

Human Immunodeficiency Virus is found in blood, semen, or vaginal fluid of someone who is infected with the virus. Risk factors for infection are engaging in anal, vaginal, or oral sex with men who have sex with men, multiple partners, or anonymous partners without using a condom. Injecting drugs or steroids where needles/syringes are shared. Having a sexually transmitted infection, such as syphilis, genital herpes, Chlamydia, gonorrhea, bacterial vaginosis, or trichomoniasis. Having been diagnosed with hepatitis or tuberculosis. Exchanging sex for drugs or money. Exposure to the virus as a fetus or infant before or during birth or through breastfeeding from a mother infected with HIV. Receiving blood transfusion or clotting factor in the United States anytime from 1978 to 1985 or receiving blood transfusion or blood products which has not been screened for HIV/AIDS in any other country of the world. Engaging in unprotected sex with someone who has any of the risk factors listed above (NIID, 2009).

In 1981, doctors in the United States were diagnosing an immunodeficiency disease in previously healthy gay men. These gay men were active in the gay community in the last ten years before the diagnosis. They had a complicated social lifestyle, large number of sexual partners and some used recreational drugs. It was thought to affect only homosexuals; it was named gay related immunodeficiency disease (GRID). Shortly after, it was found in intravenous drug users who were non gay men. These men shared needles and syringes. Later in the year, it was found in hemophiliacs who got the virus from clotting factor and plasma taken from blood. Then, it was renamed Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS). The centers for disease control epidemiologists surveyed the United States and elsewhere, and that the disease was found at an advanced stage in females in Africa and also found it in a baby in late 1981, meaning heterosexual transmission and mother to child transmission was also possible. HIV/AIDS spread rapidly in cities. The fear of discrimination and rejection abound. Infected individuals stood the risk of stigmatization and what I would call cruelty. Losing their jobs, families, support systems other than being stigmatized. It was discovered that the human immunodeficiency virus was transmitted to humans from chimpanzees in central Africa. Chimpanzees infected with the Simian Immunodeficiency Virus (SIV) are asymptomatic but when humans hunt and butcher these chimpanzees they get infected. Most of these hunters in rural areas migrated to the urban areas and infected other people through heterosexual, homosexual and blood to blood contact. The first confirmed death from AIDS was in 1982. It was noted that in 1960 people in central Africa died of mysterious deaths. Doctors diagnosed Kaposi's sarcoma in 12 people in Haiti between June 1979 and November 1981.

Anyone can contract HIV. Practices that put people at risk include; intravenous drug use, engaging in unprotected sex with an infected partner and homosexuals (NIDA, 2012), prisoners or ex convicts as it was common to use intravenous drugs in prison and share needles and syringes. Africans are at risk because of the level of poverty in these developing countries, gender inequality, lack of education preventing the women from making informed choices about sex and the culture which promotes polygamy and widow inheritance. In the United States, young minority men and ethnic minorities are at greater risk African-American, Hispanic/Latino, Asian/Pacific Islanders, and Native American/ Hawaiian (NIDA, 2012); Asian and Haitian immigrants.

Public health problems were numerous. Politics was a driving force in the spread of HIV/AIDS (Cran W., Simeon R., 2006). Budget in the health sector was cut in 1983 this resulted

in inadequate funding to laboratories and scientists could not expedite the process of unraveling this disease. Before 1985, the public health system did not screen blood donors for the human immunodeficiency virus. This inability to screen blood donors resulted in approximately 35,000 infections in the US. During the era of small pox eradication, people were vaccinated using the same needle. In the early days HIV/AIDS was seen in people that were not socially and morally accepted by the society so separating stigma from HIV/AIDS was difficult to achieve by the public health team. A reason why it was difficult to get the government to support HIV/AIDS prevention. The US government banned federal funding on educational materials for HIV/AIDS prevention promoting homosexual activities and needle exchange programs despite evidence that education on HIV/AIDS prevention reduced its incidence.

World leaders were unwilling to accept HIV as a real issue. South African, Russian and Chinese leaders denied it. Resignation of Jonathan Mann the team leader on WHO global program on AIDS as a result of frustration by his boss and the failure of the United Nations to create a new agency UNAIDS to replace Jonathan Mann's team until some years later. All of these resulted in a delay in intervention. The reopening of bath houses by a local judge 2months after it was opened was a major public health failure that encouraged homosexuality and the relentless spread of HIV/AIDS.

The public was cruel to people living with HIV despite who they are, be it a homosexual or a child you are neglected and treated with the same scorn and disdain. This neglect is a huge contributor to the morbidity and mortality of HIV/AIDS. A United States policy barred entrance to foreigners with HIV/AIDS. A conference scheduled to be held in Boston in 1992 was boycotted by many foreign health officials and scientists which resulted in the conference being moved to Amsterdam. Of all the industrialized countries, the United States has the highest number of people living with HIV/AIDS. By 1993 it was the leading cause of deaths in age 25 to 44 in the US (Alexandra U., 2011). In 1990, when President Nelson Mandela was released from prison, 1% of South Africa's population was infected with HIV (Frontline, 2006). Himself and his successor President Mbeki missed the opportunity to stem the epidemic and today, South Africa today has more AIDS than any other country in the world.

Over time, the incidence of HIV/AIDS increased. The populations in which it was seen increased as time went on as well as its risk factors until the disease was fully understood. It became an epidemic and the stigma attached to it worsened. Eventually, it became a pandemic. It is a huge challenge to track HIV trends especially in African countries like Nigeria where health records are absent. It depends on factors such as how often people are tested, when during the course of their infection they are tested, whether and how test results are reported to health departments(CDC, 2013). In the beginning of the HIV/ AIDS epidemic, AIDS cases alone provided a picture of HIV trends because the period of time between infection with HIV and progression to AIDS was predictable. When highly active antiretroviral therapy (HAART), "cocktail" became available in 1996 this predictability reduced. Access, adherence and response to HAART affect whether or when HIV progresses to AIDS. Trends in AIDS cases alone no longer accurately reflect trends in HIV infection. AIDS trends, however, provide important information about where care and treatment resources are most needed (CDC, 2013).

Christians did not respond to the need of people infected with HIV/AIDS initially. They neither discussed nor acknowledged them. Rev. Franklin Graham the head of "Samaritan's

Purse”, a nondenominational evangelical Christian charity dedicated to providing spiritual and material aid to victims of war, poverty, natural disasters, disease and famine realized the devastation HIV/AIDS was causing around the world. In a meeting with evangelicals and with President Bush’s administration officials in the audience he called on them to put a Christian stamp on the issue and make HIV/AIDS their new cause. He talked about the need to provide biblically-based HIV/AIDS education and prevention efforts, and the need to embrace people living with HIV/AIDS saying; ‘I believe this is what Jesus would have us do, I believe AIDS can be won’ (Frontline, 2006). Rev. Franklin Graham noticed most people affected with HIV/AIDS are in Africa and the proportions were doubling in few years. Christians then reached out to Africa through churches, church related hospitals, government and religious hospitals already in place to prevent and treat HIV/AIDS.

In 1986, the President of Uganda Yoweri Museveni learned of his country’s growing HIV crisis. Himself and his ministers spoke out and started the first comprehensive HIV/AIDS prevention program. Uganda was the first nation to start a HIV/AIDS prevention program. Uganda developed the now-famous ABC program -- Abstinence, Be Faithful, Use Condoms. This message was emphasized, along with the need to support and care for people with HIV. The AIDS Support Organization (TASO) founded by Noerine Kaleeba, organized people to care for the sick, and helps educate others to prevent new infections, using songs and drama to spread the word. In 1992, 16 percent of the population was infected, only 4 to 6 percent of Ugandans were HIV-positive in 2006 (Frontline, 2006). Thailand took a different approach to prevention but also achieved success. The 100 Percent Condom campaign -- included signs at every sex venue that said "no condom, no service and no refund"; upgraded health services for sex workers and held condom competition days at schools reduced new infections from 140,000 in 1991 to 21,000 in 2003. In 2004, UNAIDS found that only about 1.5 percent of Thais were HIV positive (Frontline, 2006). Britain adopted the needle exchange program which was key to reducing HIV infection among the intravenous drug users. In 2005, HIV transmissions from injecting drugs accounted for only 6 percent of new infections that year (Frontline, 2006). Initially Zidovudine (AZT) was used to slow down the rate of virus turned over. The virus developed resistance to AZT. The Wall Street protest by The AIDS Coalition to Unleash Power (ACT UP) formed by Larry Kramer protested the high cost of AZT and the government's slow approval of other drugs (Frontline, 2006). President Bill Clinton did provide leadership on AIDS. He tripled funds for research and doubled funds for treatment lifting hopes for the world. Several medications, “the cocktail” and eventually, Highly active antiretrovirals (HAART) became available and people living with HIV became strong and healthy, got out of sick beds and started going to work. With people living with HIV struggling to get these drugs, governments negotiated cheaper rates with pharmaceutical companies and also got some pharmaceutical companies to produce generic drugs in order to ensure availability which reduced mortality rates and improve patient’s prognosis.

Several international health agencies and Christian organizations took the bull by the horn and reached out to Africa and the Caribbeans despite all of Africa’s limitations which include; illiteracy, poverty, ignorance, lack of healthcare workers, lack of cold chain and poor road network. They did set guidelines for the use of antiretrovirals and identifying its side effects while encouraging close supervision of HIV/AIDS patients on antiretrovirals. HIV/AIDS prevention information on media, workplace, schools, free condom campaigns, Uganda’s ABC

program became enhanced. The open declaration by Hudson Rock of his HIV/AIDS status is commendable; a realization to denialists the HIV/AIDS is real. "An important point of view of public awareness". Dr Jim Curran said; "I think this was the first huge American celebrity, and worldwide celebrity, diagnosed with the disease," (Frontline, 2006). Also, the mailing of "Understanding AIDS," a shorter version of the Surgeon General's 1986 AIDS report, to every U.S. household was an excellent public health information dissemination and HIV/AIDS education tool. People living with HIV/AIDS started getting some love from the world when in 1990 former President Reagan at a Pediatric AIDS Foundation dinner said; "We can all learn and grow in our lives, and I've learned that all kinds of people can get AIDS, even children". If I was at that dinner it would have brought tears to my eyes to hear this from him. In the beginning of the AIDS epidemic he did not even want to pronounce the word AIDS.

HIV/AIDS is no respecter of persons is it black or white, young or old, rich or poor. Mary Fisher, an HIV-positive mother from Florida, spoke at a convention saying; "Tonight, I represent an AIDS community whose members have been reluctantly drafted from every segment of American society", "Though I am white and a mother, I am one with a black infant struggling with tubes in a Philadelphia hospital. Though I am female and contracted this disease in marriage and enjoy the warm support of my family, I am one with the lonely gay man sheltering a flickering candle from the cold wind of his family's rejection". We should all team up to fight this pandemic and give "one hope to one world"

#### References

Alexandra U., 2011 *Epidemiology of HIV/AIDS in the United States*

Retrieved from

[http://www.personal.psu.edu/amu111/blogs/alexandra\\_m\\_ulkus/blog\\_hiv\\_samples.pdf](http://www.personal.psu.edu/amu111/blogs/alexandra_m_ulkus/blog_hiv_samples.pdf)

Cran W., Simeon R., 2006 *Frontline* The Age of Aids

Retrieved from <http://www.pbs.org/wgbh/pages/frontline/aids/view/>

Frontline, 2006 *AIDS A preventable epidemic*

Retrieved from <http://www.pbs.org/wgbh/pages/frontline/aids/past/prevention.htm>

HIV/AIDS Statistics and Surveillance, 2013 *Centers for Disease Control (CDC)*

Retrieved From <http://www.cdc.gov/hiv/topics/surveillance/index.htm>

National Institute of Allergy and Infectious Diseases, 2009 (NIIID) *United States Department of Health and Human Services*

Retrieved from <http://www.niaid.nih.gov/topics/hivaids/understanding/pages/riskfactors.aspx>

National Institute on Drug Abuse, 2012 (NIDA) *Who is at risk for HIV and which population is affected.*

Retrieved from <http://www.drugabuse.gov/publications/research-reports/hivaids/who-risk-hiv-infection-which-populations-are-most-affected> Most people affected with HIV/AIDS are in Africa