

OVERVIEW

Despite diminished media coverage and attention, HIV/AIDS continues to afflict between 800,000 and 900,000 Americans. Each year, 40,000 Americans contract HIV. (CDC, 2002) In Massachusetts, there are more than 20,600 cases of HIV/AIDS, roughly half of which are undiagnosed or unreported. This is the highest number of cases since the start of the epidemic. Despite strong HIV/AIDS prevention and care programs in Massachusetts, rising cases and budget cuts jeopardize the future of such programs. (MDPH, 2002)

What is HIV/AIDS?

HIV (Human Immunodeficiency Virus): HIV is the virus that causes AIDS. An individual may become infected through sexual contact or other blood-to-blood contact with someone who already has HIV. Once infected, HIV destroys helper T-cells, which weakens the immune system and increases the risk of life threatening infections. (MDPH, 2002)

AIDS (Acquired Immunodeficiency Syndrome): The diagnosis of AIDS can only be made by a doctor and occurs when an individual with HIV has an extremely low count of helper T-cells or has a certain illness. Deaths from AIDS occur not from an HIV infection, but from “opportunistic infections” and illnesses, such as pneumonia, that occur when the immune system is damaged. Opportunistic infections usually do not cause disease in persons with normal immune systems, but are very dangerous to people living with AIDS. (HIV/AIDS Treatment Information Service, 1999)

Who has HIV/AIDS?

Since the discovery of the AIDS virus in 1981, 17,998 Massachusetts residents have been diagnosed. Of that number, more than half have died. (MDPH, 2002) Currently, there are more than 7,600 reported cases of AIDS and 6,000 reported HIV infections, with an additional 7,000 unreported HIV/AIDS cases. Communities of color are disproportionately affected by HIV/AIDS. Although they only represent 12 percent of Massachusetts’ total population, 50 percent of people living with HIV/AIDS in the state are either Black (26 percent) or Hispanic (24 percent). (MDPH, Nov. 2002)

Nationwide, ethnic minority groups also experience a disproportionately large numbers of infections. Since 1991, AIDS has been the leading cause of death for black men between the ages of 25 and 44. (CDC, 2002) According to the Centers for Disease Control and Prevention (CDC), the following trends were observed across the United States from 1999 -2002:

- New infections among Hispanics rose 26 percent, the largest increase among any ethnic group
- Gay and bisexual men saw infections rise by 17 percent
- African Americans account for more than half of all new infections (amFAR, 2003)

Men overwhelmingly comprise the population of individuals living with HIV/AIDS in Massachusetts, (representing 72 percent of all cases) and in the United States. The leading causes of exposure for Massachusetts men are injection drug use (33 percent) and male-to-male sex (32 percent). **Figure 1** demonstrates how the causes of exposure in men and women are very different. (MDPH, Nov. 2002)

The stigma of living with HIV and a history of discrimination

Since its discovery in 1981, HIV/AIDS has been accompanied by fear and misunderstanding by the public and shame for those infected. Today, despite being more informed about HIV/AIDS and how it is transmitted, sexuality and sexual practice continue to be taboo subjects. In addition to worrying about their own health, people living with HIV/AIDS must also worry about how family and friends will react to their infection.

According to the *American Journal of Public Health* many Americans still fear and harbor resentment towards people living with HIV/ AIDS:

- 1 in 6 Americans support punitive policies against people living with HIV/AIDS
- 1 in 4 believe that people who got AIDS through sex or drug use got what they deserved
- 3 in 10 are uncomfortable around and avoid people with HIV/AIDS (MDPH, 2002)

AIDS and public health experts believe that the silence that surrounds the epidemic is a severe impediment to fighting AIDS. As discrimination lingers, prevention efforts are diminished and many infected men and women do not seek out proper care, therefore worsening the impact of the disease. (AmFAR, Nov. 2002)

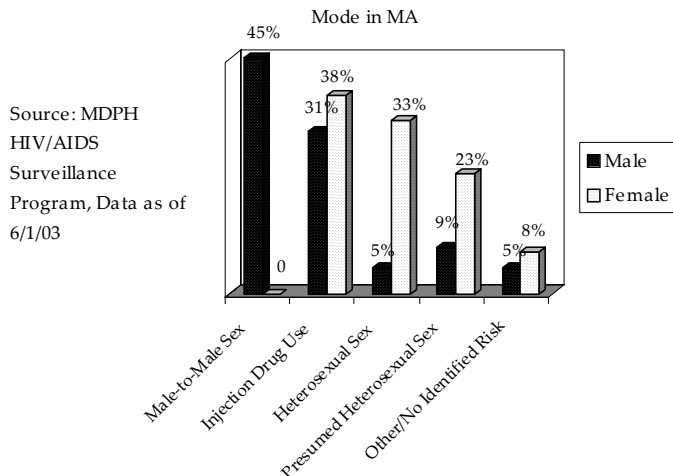
HIV/AIDS and young people

Approximately 20,000 (half) of all new HIV infections in the United States are attributed to individuals under the age of 25. (CDC, 2002) This high number is believed to be the result of the greater likelihood that young people will engage in unprotected sex. In 2002, 8.7 percent of newly diagnosed cases in Massachusetts were attributed to young people between ages 13 and 24. This represents a slight jump in numbers from years prior (see **Figure 2**). The Commonwealth of Massachusetts received more than \$9 million from CDC for prevention strategies for young people. (The Henry J. Kaiser Foundation)

HIV/AIDS and pregnancy

Because of new medicines that are better able to treat HIV, the likelihood that an expectant mother with the virus will pass it to her child can be reduced to fewer than two out of every 100 exposed newborns. Every year since 1998, the number of infants born with the virus has decreased. (Nesheim et. al, 2004) However, doctors must be aware of the mother’s HIV status and treat it early to prevent transmission. Since knowing a pregnant woman’s status is so critical, many health care providers require HIV prenatal testing and include it with other standard prenatal tests. (CDC, 2004)

Figure 1: People Living with HIV/AIDS by Gender & Exposure



Improving the quantity and quality of life

Massachusetts, and particularly Boston, which is home to more than half of the state’s HIV-infected residents, offers one of the most comprehensive systems of HIV/AIDS prevention and care in the United States. Because of this excellent care, the number of newly diagnosed cases and related death is significantly below national averages. (MDPH, 2002) Although there remains no known cure for HIV/AIDS, the quality and quantity of life for those infected has been vastly improved over the last decade through significant advancements in treatments. The combination of anti-HIV medicine and proper nutrition plays a crucial role in enhancing the lives of individuals with HIV/AIDS.

Because HIV attacks the immune system, proper nutrition is essential to the body’s defense against the virus and contributes to healing. A nutritious diet is also important for an individual to ward off “wasting syndrome” – an involuntary loss of 10 percent of the body’s weight – with either chronic diarrhea or chronic weakness and documented fever. (HIV/AIDS Treatment Information Service, 1999) Since it is common for a person with wasting syndrome to experience deterioration in health until death, many community-based programs support people living with HIV/AIDS by providing nutritious meals.

In the greater Boston Area, Community Servings prepares and delivers 3,500 nutritious meals to 700 clients on a weekly basis. The Boston Living Center provides more than 2,200 area residents with services like classes, workshops, meals and peer support. Both programs foster a sense of community and tend to the emotional and physical needs of Massachusetts residents living with HIV/AIDS.

Federal legislation that supports people living with HIV/AIDS

Through the *American with Disabilities Act* and the *Ryan White Comprehensive AIDS Resources Emergency (CARE) Act*, the federal government protects the rights of people living with HIV/AIDS, as well as tends to many of their health needs.

- The *Americans with Disabilities Act (ADA)*, enacted in 1990, and grants federal civil rights protections and equal opportunities to people living with disabilities. The ADA protects the rights of HIV-infected individuals and prevents them from being denied employment, housing, access to public transportation and/or services on the basis of

their HIV/AIDS status.

- The *Ryan White Comprehensive AIDS Resources Emergency (CARE) Act*, also enacted in 1990, to provides a web of support to people with HIV/AIDS and the communities they live in to reduce the high cost of medical care associated with HIV/AIDS patients. . The *Ryan White CARE Act* programs serve an estimated 500,000 people living with HIV/AIDS annually, with provisions such as *AIDS Drug Assistance Programs*. (HHS, 1998) Massachusetts received more than \$48 million in funding from the *CARE Act* in fiscal year 2002. (The Henry J. Kaiser Foundation)

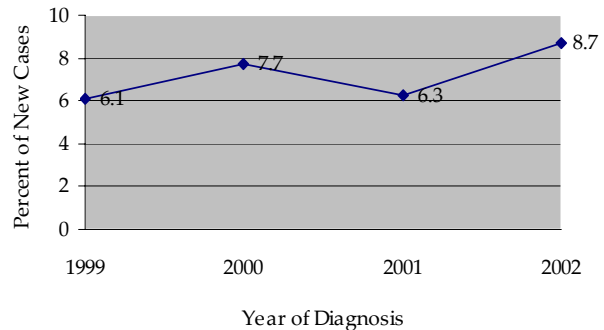
The future of HIV/AIDS

Progress in containing the virus led to a 25 percent decline in AIDS-related deaths from 1997 to 1999. (CDC, 2002) However, new cases of HIV in the United States increased 5.1 percent from 1999 to 2002 after experiencing a steady decline in the mid 1990's. (amFAR, 2003) In an effort to reduce the number of new HIV/AIDS cases in the United States, The National Centers for Disease Control and Prevention (CDC) is implementing a strategy that includes the following:

- Through voluntary testing and counseling, increase the number of people aware of having HIV from 70 percent to 95 percent;
- Increase the number of people living with HIV receiving proper care and treatment services; and
- Through targeted interventions, reduce the number of people engaging in high risk behavior for HIV by half. (amFAR, 2001)

In the 2005 Massachusetts state budget, funding for the AIDS Prevention, Treatment, and Services was cut for a fourth year in a row. These cuts, coupled with the other cuts in health and social service programs, have left many organizations scrambling for assistance as the number of people living with HIV/AIDS continues to rise. (Health Services Planning Council, 2002)

Figure 2: Proportion of MA People Diagnosed with HIV at Age 13-24



Source: MDPH HIV/AIDS Surveillance Program, Data as of 6/1/03

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ONLINE RESOURCES

Local & State

Boston AIDS Consortium
www.bacboston.org
Community Servings
www.servings.org
Harvard AIDS Institute
www.hsph.harvard.edu/hai/
HIV AIDS Bureau
www.state.ma.us/dph/aids/hiv aids.htm

National & International

American Foundation for AIDS Research
www.amfar.org
Campaign to Stop Global AIDS
www.stopglobalaids.org
National Minority AIDS Council
www.nmac.org
World Health Organization
www.who.int/en

Government

National Centers for Disease Control and Prevention
www.cdc.gov/page.do
U.S. Dept. of HUD
www.hud.gov/offices/cpd/

For more information on this and other local issues, we encourage you to utilize the *Boston Indicators Project*, available online www.tbf.org/indicators. Produced and maintained by the **Boston Foundation**, this web site features indicators of change and progress in ten sectors and is regularly updated with new information and reports.



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About Boston Cares

Boston Cares organizes and leads volunteer teams and services in and around Boston that have a positive impact on individuals and communities. Since 1991, thousands of people of all ages have volunteered through Boston Cares at over 240 Greater Boston schools and non-profits.

Boston Cares is a member of the Hands on Network (formerly City Cares,) an alliance of volunteer organizations working to transform individuals and communities through service and civic engagement, with affiliates and partners in 41 US and international locations.



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