HIV Response

Institutional to Governmental Policy

[Drew Carlson]

When it comes to the policies surrounding the security of communities, nations, and individuals, said policies often "perpetuate misconceptions" for the populations most vulnerable.[1] Policy is often a difficult concept for people to comprehend, as it frequently seems to be a thought that has little concrete value. Policies aren't created overnight and usually have to jump through many hoops to have a chance of occurring. However, this process can be sped up by outside pressure, namely a global pandemic that is killing hundreds of thousands of people a year. Another way to cut down the length of the process is to transfer policy from one institution to the next and adapt it to the new environment rather than begin from nothing. Within this paper, I will craft a case study centered around institution and government policies as they relate to the HIV/AIDS pandemic, stemming from the Papers of Michael Stuart Gottlieb collection. I will first articulate security policies and issues as a whole, the ethics and troubles behind them. Then, I will examine the responses of the United States to the HIV/AIDS pandemic through the lenses of institution, race, and morality. Finally, I will spend the bulk of this exercise deconstructing the global responses to the pandemic and comparing these responses to Western ideals. To round out the essay, I will take the time to summarize my findings.

Before beginning, there should be some clarification about the pandemic that swept through nations across the globe. The HIV/AIDS pandemic brought forth "new responsibilities" for higher institutions, such as universities and research laboratories, as well as national governments to address with their grow-

1 Feki, Shereen El, Tenu Avafia, Tania Martins Fidalgo, Vivek Divan, Charles Chauvel, Mandeep Dhaliwal, and Clifton Cortez, "The Global Commission on HIV and the Law: Recommendations for Legal Reform to Promote Sexual and Reproductive Health and Rights," *Reproductive Health Matters* 22, no. 44 (2014): 125–36, http://www.jstor.org/stable/43288371, 127.

ing wealth of knowledge.[2] In 1981, the first case of what would come to be known as HIV/AIDS was reported. Between 1981 and 1995, the pandemic rose to its peak with 3.3 million individuals infected per year. As of 2023, that number has decreased to 1.3 million newly infected individuals per year. Furthermore, 39.9 million people are currently living with HIV, with 38.6 million being 15 years old or older and 1.4 million being under 14 years old. However, the number of new infections has decreased by 60% since its peak.[3] With such a far-reaching pandemic, it would make sense that policy and security have evolved since 1981. Moreover, it would stand to reason that different communities and countries are affected by certain policies in vastly divergent ways. Ergo, a case study surrounding a singular nation or portion of the world, would be of no use to determining the connection between institutional and governmental policies.

First and foremost, security policies have a distinct ethical issue behind them when in conjunction with the humanitarian perspective of a pandemic. To elaborate a bit more, the HIV/AIDS pandemic is close to falling into the category of biosecurity, however the length of time between infection and emergence of symptoms is not considered rapid enough for a biosecurity threat. Yet, the pandemic still needs to be problematized, meaning it needs to be labeled as an issue for the government.[4] The need for problematization stems from the idea of quick and succinct action by governments, something that does not always occur when a disease is not labeled as a biosecurity threat. Ergo, the pandemic was first conceived as a human rights issue before it was recategorized as a security threat. The ethical dilemma comes to the forefront of the conversation when one recognizes that securitizing the disease could lead to political, social, and economic benefits for millions of people. On the other hand, this could also push responses both nationally and internationally toward state institutions rather than civil society.[5] The disease has turned from a public health and development standpoint to a security issue at the behest of the United States and the UN Security Council in response to the pandemic's foothold in Africa.[6] The concern with this push is that labeling HIV/AIDS as a security threat will actually cause people in Western countries to become less interested in helping Africa as it will seem to be more

2 AIDS Policy Recommendations. 1986, MSS 2019-34, carton 1, folder 32, Gottlieb (Michael S.) Papers, UC San Francisco Library: Special Collections. University of California San Francisco, https://calisphere.org/item/9294f0ca-9caf-40f3-b117-46104fdd279a/, 1.

3 "Global HIV & AIDS Statistics - Fact Sheet," *UNAIDS*, 2024, https://www.unaids.org/en/resources/fact-sheet.

4 Ingram, Alan, "Biosecurity and the International Response to HIV/AIDS: Governmentality, Globalisation and Security," *Area* 42, no. 3 (2010): 293–301, http://www.jstor.org/stable/40890883, 296.

5 Elbe, Stefan, "Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security," *International Studies Quarterly* 50, no. 1 (2006): 119–44, http://www.jstor.org/stable/3693554, 120.

6 Elbe, "Should HIV/AIDS Be Securitized?" 121.

of an occupation than moral assistance.[7] The language of security carries with it the idea or threat and defense, which influences the public to think about a social topic in a certain way. Following this logic, there have been arguments made by military forces that they should have first access to medicine and healthcare given their defense against the threat of AIDS puts them in closer contact to HIV.[8] However, marketing the pandemic as a security issue might cause the rich to get richer, wherein the military officers and elites who already have access to medicine will continue to be the only ones with access rather than those who need it the most.[9] In response to this concept to security, HIV/AIDS should instead be moved into the political sphere of government as many nations have refused to politicize the disease. The crucial difference to articulate when discussing the securitization of HIV/AIDS is that the people affected by the virus are not a security threat, the disease itself is the security concern.[10]

Furthermore, policy from different institutions in the United States affect one another and change based on extenuating circumstances. Regarding higher institutions, such as universities, the University of California can provide a baseline for the average HIV/AIDS guidelines. According to the policy recommendations set forth by the AIDS Policy Steering Committee, the University is expected to maintain and apply all policies in a "nondiscriminatory manner" to students and faculty under the thumb of any applicable laws.[11] Perhaps of a greater note, the University of California has moral and legal obligations to disseminate all information they have on the spread of HIV and to give a formal notice if they choose to forgo their moral obligations.[12] This recommendation of transparency is not exclusive to higher education, as governments are also expected to maintain an amount of transparency when it comes to the implementation and enforcement of policies. Two of the most concerning policies provided pertain to student housing and staff performance as neither of them mentions a need for consent before disclosing a diagnosis. The University maintains that students living with AIDS may still live on campus with roommates under the agreement of the medical staff, but their roommates must be informed of the student's positive diagnosis without mention of consent. Along the same vein, medical information of a staff member cannot be disclosed to the public but can be shared without the consent of the individual to other staff members if the employee does not meet performance standards.[13] The Committee makes it clear that the health and safety of all

7 Elbe, "Should HIV/AIDS Be Securitized?" 122.

8 Elbe, "Should HIV/AIDS Be Securitized?" 127-129.

9 Elbe, "Should HIV/AIDS Be Securitized?" 130.

10 Elbe, "Should HIV/AIDS Be Securitized?" 132 and 137.

11 AIDS Policy Recommendations, 1986, MSS 2019-34, carton 1, folder 32, Gottlieb (Michael S.) Papers, UC San Francisco Library: Special Collections, University of California San Francisco. https://calisphere.org/item/9294f0ca-9caf-40f3-b117-46104fdd279a/, 1 and 7.

12 AIDS Policy Recommendations, Gottlieb (Michael S.) Papers, 1.

13 AIDS Policy Recommendations, Gottlieb (Michael S.) Papers, 6 and 8.

individuals, with or without a positive test, should be of the utmost importance.[14] Although the University of California appears to adhere to this language of all individuals, it is clear that the U.S. government did not have as much of an interest in this assurance. After the focus groups of HIV/AIDS started to become apparent, there was a notable delay in funding for mostly white gay men and other minorities. These initial years of underfunding allowed the rate of HIV/AIDS to expand exponentially for said minorities.[15] The language behind testing and funding was a difficult hurdle for those looking to receive assistance as only certain groups were eligible for full services (homosexual men, intravenous drug users, women, and men recently in prison). This is coupled by the fact that not all men who had sex with other men considered themselves homosexual, meaning there would be no reason to get checked out. Moreover, there is a disproportionate number of African American men in prison, meaning they are at a greater likelihood than their White counterparts to contract AIDS. This all creates an even larger web of stigma as they are shunned for their diagnosis and imprisonment. As well, AIDS has been associated with queer men since the beginning and that makes it even more stigmatized in the African American community because that diagnosis serves as evidence that the community is pulling away from their African roots and being integrated into White culture immorally.[16] Along the exploration of race and ethnicity, different communities had divergent responses to the help they were offered no matter how little that help was. African Americans in New York, California, Florida, and Texas are disproportionately affected by HIV/AIDS as those living with the disease are greater than the number of African Americans in the population. Decreases in non-Latino white cases coincide with an increase of African American cases of HIV.[17] This can all be tied to the social barriers that hider individuals from receiving Medicare or AIDS Drug Assistance Program, including misinformation, refusal of testing, "distrust of government", and stigma.[18] Though, all of this isn't to say that the U.S. government failed to develop policies to benefit those living with HIV/AIDS. The Health and Human Services Department developed a list of core indicators for the disease and put together a complex way to monitor treatment of individuals even if they went to differently funded insti-

14 AIDS Policy Recommendations, Gottlieb (Michael S.) Papers, 10.

15 Collins O. Airhihenbuwa, J. DeWitt Webster, Titilayo Oladosu Okoror, Randy Shine, and Neena Smith-Bankhead, "HIV/AIDS and the African-American Community: Disparities of Policy and Identity," *Phylon* (1960-) 50, no. 1/2 (2002): 23–46, https://doi.org/10.2307/4150000, 27-28.

16 Collins et al, "HIV/AIDS and the African-American Community," 28-29 and 31-32.

17 Morin, Stephen F., Sohini Sengupta, Myrna Cozen, T. Anne Richards, Michael D. Shriver, Herminia Palacio, and James G. Kahn, "Responding to Racial and Ethnic Disparities in Use of HIV Drugs: Analysis of State Policies," *Public Health Reports* (1974-) 117, no. 3 (2002): 263–72, http://www.jstor.org/stable/4598748, 266.

18 Morin et al, "Responding to Racial and Ethnic Disparities," 267.

tutions as all of these businesses reported back to the HHS.[19] But throughout it all, Americans still found it onerous to support homosexuals on any grounds other than civil rights. The HIV/AIDS pandemic did not assist the queer community in finding moral ground to stand on within the country.[20]

Moreover, the global responses to the HIV/AIDS pandemic have been a vast array of rankings for the most important aspect of the pandemic to address. In the broadest sense, the United Nations fashioned the Global Commission on HIV and the Law to review laws and policies that "criminalize" people living with the disease, allow or reprehend violence and discrimination, assist or hamper access to treatment, and pertain to young people in regards to HIV.[21] The Commission found that countries that counteracted HIV/AIDS with education and health systems saw better outcomes than those who focused on anti-HIV responses with regard to the criminal justice system. As well, the Commission emphasized that merely reforming policies on paper was not enough, and policy practices also needed to be changed.[22] The biggest point of contention from the Commission's report appears to be about the recommendation for the decriminalization of consensual adult sex work, although the UN made it clear that this did not extend to human trafficking.[23] The decriminalization of sex work has been particularly vital to Zambia as authorities began to blame sex workers in 2004 for the spread of HIV/AIDS on the national level. This has marked a change between arguing prostitution causes the spread of HIV/AIDS to prostitution being a disease itself.[24] The Zambian government has set curfew legislation into action that is said to apply to all citizens, though it affects people based on race, gender, and class differently. Under these curfew laws, police officers threaten detention in order to "extort and sexually coerce" women.[25] The United States' negative position on sex work can be named one of the main reasons behind Zambia's violent response to prostitution as the United States has been particularly vocal in the Commission about

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19 Valdiserri, Ronald O., Andrew D. Forsyth, Vera Yakovchenko, and Howard K. Koh, "Measuring What Matters: Development of Standard HIV Core Indicators Across the U.S. Department of Health and Human Services," *Public Health Reports* (1974-) 128, no. 5 (2013): 354–59, http://www.jstor.org/stable/23646554, 357.

20 Ruel, Erin, and Richard T. Campbell, "Homophobia and HIV/AIDS: Attitude Change in the Face of an Epidemic," *Social Forces* 84, no. 4 (2006): 2167–78, http://www.jstor.org/stable/3844494, 2168 and 2175.

21 Feki, Shereen El, Tenu Avafia, Tania Martins Fidalgo, Vivek Divan, Charles Chauvel, Mandeep Dhaliwal, and Clifton Cortez, "The Global Commission on HIV and the Law: Recommendations for Legal Reform to Promote Sexual and Reproductive Health and Rights," *Reproductive Health Matters* 22, no. 44 (2014): 125–36, http://www.jstor.org/stable/43288371, 126.

22 Feki et al, "The Global Commission on HIV and the Law," 127 and 132.

23 Feki et al, "The Global Commission on HIV and the Law," 129.

24 Crago, Anna-Louise, "'Bitches Killing the Nation': Analyzing the Violent State-Sponsored Repression of Sex Workers in Zambia, 2004–2008," *Signs* 39, no. 2 (2014): 365–81, https://doi.org/10.1086/673087, 367.

25 Crago, "'Bitches Killing the Nation'." 369-370.

the moral ruin of prostitution.[26] India has also invoked a strategy against prostitution under the guise of thwarting the spread of HIV/AIDS. The government has set up funding for prostitutions rather than setting up a system of rehabilitation for them to find other jobs and refuses to acknowledge prostitution as "work" in the eyes of the law.[27] Yet, not all nations are focused on this criminalization of sex work. Cuba has insisted on a top-down approach that begins at government-back medical institutions through education, hospitals, clinics, to the home. This is an extensive geographic approach to "health and social monitoring".[28] In Belize, however, the healthcare system has been unable to separate itself from political philosophies and the political body cannot sunder itself from medical philosophies. This has created an environment where the morality of HIV/AIDS has run rampant.[29] Belize is not the only country that has been pushed to the side for international assistance throughout the pandemic. A sizable portion of Africa has also received a severely delayed effort from the international community. Without this assistance, the disease continues to serve as a vector for stigmatization of marginalized and oppressed populations.[30] The HIV/AIDS pandemic has called into question human rights since its offset. Should hospitals and medical professionals be able to disclose the diagnosis of patients without their consent? To what extent do those with the disease have individual freedom to continue living their lives? These questions are compounded by the disconnect between Western and Sub-Saharan African prevention efforts and community culture.[31] The highly individualized and voluntary version of HIV testing that sprouted in the West is not as easily transferred to sub-Saharan Africa, where caretaking is very community involved, and HIV affects the general public at a greater rate than in the West.[32] In total, the biggest disconnect has been between trying to adhere to humanitarian and moral principles while also attempting to administer proper care and treatment for HIV/AIDS.[33]

To sum, institutional and governmental policies can be articulated from case studies throughout the world with the ways they connect to the larger time period. These policies originate with the morality of categorizing a pandemic as

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26 Crago, "'Bitches Killing the Nation'," 374-375.

27 Chhabra, Rami, "National AIDS Control Programme: A Critique," *Economic and Political Weekly* 42, no. 2 (2007): 103–8, http://www.jstor.org/stable/4419129, 105.

28 Pope, Cynthia, "Therapeutic Imaginaries in the Caribbean: Competing Approaches to HIV/AIDS Policy in Cuba and Belize." *Annals of the Association of American Geographers* 102, no. 5 (2012): 1157–64, http://www.jstor.org/stable/23275590, 1159.

29 Pope, "Therapeutic Imaginaries in the Caribbean," 1162.

30 Dilger, Hansjörg, "AIDS in Africa: Broadening the Perspectives on Research and Policy-Making," *Africa Spectrum* 36, no. 1 (2001): 5–16, http://www.jstor.org/stable/40174870, 5-6.

31 Dilger, "AIDS in Africa," 7 and 10.

32 Angotti, Nicole, "Testing Differences: The Implementation of Western HIV Testing Norms in Sub-Saharan Africa," *Culture, Health & Sexuality* 14, no. 3/4 (2012): 365–78, http://www.jstor.org/stable/23265664, 366.

33 Angotti, "Testing Differences," 369.

a humanitarian or security issue, morality being a force that already diminishes the assistance certain groups receive. Each country had a different stance on HIV/AIDS security and each community experienced these policies through a divergent lens. The racial, ethnic, and moral makeup of marginalized groups compared to those in power distinctly alters the policies that impact each individual, meaning certain procedures are concentrated on groups that may be hindered by these policies.