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# **HIV and Its Effect on College-Aged People of Color**

**Stephen Jackson**

Nebraska Department of Health and Human Services

## **Education is key in a society where HIV and AIDS are a constant threat.**

HIV is the leading cause of death for males and females ages 15-24. In the past five years, the number of people of color has increased in the populations most affected by the virus that causes AIDS. There may be many reasons for this phenomenon. Historical data provides a basis from which we may deduct several reasons.

At the onset of this disease in the late 1970s and 1980s, the virus now known as HIV was identified among White gay men. It was known as GRID, or Gay-Related Immunodeficiency Disease. Gay White men in large cities such as San Francisco, Los Angeles, and New York were being stricken with rarely seen problems such as Karposi's Sarcoma and Pneumocystis Carinii Pneumonia, due to weakened immune systems. As time progressed, the same types of health problems were noticed among known injecting drug users. When news of these occurrences hit the public arena, they were said to affect only the two aforementioned populations: gay White men and injecting drug users.

In the mid-1980s, with great purpose, the White gay community mobilized and educated itself. The rest of the world watched and, in many instances, judged those dying as if this were punishment for deviant behavior. Science and the government continued to identify this virus as a problem contained in the gay and injecting drug use communities. By this time, the problem was also identified in European communities, affecting much the same people. In Africa, heterosexual people were identified with the same immune deficiency problems, presenting contradictory evidence that this was a gay disease. GRID became known as HIV, or Human Immunodeficiency Virus.

As scientific research evolved, the resulting cause of death of individuals afflicted with HIV was identified as AIDS, Acquired Immuno Deficiency Syndrome, or ARC, AIDS-Related Conditions. Americans still held fast to the belief that this disease did not have any effect on their lives if they were not an injecting drug user or a gay White male. Hemophiliacs began to be infected by the virus, and this brought national attention to the blood supply. Individuals receiving blood transfusions for operations and hemophiliac conditions were becoming infected through the receipt of HIV-infected blood products.

In the late 1980s, more and more of the general population began to be counted among the number of individuals stricken with HIV. The stigma attached to the virus caused many who had no contact with drug use or the gay community to hide for fear of being ostracized, evicted, disowned, or beaten and maybe killed. Ryan White, an 11-year-old hemophiliac, made national news when he was refused school access and his family was forced from their home. Thus began the national education trend which is in effect today.

The problems: (1) many Americans, including people of color, felt that they were not at-risk if they were not gay or an injecting drug user; (2) when the gay community deployed with its educational tactics, it was very effective ... among the White gay male population; (3) neither scientists nor the general public realized the extent of effects of bisexual relationships or relationships with partners who were injecting drug users on women and unborn children; and (4) religious and moral beliefs played a major role in the denial that HIV or AIDS could become a national epidemic, affecting all Americans.

Within Nebraska, racial/ethnic minorities or people of color comprise 6.2 percent (1990 census) of the population. Blacks/African Americans account for 3.6 percent; Hispanics/Latinos, 2.3 percent; and Native/American Indians and Asians/Pacific Islanders, 0.8 percent each. Since the first reported case of AIDS in Nebraska in 1983 until Dec. 31, 1996, people of color comprised 23 percent of the reported AIDS cases. Blacks account for 16 percent; Hispanics, 6 percent; Native Americans, 1 percent; and Asians, less than 1 percent. In 1995, of the individuals tested at state- and federally funded HIV antibody testing sites, people of color comprised 26 percent of the persons testing positive for the HIV antibody, or HIV +. Blacks account for 16 percent; Hispanics, 8 percent; and Native Americans, 3 percent. No HIV+ tests were reported among Asians/Pacific Islanders.

Education is key in a society where HIV and AIDS are a constant threat. Abstinence is the only means by which an individual will not come into contact with HIV, and that means complete abstinence from sexual activity and injecting drug use. Realistically speaking, college-aged youths and young adults are in many instances experiencing their freedom for the first time from parental control. Experimentation with alcohol and other drugs and sexual activity may put them at risk for HIV infection. Knowledge of abstinence, the effects of drug use on personal judgment and inhibitions, and safer sex information will give them the tools to make responsible decisions, whether they choose to abstain from sexual and drug use activities or choose to participate in one or both.

## **PRESENTER**

**Stephen Jackson** coordinates the HIV counseling and testing activities for the Nebraska Department of Health and Human Services, HIV/AIDS Services Program. He has worked for the State of Nebraska for four years. Jackson, a South Carolina native, has a B.S. in business administration with a major in marketing from the University of Nebraska at Omaha. He has done AIDS caregiving for eight years and AIDS education for seven years.