



ALCC

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This week the United States Department of Justice announced settlements in two cases involving HIV discrimination. In the first case, a podiatrist at Mercy Medical Group Midtown Clinic in Sacramento, California incorrectly told his HIV-positive patient that he could not perform a needed surgery on the man's foot. The surgeon was afraid he'd contract HIV from the patient during surgery. In the second case, the Knoxville Chiropractic Clinic North in Knoxville, Tennessee turned away an HIV-positive man who'd been approved for twenty-four chiropractic treatments after being in a car accident. He was told the clinic doctors could not treat people "like him."

Prejudice is always ugly, but it's especially abhorrent in these cases because the people who discriminated were medical professionals – the very people we'd expect to know better. The worst of it is that medical professionals who discriminate against people with HIV create the perfect conditions for HIV to spread.

When medical providers let irrational fear guide their decisions – rather than scientific fact – it's not only unjust, it's terrible public health. Ample evidence shows that when people with HIV stay in care long-term, successfully tolerating and adhering to antiretroviral medication regimens, the "community viral load" is greatly reduced and new HIV infections dramatically decrease. Securing access to health care for people with HIV turns out to be a critical part of stopping the epidemic in its tracks.

The Public Health Service knows this. In the last few years it has directed an increasing share of resources and funds toward keeping people with HIV connected to medical care. At AIDS Legal Council of Chicago, we work every day to make sure people with HIV can access medical care, helping our clients fight through the labyrinthine bureaucracies of public and private insurance systems to ensure they have adequate coverage to get the medical treatment they need. In fact, securing access to medical care makes up the bulk of the Council's daily work.

But even free comprehensive health insurance coverage for every person in America wouldn't be enough to guarantee that people with HIV will stay in care. First they have to trust that the medical system cares about them, wants to help them stay healthy, and will treat them with respect.

So as public health officials continue their admirable crusade to connect HIV-positive people to life-saving medical care, let's remember that no public health plan works if people aren't willing to stay engaged with the medical system. Fighting stigma and protecting the legal rights of people with HIV is an integral part of preventing the spread of HIV.

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