressure on services that were already put in place, namely HIV testing and treatment.

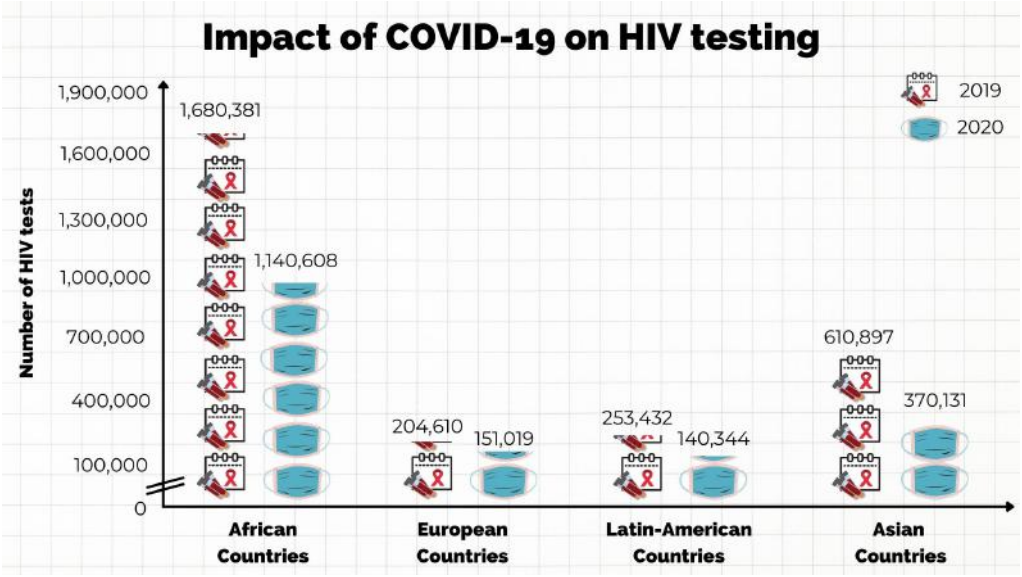
At the beginning of the pandemic, early lockdowns caused many HIV+ persons to have to stay quarantined away from their homes and without access to regular treatment. The introduction of Telehealth posed a problem for the homeless who often don't have access to data plans or the internet. People who were staying with friends and families also had trouble keeping their status a secret. Additionally, all resources in public health departments and hospitals were redirected to COVID-19 relief.

Women and children are also at a higher risk of contracting HIV since the start of the COVID-19 pandemic. Girls around the world who do not have the protection of attending school are at a higher risk for contracting HIV. Not only that, but there have been higher rates of domestic violence since the start of the pandemic putting more women at risk of contracting HIV through sexual violence.

Globally, HIV testing was reduced by 35% between 2019 and 2020, with a 45% drop in the United States alone.

Prescriptions of PrEP, a prophylaxis drug, also dropped within that year. Why does this pose a problem? We've virtually become blind to how the virus is moving through this landscape.

Data from: *Rick et al., 2021*



With a decrease in screening and contact tracing, there could be people who are HIV+ and do not even know it. "At the worst, it potentially brought us an increase of cases for at least the next couple of years," says Samuel Jenness, an Emory University researcher.

Why have HIV tests decreased so much? Because COVID-19 PCR tests use the same machines as HIV tests. With the barrage of COVID-19 tests, these machines are being run almost 24/7 with no time to process HIV screening results.

Testing is not the only area that's been paused. Treatment and intervention programs have been impacted negatively. In many areas, people did not want to go to clinics and treatment centers for fear of catching COVID-19. Additionally, clinics checking pregnant women for HIV and providing male circumcision in Africa had to stop for a period of time. The COVID-19 pandemic has also caused many shipping delays, slowing the production and proliferation of HIV medications and contraceptives.

So how do we alleviate these issues? UNAIDS proposes a few ideas.

- **We need to prioritize global health leadership and financing so that future health emergencies do not derail current efforts. "The universal right to health demands** a determined focus on funding comprehensive, integrated and sustained approaches to existing, new and—inevitably—future global health challenges.
- **We need to increase access to HIV self-testing kits.** These kits would allow people to test for HIV from the comfort of their homes to maintain anonymity as well as to stay safe during COVID-19.
- **We need to use a human rights-based approach to HIV/AIDS.** This includes reducing stigma and increasing access to care.
- **We need to address domestic violence.** Millions of women are victims every year and need protective measures in place to reduce risk of abuse and HIV transmission.
- **We need to innovate ways to reach people for HIV and COVID-19.** This can mean giving out condoms when at a COVID-19 testing appointment, or even delivering HIV self-testing kits with COVID-19 self-testing kits.

Although we cannot instantly repair the damage done to HIV/AIDS efforts by the COVID-19 pandemic, by prioritizing HIV prevention we can bounce back. Already we are seeing amazing results from the hard work of global and local programs. New HIV cases have been reduced by 23% since 2010, and AIDS related deaths have decreased by 39% globally. Additionally, as of 2020, an estimated 81% of HIV positive people know their status. These improvements are important to talk about, and with time and effort we hope to see these trends continue moving downward.

McKenna Kaufman

The Sustainable Development Goals

THE GLOBAL PURSUIT OF HUMAN RIGHTS

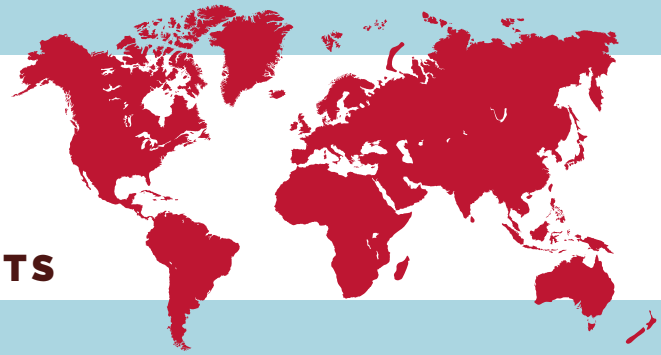
In 2015, all of the United Nation's member states adopted the 2030 Agenda for Sustainable Development, "a shared blueprint for peace and prosperity for people and the planet, now and into the future." The 17 Sustainable Development Goals are central to this agreement and serve as a call for global action in combating poverty and inequalities in health and education, while spurring economic growth. Regardless of income or development status, the Sustainable Development Goals rely on a global partnership to achieve these goals while addressing climate change and preserving the oceans and forests.

International failure to fufill these 17 goals inhibits communities' ability to experience comprehensive health. This inequity is a violation of human rights.

McKenna Kaufman

The Sustainable Development Goals

THE GLOBAL PURSUIT OF HUMAN RIGHTS



GOAL 2: ZERO HUNGER

Even before the pandemic exacerbated global hunger, the world was still not on track to eradicate hunger by 2030, like the Agenda for Sustainable Development planned. Currently, 2.37 billion people are facing food insecurity or are unable to eat a nutritious meal on a regular basis.

"The world can provide food to feed twice its current population," said a statement from a special session of the UN Human Rights Council. "Therefore, in a world overflowing with riches, hunger is not inevitable. It is a violation of human rights."

GOAL 3: GOOD HEALTH AND WELL-BEING

Article 25 of the Universal Declaration of Human Rights (UDHR) states that "everyone has the right to a standard of living adequate for the health and well-being of himself." Even so, the pandemic has magnified inequities in access to adequate healthcare.

According to the WHO, health is a "state of complete physical, mental, and social well-being," not just the absence of disease. Comprehensive health and well-being encapsulates safe food and water, nutrition, housing, education, and many more factors. Harmful practices and policies regularly interfere with communities' overall well-being.

GOAL 5: GENDER EQUALITY

Women and girls around the world face ongoing oppression as a result of gender violence, unequal access to education and healthcare, limited participation in politics and access to economic opportunities.

Equal treatment regardless of gender, is another f acet of the UDHR that is often overlooked. Yet, gender equality is critical to achieving peaceful societies in which human potential is fully utilized. According to UN Women, the international community still has significant work to do in achieving this goal.

GOAL 6: CLEAN WATER AND SANITATION

Limited access to safe, and sufficient water, sanitation, and hygiene resources is devastating to global health and contributes to diminished dignity and prosperity among the world's people.

The UN's "human rights-based approach" to clean water and sanitation emphasizes a "correspondence between rights and obligations," indicating that Member States are expected to provide their people with facilities to maintain proper water and sanitation practices. A 2021 statement from UNICEF stated that billions of people still lack access to safe water and sanitation.

GOAL 10: REDUCED INEQUALITUES

Income, wealth, and opportunity inequality continues to exist within and between countries. The world has also seen a recent influx in refugees, with nearly 311 refugees per 100,000 people. Additionally, discrimination on the basis of race, sex, religion, launguage, social class, or other status continues to inhibit progress in achieving this goal.

According to the Center for Economic and Social Rights, "extreme inequality is a consequence as well as a cause of human rights deprivations." Stark disparities in health, education, economic opportunity, and numerous other rights will continue to pose an obstacle to the full realization of health as a human right.

GOAL 16: PEACE, JUSTICE AND STRONG INSTITUTIONS

Goal 16 aims to promote strong, yet peaceful institutions and societies that uphold justice for all. However, so long as inequities exist that inhibit the pursuit of health as a human right, this goal will be difficult to attain.

Millions of people continue to live in violent and conflict-ridden regions around the world, increasing the proportion of people who will be displaced or will lack access to basic necessities like food, water, and shelter. Violence against children, war, human trafficking, abuse, and numerous other issues need to be addressed.

HIV/AIDS Injustices

By Parneeta Mohapatra

As the HIV/AIDS pandemic has ravaged through the world in the past 30 years, it has affected all communities. Now over 10 million people are able to access medication that allows management of this ailment. New infections are dropping, and with prophylaxis treatments it's possible that transmission could drop to zero in the next few decades.

However, many affected communities are not able to access these treatments because they have been marginalized, namely the poor, sex workers, drug users, and the LGBTQ community.

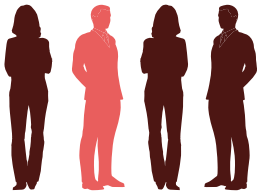
There is a lack of funding for HIV/AIDS treatment in many impoverished communities, with access to this treatment typically only accessible to the wealthy. Additionally, there is often push back from religious groups for prevention education that include talk about safe sex. However, there are less direct connections as well.

Discrimination against members of the LGBTQ+ community has resulted in homelessness, unemployment, and inability to purchase healthcare insurance. The medical director of Thomas Street Health Center in Houston, Texas, Dr. Thomas Giordano says, "There is the stigma that's real. There is legacy racism. [Texas's political leaders] view HIV as a disease of the poor, of Blacks, Latinos and gay. It's just not mainstream at the state level."

These conditions make it difficult to access treatments, but also may push members of the community to partake in risky behaviors. Transgender women are often pushed to sex work, which has a rate of HIV diagnosis that is 5 times higher than those who do not partake in sex work. Additionally, this stigma can discourage many people from seeking out HIV testing because of prejudice and bias from health care professionals.

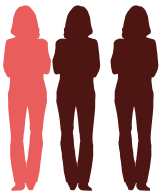
These disparities are exacerbated when looked at globally. In surveys done by UNAIDS across 19 countries, they found the following data:

one in five people living with HIV reported having been denied health care due to their HIV status



one in four people living with HIV reported experiencing some form of discrimination when using health-care service

one in five people living with HIV reported having avoided visiting a health facility for fear of stigma or discrimination related to their HIV status



one in three women living with HIV reported discrimination related to their sexual and reproductive health

Migrant, refugee, and indigenous populations are especially vulnerable to exploitation and harassment. They often do not have access to basic services and do not have legal protection when their rights are not recognized. Migrants may not have regular immigration statuses, leaving healthcare inaccessible. Even after receiving treatment, indigenous peoples may have poorer health outcomes. A study analyzing data from 2000-2012 found that in three Canadian provinces, mortality rates for indigenous HIV patients were higher than their Caucasian counterparts.

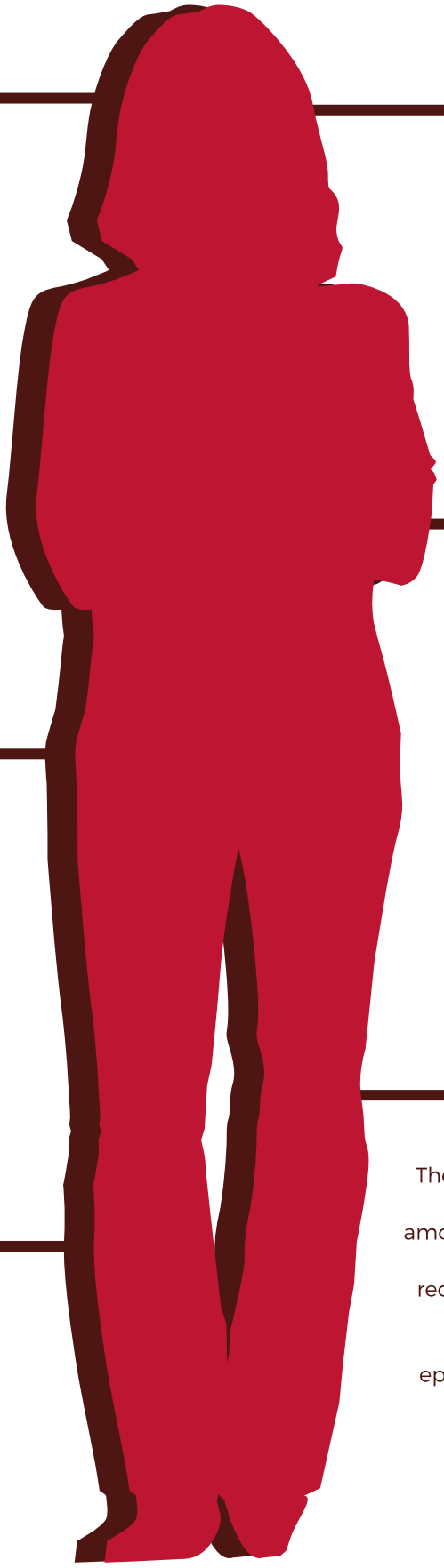
Sex workers face injustices globally as well. According to UNAIDS, about a third of female sex workers in Russia have been refused medical care because of their work. Similarly, many sex workers (female, male, and transgender) were denied treatment for injuries suffered during assult and rape. These findings are concerning beacause sex work is a major HIV risk, and if sex workers are being denied care, then a large number of people who may be HIV+ do not know their status.

> **"Because of the lack of education on AIDS, discrimination, fear, panic, and lies surrounded me."**
> **– Ryan White**

Regardless of the high HIV risk in these populations, global and local HIV treatment and prevention programmes are failing to reach their targets. We must work together to increase awareness of these injustices and fight for equal access to healthcare and treatment.

Women and HIV/AIDS

MCKENNA KAUFMAN



1

Women and people with uteruses are at a greater biological risk of contracting HIV than men or people with penises because they have a "greater mucosal surface area exposed to pathogens and infectious fluid for longer periods during sexual intercourse and are likely to face increased tissue injury." Additionally, internal reproductive anatomy provides increased opportunities to contract HIV. At certain times during their menstrual cycle, or when they are pregnant, women and people with uteruses have varying levels of hormones that affect their susceptibility as well.

2

In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections. 6 in 7 new HIV infections among adolescents aged 15– 19 years are among girls.. Young women aged 15–24 years are twice as likely to be living with HIV than men.

3

Women and people with uteruses living with HIV may experience gynecological health issues, increased risk of cervical cancer and heart disease, and side effects from treatment. Additionally, there may be complications with pregnancy and birth control that require specific care.

4

Young women around the world are especially vulnerable to contracting HIV because they may lack access to comprehensive sexual education and reproductive health services. The collapse of adequate education, health, and social services leads to decreased opportunities for HIV prevention, which disproportionately affects women.

5

Women of all ages may also experience gender inequality in their societies, causing women to be coerced into sex, abused in their sexual relationships, and raped. Because women's thoughts and feelings are often disregarded by men in their communities, negotiations to practice safe, consensual sex go ignored. Sex workers also face an increased risk.

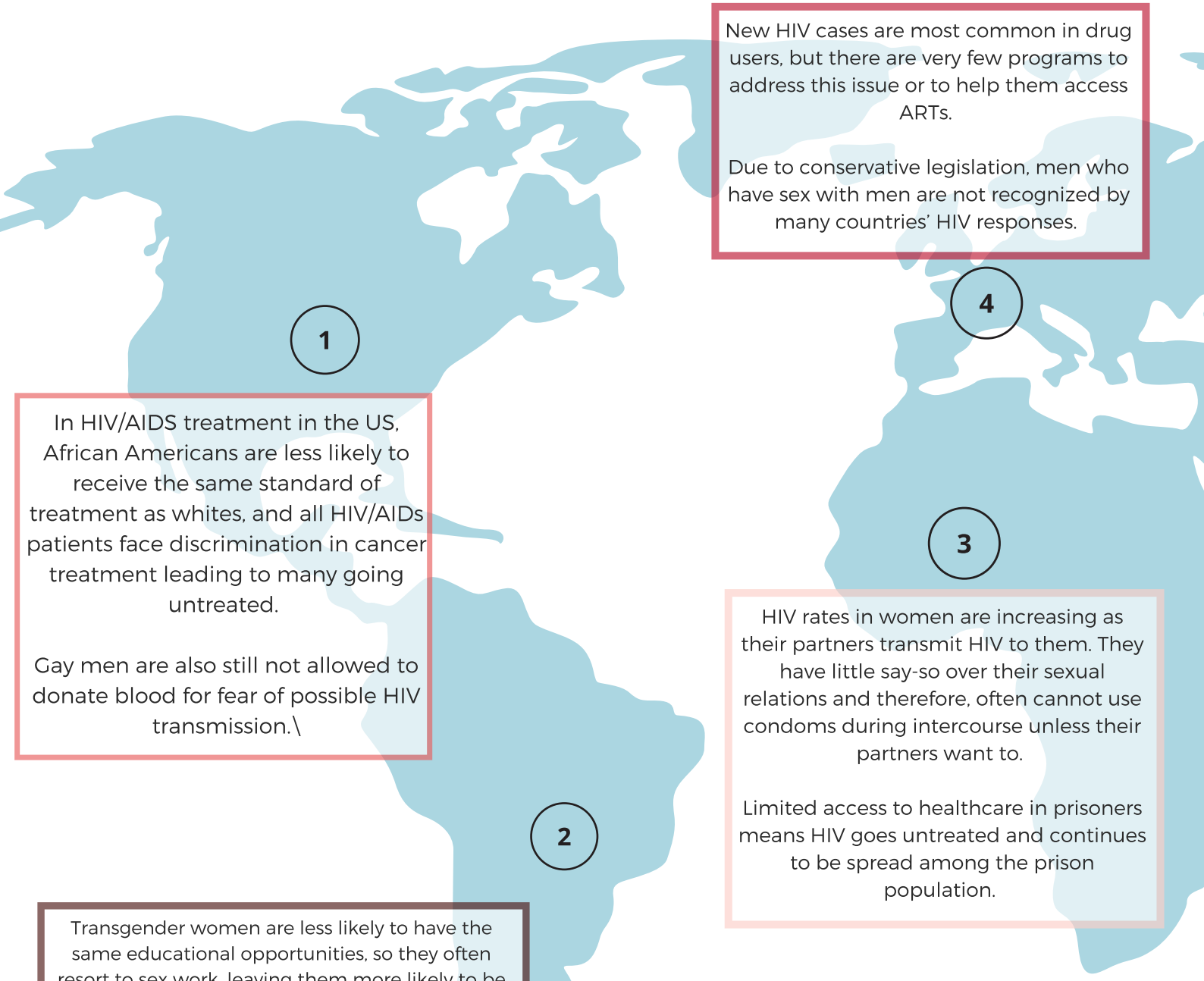
6

These acts of abuse serve as a channel for HIV/AIDS. This spread of the infection among women as a result of human rights abuses is slowly beginning to be recognized by the global community. UN Women is one of the international organizations working to combat the epidemic and give women the tools they need to prevent and live with HIV.

HIV DISPARITIES BY CONTINENT

BY MAKENZIE HICKS

Since the beginning of the 1900s, the world has progressed at a rapid pace. In the 20th century, we have made huge leaps in science and in social welfare. However, we are still faced with disparities in care, specifically with HIV. Issues such as affordability and bias often keep HIV patients from receiving the care they need.



New HIV cases are most common in drug users, but there are very few programs to address this issue or to help them access ARTs.

Due to conservative legislation, men who have sex with men are not recognized by many countries' HIV responses.

4

1

In HIV/AIDS treatment in the US, African Americans are less likely to receive the same standard of treatment as whites, and all HIV/AIDs patients face discrimination in cancer treatment leading to many going untreated.

Gay men are also still not allowed to donate blood for fear of possible HIV transmission.\

3

HIV rates in women are increasing as their partners transmit HIV to them. They have little say-so over their sexual relations and therefore, often cannot use condoms during intercourse unless their partners want to.

Limited access to healthcare in prisoners means HIV goes untreated and continues to be spread among the prison population.

2

Transgender women are less likely to have the same educational opportunities, so they often resort to sex work, leaving them more likely to be exposed to HIV. They also do not have the same treatment options due to strict religious beliefs throughout the region.

Throughout this region, young people are often unable to be tested for HIV without parent permission, meaning many will go untested until it has developed into AIDs for fear of parent reactions.

While most transmission occurs through men who have sex with men, many countries fail to report them as the result of conservative governments.

Half of the people with HIV are immigrants who do not have the same access to healthcare as citizens of the countries.

5

Sex workers are disproportionately affected and remain untreated due to access to affordable care.
Healthcare workers often refuse to treat those with HIV/AIDs due to cultural stigma and religious beliefs.

8

7

The largest cause of the spread of HIV is intravenous drug use and will continue to be until the governments get control of drug use in the countries.
The social taboo on conversations surrounding sex mean that HIV spread through sexual transmission is common because people are unaware of how to protect themselves.

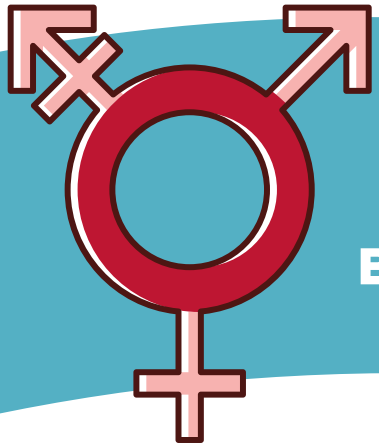
6

Young women are often infected by older men, which is an intergenerational cycle present throughout South Africa. They are also less likely to be able to access HIV prevention services because of their age.

It is difficult for men who have access to men to get proper treatment as they do not have access to healthcare professionals that are understanding of their sexuality and do not treat them differently because of that.

9

Men who have sex with men are more likely to have HIV in this region. However, they are less likely to access treatment for fear of stigma that is prevalent around not only being gay, but also having HIV.



Health and Gender

BIASES AND DISCREPANCIES IN CARE

McKenna Kaufman and Makenzie Hicks

Sanaa Yusuf, a senior neuroscience student at Mercer University identifies as non-binary. Since attending the gynecologist for the first time when they were around 17 years old, they've been able to recognize areas where reproductive healthcare falls short in caring for LGBTQ+ people.

Yusuf has experienced instances when the language their gynecologist and other medical professionals used was alienating to their identity as a non-binary person. Terms like "girl boss," while used with good intentions, can be damaging.

"Being heavily gendered and stuff, it's just really uncomfortable," Yusuf said. "It makes me want to leave as soon as possible."

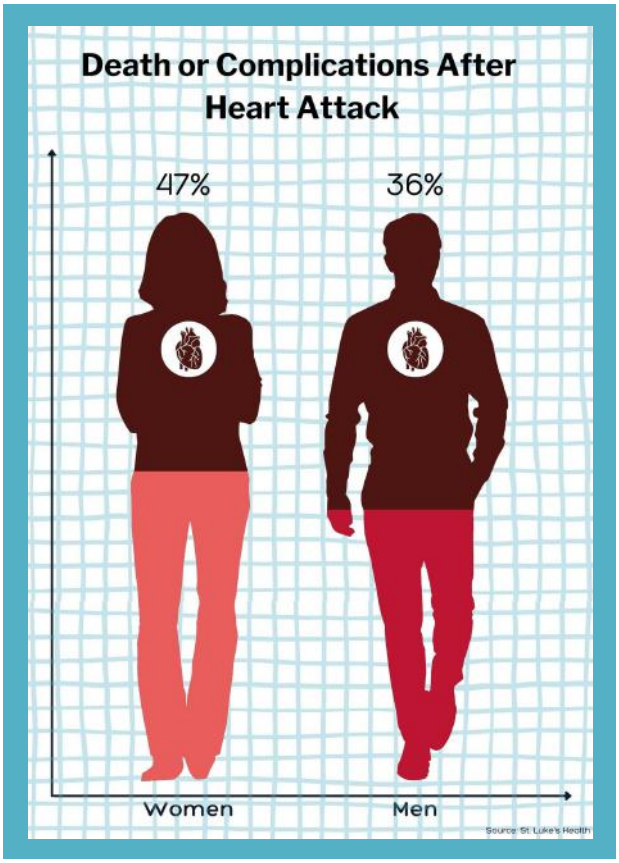
Yusuf is one of many non-binary, gender non-conforming, and transgender people who experience the effects of deeply rooted gender norms in health care. In discussions surrounding reproductive health care, solely discussing the health of cisgender, heterosexual people excludes LGBQT+ people who are entitled to quality reproductive health care.

These inequities for non-binary people can manifest themselves as incorrect pronoun usage, like Yusuf experiences, or dismissive language for anatomy. Even though many healthcare professionals receive training on inclusivity, it rarely focuses on gender identity inclusivity. Microaggressions like these can often cause dysphoria and discomfort for patients.

> **"Being heavily gendered and stuff, it's just really uncomfortable," Yusuf said. "It makes me want to leave as soon as possible."**

If health care spaces and providers could begin using gender neutral language in these contexts, as well as educate other patients about different gender identities, society could take another step towards affirming LGBTQ+ people's identities, Yusuf said.

Inequities for Women in Cardiovascular Care



Cardiovascular disease (CVD) is the number one killer of women in the United States. However, the symptoms of heart attack that are most common in women are not the ones that are normally talked about. While men experience severe chest pain and are often seen dramatically grasping their chest and falling to the ground, women most often will experience nausea, jaw pain, and pressure in their chest.

This difference in presentation of symptoms is often overlooked; women of color specifically are severely underrepresented in cardiovascular disease research. Other health conditions, like gestational diabetes, and mental illness from the stress of caring for children, also go unnoticed by doctors, even though these conditions have been shown to increase the chances of women experiencing cardiovascular disease. .This difference in presentation of symptoms is often overlooked; women of color specifically are severely underrepresented in cardiovascular disease research. Other health conditions, like gestational diabetes, and mental illness from the stress of caring for children, also go unnoticed by doctors, even though these conditions have been shown to increase the chances of women experiencing cardiovascular disease.

Discrepancies in cardiovascular care between men and women may be linked to doctors paying little attention to these outside health risks, or not taking their women patients' concerns seriously.

Toxic Masculinity and Mental Health Stigma

Nearly 1 in 5 men experience some form of mental illness in the United States, with depression and suicide ranked as one of the leading causes of death among men. However, the number of men who seek help and are diagnosed with mental illness is significantly lower.

The stigma surrounding mental health is often what prevents men from seeking help. This stigma is complex, yet common in communities across the country; it encapsulates a variety of cultural, social, religious, professional, and personal factors that cause an individual to avoid seeking mental health treatment for fear of being judged or viewed as weak.

Masculine norms in America can play into this stigma, as men are often expected to uphold a standard of strength and dominance. These expectations can often spiral to create toxic masculinity, the enforced restriction of certain behaviors as a way of upholding traditional gender norms. Pressures to appear strong and masculine often prevent men from seeking treatment for their mental health.

FIGHTING HEALTH INEQUITY

by Sejal Patel

Health equity is the guarantee that everyone has the **same chance** of being as healthy as possible. It is important to notice the health inequity that surrounds you.

27.5 MILLION AMERICANS

do not have health care insurance.

This means that nearly 1 in 9 people struggle to obtain healthcare or have no access to doctors.

HEALTH INEQUITY HAS FURTHERED THE INCOME DIVIDE IN THE U.S.

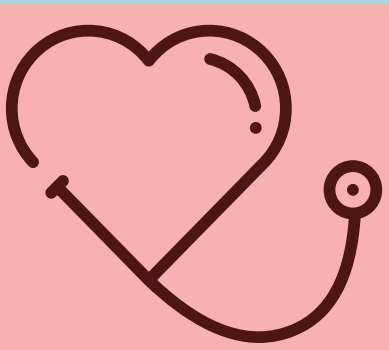
NOTICING

HEALTH INEQUITY AROUND YOU

- Your local city/region has a lower **life expectancy** than others
- It is **harder to find** an affordable, quality doctor in your area as compared to your friends or family in a different location
- Your surrounding peers seem to demonstrate **poor mental health** as compared to people you may know across the country
- Wealthy areas of your region may have noticeably clean environments, while impoverished areas have continuous issues such as **unclean water and poor quality education**

WHERE IT COMES FROM

Health inequity stems from **biases against others** that have taken root in nationwide healthcare systems, such as those against race, gender, and class.



HOW TO TAKE ACTION

Support health equity by **donating** to and **supporting** funds/movements to better education in your area, as well as **educating** yourself on underrepresented social groups' role in the community and how to ensure they get the healthcare plan that best suits them.

Additional Resources

Movies
- *And the Band Played On*
- *Philadelphia*
- *How to Survive a Plague*

Podcasts
- *Positively Thriving*
- *Its's Been a Minute*

Resources in Macon
- Hope Center
- Compass Care

HIV/AIDS Support Groups
- POZ Community Forums
- HIV/AIDS Therapy Tribe
- The Well Project

Find Testing Centers
- helpstopthevirus.com
- hiv.gov
- plannedparenthood.org

Ryan White HIV/AIDS Program
This organization gives grants to multi-level organizations to fun HIV treatments. To learn more, visit hrsa.org

Remembering Freddy Mercury
Musical genius Freddy Mercury was 41 years old when he was diagnosed with HIV. It was only four short years before he would die from AIDs relation Bronchial Pneumonia. During the time of his diagnosis, it was often unsafe for people to reveal their sexuality or HIV status due to the hatred both groups received. It was because of this that he did not publicly reveal his diagnosis until the day before he died. Freddy Mercury will always be remembered for his unique personality and the impact he had on music. Now, we can look to him and see how important it is for HIV/AIDS patients to have access to care.

Editorial Board

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Mark HIV @ 40 Planning Committee

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