

# 2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS  
Declaration of Commitment on HIV/AIDS

# UNITED STATES OF AMERICA



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## Preface<sup>1</sup>

In just two years, the world will evaluate ten years of work toward "Universal Access by 2010" to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world's population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,<sup>2</sup> and there are 5.4 million young people living with HIV.<sup>3</sup> Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders "age out" and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.<sup>4</sup>

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country-level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.<sup>5</sup> The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves

Notably, the DoC recognizes young people's higher risk to HIV infection and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
  - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
  - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
  - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
  - Strengthening reproductive and sexual health programs; and
  - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

<sup>1</sup> Adapted from GYCA and Global Youth Partners, "Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS." UNFPA, 2005. <http://www.youthaidscoalition.org/resources.html>

<sup>2</sup> UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. [http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi\\_slides.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp)

<sup>3</sup> UNAIDS (2007) AIDS Epidemic Update

<sup>4</sup> UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

from HIV infection. **However, as of 2007, only 40% of young men and 36% of young women had accurate HIV knowledge on transmission and prevention.**<sup>6</sup>

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

## **Methodology**

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.<sup>7</sup> GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV (YPLHIV) in their countries through focus group discussions, in-depth interviews and workshops.

Young people were asked to make recommendations for strategies to ensure that their country would meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

A guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.<sup>8</sup> A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,<sup>9</sup> were suggested to guide their research. Data collection and analysis focused on four main areas:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

## **Table of Contents**

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<sup>6</sup> UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.

<sup>7</sup> The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.

<sup>8</sup> The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."

<sup>9</sup> UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

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### About the Global Youth Coalition on HIV/AIDS (GYCA)

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective agents of change in their communities. For more information please visit <http://www.youthaidscoalition.org>, or write to [info@youthaidscoalition.org](mailto:info@youthaidscoalition.org).

Total population, 2007	301,621,157 <sup>10</sup>
Population under 24	41,000,000 <sup>11</sup>
Gross national income in purchasing power parity (GNI PPP) per person /or GDP	44,710 <sup>12</sup>
Per capita total expenditure on health	6096.2 <sup>13</sup>
Estimated number of people ages 15-49 living with HIV/AIDS	1,039,000 – 1,185,000 <sup>14</sup>
HIV prevalence among young people ages 15-24	3.7%
Median age of first intercourse	17.4 years Females <sup>15</sup> 17.7 years Male
Median age of first marriage	25.3 years Female <sup>16</sup> 27.1 years Male
Young people ages 15-24 who have had sex before age 15	13% Females <sup>17</sup> 14.6% Males
<i>UNGASS Core Indicator:</i> Young people ages 15-24 reporting sex with a non-marital non-cohabiting partner in the last year	50.7% Female <sup>18</sup> 52.7% Males
<i>UNGASS Core Indicator:</i> Young people ages 15-24 reporting using a condom the last time they had sexual intercourse with a non-regular partner	52.4% Females <sup>19</sup> 68% Males
Approximate number of pregnancies per year among young women ages 15-19; Percentage that were unintended	750,000; 82% <sup>20</sup>
<i>UNGASS Core Indicator:</i> Young people ages 15-24 who can both correctly identify prevention methods and reject major misconceptions about HIV/AIDS	n/a

## I. Introduction

In accordance with the 2001 Declaration of Commitment, the United States submitted a 2006 Country Progress Report to monitor and track targets towards the UNGASS goal of universal access by 2010. However, the U.S. government unfortunately did not submit a report for the 2008 UNGASS review in June. This failure to follow through on their pledge to the global community embodies the U.S. government's stagnant and reductive approach to sexual and reproductive health and rights and HIV.

Despite fact that the U.S. is one of the wealthiest countries in the world, there are over a million people living with HIV (PLHIV), and due to Americans' mistaken belief that AIDS does not affect them, one quarter of PLHIV have not been tested and do not know their HIV status.<sup>21</sup> There are also approximately one thousand PLHIV still waiting for access to treatment. According to AVERT, "the USA has no formal AIDS strategy, and thousands of uninsured Americans struggle to access good HIV care and antiretroviral therapy. The world's biggest donor of AIDS-related funding is itself facing a major, ongoing AIDS epidemic, and the situation grows worse each year."<sup>22</sup> There are currently over 47

<sup>10</sup> United States Census Bureau, Population Finder: United States, 2007, <http://factfinder.census.gov/servlet/SAFFPopulation>.

<sup>11</sup> UNGASSCountry Progress Report (2006) USA

[http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_usa\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_usa_en.pdf).

<sup>12</sup> World Bank, World Development Indicators Database GNI per Capita 2006, 11 April 2008,

<http://siteresources.worldbank.org/DATASTATISTICS/Resources/GNIPC.pdf>

<sup>13</sup> World Health Organization, Core Health Indicators: Per Capita Total Expenditure on Health, 2005, .

<sup>14</sup> [http://www.cdc.gov/hiv/topics/surveillance/united\\_states.htm](http://www.cdc.gov/hiv/topics/surveillance/united_states.htm).

<sup>15</sup> Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine; Journal of Adolescent Health 38 (2006) 83–87.

<sup>16</sup> [www.census.gov](http://www.census.gov).

<sup>17</sup> National HIV/AIDS Report United States of America, Country Progress Report 2006 USA.

<sup>18</sup> Country Progress Report, 2006 USA [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_usa\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_usa_en.pdf).

<sup>19</sup> Ibid

<sup>20</sup> Guttmacher Institute, 2006 U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity.

<sup>21</sup> AVERT, "America's Unequal AIDS Epidemic." <http://www.avert.org/america.htm>

<sup>22</sup> Ibid

million uninsured Americans who cannot afford health insurance, and most of these are young people.<sup>23</sup>

The AIDS response in the US is unique among developed Western nations in that its policies are guided largely by conservative religious and patriarchal ideology, rather than science or human rights. This approach directly results in hundreds of unnecessary new HIV infections and AIDS deaths each year for lack of funding, education, information and services.

One quarter of all HIV cases occur in young people under 21 years, and half of all new HIV infections are among young people under 25 years old.<sup>24</sup> The United States has been classified as having a concentrated/low prevalence epidemic amongst minority youth, especially women of color, injection drug users (IDUs), men of color who have sex with men (MSM) sex workers, and homeless youth.<sup>25</sup>

While 63% of students in their last year of secondary school and 82% of college students have engaged in sexual intercourse, only 42% of adolescent girls used any form of contraception in their most recent sexual encounter.<sup>26</sup> These statistics point the major barriers young Americans face to accessing accurate, evidence-based HIV prevention information, education and services.

The African American community has been most severely and disproportionately affected by HIV, making up almost half of all Americans living with HIV (500,000 people).<sup>27</sup> Black teens ages 13-19 constitute only 16% of the U.S. population, but 69% of all new HIV cases.<sup>28</sup> Latino youth represented 17% of the U.S. population in 2005 but accounted for 17-22% of all new HIV cases.<sup>29</sup> In 2005, teenage girls represented 43% of HIV positive people aged 13-19, and young women aged 20-24 represented 28% of all people living with HIV in the United States.<sup>30</sup>

In addition, lesbian, gay, bisexual, transgender and queer (LGBTQ) youth also have a high rate of homelessness which puts them at higher risk of HIV transmission.<sup>31</sup> High incidence of substance and sexual abuse, unprotected commercial sex and lack of access to health care make LGBTQ homeless youth more at risk. Studies show that 96% of surveyed homeless youth engaged in unprotected sexual behavior that may have put them at risk for contracting HIV. On average, LGBTQ youth are 7 times more likely to die from AIDS-related illnesses and 16 times more likely to contract HIV than their heterosexual counterparts.<sup>32</sup>

Youth in correctional facilities are also at a greater risk of contracting HIV. The United States, whose citizens make up 5% of the world's population, has the largest incarcerated population out of any country in the world with 2.3 million Americans currently incarcerated.<sup>33</sup> Only China is a distant second, with 1.6 million people incarcerated. The number of incarcerated youth is difficult to ascertain, since the Federal Bureau of Investigations (FBI) does not have a surveillance system to monitor the total number of youth in correctional facilities.

All inmates regardless of age in both state and federal prisons are 5 times more likely to have AIDS and 4 times more likely to contract HIV than the average American. A quarter of people living with HIV pass through the correctional system annually where rates of unprotected sexual activity prisons including rape and the use of unsanitary needles for injection drugs and tattooing all magnify the transmission of HIV and AIDS for youth.<sup>34</sup> In many states with astronomically high incarceration rates

<sup>23</sup> US Census, 2006 [http://www.census.gov/Press-Release/www/releases/archives/income\\_wealth/010583.html](http://www.census.gov/Press-Release/www/releases/archives/income_wealth/010583.html)

<sup>24</sup> U.S. Department of Health and Human Resources. Youth and HIV/AIDS in the United States, 2007 <http://hab.hrsa.gov/history/youth/>

<sup>25</sup> UNGASS Country Progress Report 2006 USA

[http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_usa\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_usa_en.pdf).

<sup>26</sup> Women Deliver, Fact Sheets on Young People in North America, <http://www.womendeliver.org/youth/pdf/North%20America.pdf>.

<sup>27</sup> The Henry J. Kaiser Family Foundation, HIV/AIDS Policy Fact Sheet: Black Americans and HIV/AIDS, May 2008,

[http://www.kff.org/hivaids/upload/6089\\_05.pdf](http://www.kff.org/hivaids/upload/6089_05.pdf).

<sup>28</sup> Ibid

<sup>29</sup> Ibid

<sup>30</sup> Ibid

<sup>31</sup> National Gay and Lesbian Task Force, Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness, 2006,

<http://www.thetaskforce.org/downloads/HomelessYouth.pdf>.

<sup>32</sup> Ibid, National Gay and Lesbian Task Force.

<sup>33</sup> New York Times, April 23, 2008. "Inmate

<sup>34</sup> Ibid, National Gay and Lesbian Task Force.

such as Texas and Florida, inmates are prohibited from accessing condoms, clean syringes, or voluntary HIV counseling and testing.

### **About this Report**

This report was completed through an arduous yet rewarding collaborative process of intelligence gathering. The researchers sought out information from policy experts, analyzed and reviewed government documents and journal articles. Interviews were conducted with youth activists and health care professionals as well.

It is important to note that this report is part of a set of 10 reports looking at the domestic situation of HIV and youth. While the effects of US AIDS policy on the rest of the world are enormous, this report focuses on young American's circumstances.

## **II. Political Commitment**

### ***Education***

Currently, most young people in the United States do not receive comprehensive sex education due to the extensive funding designated solely to abstinence-only until marriage programs.<sup>35</sup> To receive these federal funds, the US government has established a stringent eight-point definition of "abstinence-only education" requiring programs to teach that sexual activity outside of marriage is wrong and harmful for people of any age. The law also prohibits programs from advocating contraceptive use or discussing contraceptive methods— except to emphasize their failure rates.<sup>36</sup>

These programs have had a detrimental effect on youth by reinforcing stereotyped and iniquitous gender roles, discriminatory attitudes towards the LGBTQ populations and promoting incorrect medical information that is not evidence-based regarding sexual and reproductive health.

Abstinence-only programming emphasizes only heterosexual unions, without providing information on the effectiveness of condom usage and other contraceptives, even though numerous studies show that sex education does not increase sexual activity among youth. In fact, sex education has been proven to delay sexual debut, and increases the likelihood of condom use, and results in fewer sexually transmitted infections (STIs) among youth.<sup>37</sup> The denial of a comprehensive sex education curriculum in schools by state governments violates the rights of young people to universal access, as stipulated in the 2001 UNGASS Declaration of Commitment on HIV/AIDS.

The effectiveness of abstinence-only programming has long been contested by sexual health and rights advocates, who point out that the popular campaigns encouraging youth to take "virginity pledges" such as the 1993 "True Love Waits" campaign targeting 2.2 million youth, are largely unsuccessful in deterring the on-set of sexual activity. Though pledge takers in a nationwide Columbia and Yale University 2005 study did delay the occurrence of vaginal intercourse by 1-2 years more than those who did not pledge, when they did eventually have sex, the study found that the majority were statistically less likely to use condoms, more likely to engage in unprotected oral and anal sex, had higher rates of unplanned pregnancy, and were less likely to know their STI status or be tested and treated for infections than their non-pledge taking counterparts.<sup>38</sup> This study and several others provide a significant evidence base that virginity pledge campaigns are a failed intervention and should not be promoted as a strategy for sexual reproductive health. Still, the trend of replacing science with ideology means that millions of dollars are still wasted in the US on these anti-rights programs.

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<sup>35</sup> Wire, Sarah D. "Federal funding of abstinence-only sex education debated." The Los Angeles Times. 24 April, 2008. <http://www.latimes.com/news/education/la-na-abstinence24apr24,1,5905418.story>.

<sup>36</sup> Personal Responsibility & Work Opportunity Reconciliation Act of 1996. Title V, §510(b)(2)(A-H) of the Social Security Act.

<sup>37</sup> Sexuality Information Education Council of the United States. Sexuality Education" <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514#Q7>

<sup>38</sup> Brückner H, Bearman P. (2005) After the promise: the STD consequences of adolescent virginity pledges. Journal on Adolescent Health 36 p. 271–278. <http://www.yale.edu/ciqle/PUBLICATIONS/AfterThePromise.pdf>

As a contrast to the abstinence-only approach, analysis of data from the Youth Risk Behavior surveys concluded that sexual activity among high school youth declined significantly between 1991 and 1997, prior to the large scale funding of abstinence-only-until-marriage programs.<sup>39</sup>

Over the years, conservatives in the U.S. have long tried to use the issues of abortion and the reproductive rights of young people under 18 years to attack family planning programs. Programs that *are* proven to be successful do not receive enough funding to sustain their activities or to increase coverage of services.

For example, Title X clinics, described below, have been providing a host of comprehensive sexual health services to young people such as confidential HIV testing, safer-sex counseling and referral services for over 30 years, among other things. Often times, these clinics provide the only health care services accessible to young people. Established by Congress in 1970, the aim of the program is "to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services."<sup>40</sup>

The U.S. Department of Health and Human Services administers the Title X program through its Office of Family Planning. Approximately 4,600 public and private entities, including non-profit family planning clinics, hospitals and public health departments, receive Title X funds each year.<sup>41</sup> Adequate federal and state funding must be appropriated to continue to provide primary sexual health services to low income, minority and young people. Though funding for Title X clinics has seemed to increase year by year, inflation and rising costs of healthcare technology translate to less and less annually. Since taking office, President George W. Bush has not proposed any increase in Title X funding since taking office. As the program has remained underfunded for so long, clinics are struggling to pay for newer, more effective, but more costly, long-lasting methods of contraception and state-of-the-art diagnostic tests that promise improved rates of detecting STIs.<sup>42</sup>

Currently, the United States government refuses to provide federal funding to schools and organizations that stray from abstinence-only methods of prevention by addressing issues such as condom use and other contraceptives. Simultaneously, the National Institute of Health (NIH) and the Center for Disease Control (CDC) report soaring rates of STIs in U.S. high schools. A 2008 CDC report determined that one out of every four high school girls, and *one half of African American school girls ages 14-19*<sup>43</sup> has a sexually transmitted infection.<sup>44</sup> This highlights the grave shortcoming of "abstinence until marriage" curricula, which often prevent a thorough discussion of STI transmission. The lack of available educational materials remains a large factor in propelling young people to engage in risky sexual behavior, including unprotected anal and oral sex<sup>45</sup>.

This provides evidence that there are flaws with the current sex education and reform is needed to make current prevention programs more effective. Therefore, funds need to be allocated to programs that teach a more comprehensive approach to STI and HIV prevention.

### ***Discriminatory Policy***

<sup>39</sup> Special Investigations Division, US House of Representatives, Committee on Government Reform, The Content of Federally Funded Abstinence-Only Education Programs. Washington, D.C.

<sup>40</sup> Center for Reproductive Rights, Title X Family Planning, January 2004, [http://www.reproductiverights.org/pub\\_fac\\_titlex2.html](http://www.reproductiverights.org/pub_fac_titlex2.html), for reference to Family Planning Services & Population Research Act of 1970, Pub. L. No. 91-572, 84 Stat. 1504 (1970) (codified as amended at 42 U.S.C. §§ 300 et seq. (1991 & Supp. 2000)).

<sup>41</sup> Department of Health and Human Services, Office of Public Health and Science, Office of Population Affairs, Office of Family Planning. Tracking Healthy People. [http://www.hhs.gov/opa/pubs/hp2010/hp2010rh\\_intro.pdf](http://www.hhs.gov/opa/pubs/hp2010/hp2010rh_intro.pdf).

<sup>42</sup> Planned Parenthood, America's Family Planning Program: Title X, 2007, <http://www.plannedparenthood.org/issues-action/birth-control/family-planning-6553.htm>.

<sup>43</sup> New York Times, March 28, 2008. "Sex Infections Found in Quarter or Teenage Girls." <http://www.nytimes.com/2008/03/12/science/12std.html>

<sup>44</sup> CDC (2008), <http://www.cdc.gov/stdconference/2008/media/summaries-11march2008.htm>.

<sup>45</sup> Brückner H, Bearman P. (2005) After the promise: the STD consequences of adolescent virginity pledges. IN: Journal on Adolescent Health 36 271–278.

The discriminatory United States Immigration and Nationality Act (INA-Section 212(a)(1)(A)(i)) has yet to be repealed. It prohibits all persons infected with HIV from entering the United States for "short or long term vacations," or employment related matters, to attend conferences or events, or to permanently live in the United States. The law makes no distinction between temporary travelers entering for a "short term" visit, "long term" visit, or those who wished to remain permanently in the United States as a Lawful Permanent Resident (a "green card" holder).<sup>46</sup>

The ban has no basis in science or standard public health approaches, and is fueled largely by the decades of ignorance, prejudice, stigma and shame associated with the transmission of HIV. As such, this policy is a serious violation of human rights since it institutionalizes the discrimination HIV positive people face regularly. The ban is especially problematic for people who would like to come to the United States to receive life-saving HIV and AIDS treatment that would ordinarily not be available to them in their home countries (often due to the policies of US pharmaceutical companies that price ARVs out of the reach of the majority of PLHIV in the world).<sup>47</sup> Under this ban, HIV positive young people are not be allowed to obtain student visas to study in the United States, gain refugee or asylum status or even apply for a tourist visa unless they acquire an HIV waiver<sup>48</sup>.

A recent case of residual bias has emerged with the case of an HIV positive Peace Corps volunteer. Jeremiah Johnson was immediately terminated by Peace Corps, a U.S. government program, upon disclosing his HIV positive status while stationed in Ukraine. According to Ukraine's immigration policy, foreign HIV positive individuals are not permitted to work in the country. In accordance with country law, Peace Corps promptly removed from Mr. Johnson from Ukraine. However, Mr. Johnson made subsequent requests to be re-stationed in another country, but his requests were denied by Peace Corps. The case is now being handled by the ACLU who claim that Peace Corps' employment policy regarding people living with HIV violates the Americans with Disabilities Act which prevents "all public entities, regardless of the size of their work force, from discriminating in employment against qualified individuals with disabilities."<sup>49</sup>

### III. Financial Commitment

#### *Funding for Education and Treatment*

While the fiscal year 2009 HIV and AIDS funding request released in February of this year has seen a 3.6% overall increase from 2008, many domestic programs have seen financial support stagnate or even be reduced, while HIV infection rates continue to rise. Domestic HIV prevention programs, the domestic research budget and housing assistance programs for people living with HIV and AIDS have all had funding decrease over time. Domestic government-assisted healthcare for people living with HIV and AIDS, such as Medicare and Medicaid, and the overall global HIV and AIDS budget have fared well in the past few years while programs funded through the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act and Minority AIDS Initiative (MAI) have seen minimal increases.<sup>50</sup>

The under-funding of the CARE Act, which is designed to assist low-income, uninsured and under-insured Americans living with HIV and AIDS, has left state governments unable to adequately provide program support. The federal funds allocated for this program have remained around \$2.1 billion for the past four years while there are an estimated 16,000 AIDS related deaths annually.<sup>51</sup> These numbers increasingly occur among the impoverished, minority and youth populations. For example, in

<sup>46</sup> Gay Men's Health Crisis, HIV and Lawful Permanent Residency: An Analysis of the HIV Bar, Waivers, and Prospects for Change. [www.gmhc.org/policy/federal/2008\\_residency.pdf](http://www.gmhc.org/policy/federal/2008_residency.pdf), 2008.

<sup>47</sup> Ibid

<sup>48</sup> National Immigration Project <http://www.nationalimmigrationproject.org/HIV/2004HIVManual/2004hivmanual/page8.html#wavier>.

<sup>49</sup> U.S. Department of Justice: Civil Rights division, Questions and Answers: The Americans with Disabilities Act and Persons with HIV/AIDS, <http://www.ada.gov/pubs/hivqanda.txt>.

<sup>50</sup> U.S. Federal Funding for HIV/AIDS: The FY 2009 Budget Request April 2008, <http://www.kff.org/hivaids/upload/7029-041.pdf>

<sup>51</sup> Brückner H, Bearman P. (2005) After the promise: the STD consequences of adolescent virginity pledges., *Journal on Adolescent Health* 36 p. 271–278.

South Carolina the waiting list to receive treatment is over six months. In early 2007, the waiting list included 450 low-income PLHIV, four of whom died while waiting for treatment.<sup>52</sup>

#### **IV. Access to Information and Services**

##### ***Youth Access to Contraceptives and Health Services***

Young people under the age of 24 years old comprise the largest demographic of uninsured individuals in the United States.<sup>53</sup> As such, they are less likely to have access to preventive information and treatment services. This, in turn, limits the number of young people who are tested regularly for STIs and HIV. Young people living with HIV also face obstacles in receiving funding for their prevention, treatment, care and support needs. There are very few health services targeted specifically toward youth. Services offered by Planned Parenthood Federation of America are the most popular, affordable, and non-judgmental toward young people, offering a range of HIV and sexual reproductive health services at scaled cost. However, outside of urban areas few young people are able to travel the long distances to visit a clinic. The violence toward sexual health clinics' staff, and protests outside of such clinics by American religious and anti-choice fundamentalists often discourages young people from seeking services and treatment.

Parental consent laws for minors hinder and often prohibit a young person's access to contraceptive services and testing. Young people, especially girls, may be reluctant to visit health care facilities for fear of parental notification and lack of funds as well as lack of access to transportation. They may continue to engage in behavior that places them at higher risk and perhaps unwilling to communicate their concerns or questions to either parents or medical professionals. Moreover, a young person living with HIV may forego treatment and services rather than risk a parent's embarrassment, disapproval, or violence.<sup>54</sup>

21 states explicitly allow all minors to consent to services while four have no stated policy in their legislature. Other states place stipulations on access which may include having graduated from secondary school, reaching a minimum age, demonstrating maturity or receiving a referral from a specified professional, such as a physician or member of the clergy.<sup>55</sup> Laws requiring parental consent explicitly or inexplicitly place significant barriers on access to healthcare and alienate young people from the health care setting. These laws privilege the interests of the parent or guardian above those of young people.

#### **V. Young People's Participation**

##### ***Youth Activism***

The majority of young Americans believe that the federal government is spending too little to combat this urgent socio-medical calamity.<sup>56</sup> In the lead-up to the 2008 presidential election, student-run AIDS campaigns have been active in mobilizing young advocates to speak out, ask questions, and garner support during presidential candidates' debates and events.

Groups such as the American Medical Students Association (AMSA) and Advocates for Youth have been particularly active in vocalizing the need for change in both domestic and international HIV policies to the presidential candidates. The Student Global AIDS Campaign (SGAC), a grassroots organization with

<sup>52</sup> New York Times, December 26, 2006. "Waiting List for AIDS Drugs Causes Dismay in South Carolina." [http://www.nytimes.com/2006/12/29/us/29drugs.html?\\_r=1&oref=slogin](http://www.nytimes.com/2006/12/29/us/29drugs.html?_r=1&oref=slogin)

<sup>53</sup> Advocates for Youth, Millions of Health Insurance-Eligible Teens Remain Uninsured <http://www.advocatesforyouth.org/NEWS/PRESS/2000/031500.htm>

<sup>54</sup> Advocates for Youth, Adolescent Access to Confidential Health Services, 1997, <http://www.advocatesforyouth.org/PUBLICATIONS/iag/confhlth.htm#16>.

<sup>55</sup> Guttmacher Institute, State Policies in Brief: Minors Access to Contraceptive Services, 1 May 2008, [http://www.guttmacher.org/statecenter/spibs/spib\\_MACS.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf).

<sup>56</sup> Kaiser Family Foundation, Survey on American on HIV/AIDS. <http://www.kff.org/kaiserpolls/pomr050806pkg.cfm>, 2008/

over 85 chapters in high schools, colleges and universities across the United States, has also been active on mobilizing youth action during 2008 primary elections through training students on how to ask candidate questions at events to ensure that HIV is a priority for the next president of the United States. Students were particularly active in New Hampshire, South Carolina and Florida where early primaries provided a heavier focus on campaigning beginning in the spring of 2007. The grassroots organization HealthGAP provided trainings for young advocates from various activist organizations as part of the '08 STOPAIDS campaign, involving young people across the country in lobbying efforts toward the 2008 presidential campaign candidates.

## **VI. Major Achievements and Gaps**

It is recommended that federal and state governments implement legislation that requires comprehensive sexuality education in public schools, including detailed lessons on contraceptive options. Sexual health education must be based on science and evidence instead of religious or cultural ideology. Abstaining from any sexual contact is certainly the most effective approach to preventing STIs, but it cannot be the only method available to young people. Data show that the vast majority of young Americans do have premarital sex, and policies and programs must take into account this reality.

Abstinence-only until marriage education is an unrealistic expectation for contemporary youth society, especially in a culture inundated by sex in the media and popular culture. The US' strong emphasis on heterosexual unions by emphasizing marriage as the only acceptable context for sexual activity alienates LGBTQ individuals and increases intolerance. The focus on condom failure rates and the lack of condom use instruction also robs young people of their right to protect themselves with medically accurate, evidence-based, comprehensive knowledge of their own bodies.

## **VII. Major Recommendations**

- The U.S. government must make a firm commitment to provide federal funding for programs teaching abstinence, partner reduction, condoms, negotiation skills, syringe exchange, and life skills. The federal government must push state governments to include these components and design rights-based and science-based programs that are accessible for all young Americans.
- Federal and state governments should allocate funding to provide comprehensive sex education in schools, and it should include an emphasis various forms of prevention.
- The Office of Juvenile Justice and Delinquency Prevention under the U.S. Department of Justice's Office of Justice Programs in conjunction with the Federal Bureau of Investigations (FBI) must develop a national surveillance system of youth being held in both public and private correctional facilities. States must make condoms, syringe exchange, and VCT available to incarcerated youth and all prisoners.
- Statistics on transmission methods and rates of HIV and AIDS in incarcerated youth must be collected to combat the epidemic in correctional facilities.
- To improve the quality of comprehensive sexual and reproductive health services provided to young people, federal and state level governments must increase the amount of funding allocated to Title X clinics.
- The federal and state governments must fully fund HIV and AIDS prevention, treatment, and care programs such as the CARE act.
- Congress must overturn the travel ban preventing HIV positive individuals from seeking schooling, life-sustaining medical technologies and/or asylum in the U.S. Such restrictions further criminalize people who must be accepted and integrated into mainstream society.
- Reproductive and HIV-related healthcare should be confidential and accessible to all, regardless of age.
- States must fund and build the development of youth-friendly health facilities that offer science-based, non-judgmental information and services.

## **VIII. Conclusion**

The United States, as the richest country in the world, is well positioned to take the lead on promoting universal access for all young people both at home and across the globe. However, the lack of federal and state support to comprehensive sex education, the discriminatory travel restrictions towards PLHIV and the crippling state of health care costs reveals a country failing to equip its young citizens with knowledge and refusing to protect and care for all regardless of seroprevalence.

Discriminatory policies and practices such as the Peace Corps' dismissal of HIV positive volunteers and the U.S. HIV travel ban must be rescinded. People living with HIV and AIDS deserve to live free of discrimination and local, state and federal governments must take action to ensure that the basic rights of every HIV positive person in the United States are protected.<sup>57 58</sup>

Congress, as well as state and local governments, must take a firm stance on providing funds to programs that teach comprehensive sex education, and not just abstinence-only programming. Such policies should also be strategically targeted to reduce the disproportionate consequences suffered by minority groups and the LGBTQ community.

The upcoming presidential election provides a unique and promising opportunity to eliminate the unfair domestic and international practices that challenge the rights of young people to universal access.

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<sup>57</sup> Barr S, Washington Post, The Peace Corps Wants You: But Not if You Contract HIV, 6 May 2008, <http://www.washingtonpost.com/wp-dyn/content/article/2008/05/15/AR2008051503764.html>.

<sup>58</sup> Global Health Reporting, Politics and Policy: Second Peace Corps Volunteer Reports Being Discharged after Testing HIV Positive, 16 May 2008, [http://www.globalhealthreporting.org/article.asp?DR\\_ID=52179](http://www.globalhealthreporting.org/article.asp?DR_ID=52179).