

PART I

Life Conditions



CHAPTER 2

Acquired Immune Deficiency Syndrome (AIDS)

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Acquired immune deficiency syndrome (AIDS) has been with us for more than 30 years, after being first recognized by the federal Centers for Disease Control and Prevention (CDC) and later labeled as the greatest public health threat in the United States. In the last three decades we have undergone a period of profound adjustment to the hard reality of AIDS.

The early response to the pandemic was too often the abject neglect and abuse of the historic causalities—gay men, intravenous drug users, men and women of color, and recipients of blood products. Extremist solutions of tattooing the buttocks, calls for quarantine, unauthorized disclosure of medical information, and coerced human immunodeficiency virus (HIV) testing was debated by both experts and ideological opportunists. Charlatanry and premature announcement of AIDS cures had devastating effects on desperately ill people and their families. People living with AIDS (PLWAs) faced egregious conduct from health and social providers, and PLWAs' human rights were routinely breached. Poor treatment included the callous discussion of an HIV or AIDS diagnosis and breaches of confidentiality even when guaranteed by law.

Nearly three decades later, the course of the pandemic has assumed a too ready familiarity that is incurring yet more apathy toward the plight of PLWAs and their families (Nichols, 1987; Sontag, 1978). Health care and social

service providers, in some cases, have grown overly euphoric about breakthroughs that have increased the longevity and quality of life of many PLWAs, at least for an uncertain period of time. For the public, it may appear as if AIDS is no longer a threat to them or others. Although we do not have the level of fear, hostility, and indifference that was characteristic of the responses by many health and social service providers in the early 1980s (Caputo, 1985; Greenly, 1986; Leukefeld & Fimbres, 1987; Lopez & Getzel, 1984), the issues currently arising present just as profound challenges for service development and effective interventive strategies as in the beginning of the pandemic.

An urgent requirement remains for professionals to keep up-to-date on the changing biopsychological consequences associated with HIV/AIDS, diverse populations infected and affected, the nature of the disease sequelae, and treatment options, access, and compliance. HIV prevention remains a serious issue for health and social service providers now as in the past. Rates of HIV transmission have leveled off in some populations' cohorts, while growing precipitously in others: this has added to the complexity of service strategies.

Defining and Explaining AIDS

Since much of systems thinking, such as the concept of homeostasis, as well as ecological concepts, originates from biology (Buckley, 1967;