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Addressing Mississippi's HIV/AIDS crisis

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We appreciate Talha Burki's World Report (June 11, p 1994)¹ regarding the Human Rights Watch report² on Mississippi's HIV/AIDS policies. Although Mississippi's AIDS rates plateaued in recent years, racial disparities in HIV infection widened: African Americans represent 37% of the population, but account for 78% of new infections.³ Mississippi's HIV/AIDS and reproductive health policies warrant scrutiny and improvement. However, we note that individuals who qualify for treatment generally receive it; unlike many other American states, Mississippi currently has no waiting list for its AIDS Drug Assistance Program.

Complex social and structural factors that contribute to Mississippi's racial disparities in HIV infection also deserve more nuanced discussion. Many individuals, particularly African Americans, underestimate their risk of sexually transmitted diseases, including HIV. This phenomenon is compounded by the overwhelming stigma associated with HIV/AIDS among African Americans in southern USA; many individuals forego testing not only because of limited access to health services, but because of paralysing stigma.⁴ Additionally, complex sexual networks and a high prevalence of HIV within networks perpetuate high rates of HIV infection;⁵ 50% of those who tested positive in 2010 had no identified risk behaviours.³

A comprehensive, culturally appropriate response to HIV/AIDS in Mississippi should focus not only on fully funding Medicaid and providing comprehensive testing and treatment services, but on social marketing and media campaigns designed to address HIV/AIDS stigma and raise awareness about the risks of HIV and sexually transmitted diseases. These steps would help normalise and stimulate more demand for HIV testing and treatment services and are crucial components of any policy to address racial disparities in HIV infection.

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