Demanding Action

In a blog post titled “Bearing Witness, Standing in Solidarity,” José Zuniga, PhD, MPH, president and CEO of the International Association of Providers of AIDS Care, spotlighted trans people with HIV. Below is an edited excerpt.

November 10, 2025 By José Zuniga

At the U.S. Fast-Track Cities 2025 Summit in September in New Orleans, I experienced a moment that pierced through the formality of policy discussions about the U.S. HIV response. It came in a private conversation with a transgender Latina woman who lives in the Southern United States. Her voice shaking under the weight of lived experience, she described what it has meant to be a trans person in the United States since the Trump administration intensified its assault on the transgender community. Mid-sentence, she broke down in tears.

I will not share her name here out of an abundance of caution for her safety in a climate where visibility can be as dangerous as it is empowering for trans and other highly stigmatized communities. But her tears spoke volumes. They reflected the pain of a community already subjected to pervasive stigma, now forced to endure heightened hostility, policy rollbacks and cultural attacks designed to strip away dignity, rights and even access to health care. The dehumanizing tactics being used to erase their existence violate human decency, not to mention human rights.

What we witnessed was a stark reminder that stigma is not an isolated phenomenon; it is amplified and codified by policies and rhetoric that embolden discrimination. For trans people, especially trans women of color, stigma intersects with systemic racism, sexism and economic marginalization. This convergence of forces transforms everyday life into a constant negotiation of safety, dignity and survival.

The Trump administration’s efforts to roll back protections for transgender people in health care, education, employment and public life created a ripple effect far beyond policy. It validated prejudice. It emboldened those who would misgender, exclude or erase transgender individuals. And it deepened the isolation that many already feel navigating a world where simply existing can trigger violence. The resulting atmosphere of fear reverberates through families, workplaces and communities, eroding social cohesion and trust.

For trans people with HIV, these forces converge with life-threatening consequences. Discrimination in health care settings discourages engagement in care. Stigma compounds the mental health burden of HIV. In such an environment, the structural determinants of health weigh more heavily than any single medical intervention.

The summit is, at its heart, about accelerating progress against HIV. But the tears we saw reminded us that viral suppression and prevention cannot be achieved in a vacuum. The HIV response cannot succeed if entire communities are under siege. Equity, therefore, is not a peripheral concern but the very foundation upon which effective public health strategies must rest.

Trans women, particularly Black and Latina trans women, are disproportionately affected by HIV in the United States. According to Centers for Disease Control and Prevention data, about 40% of trans women tested in seven major U.S. cities were living with HIV. These numbers reflect not biology but inequity: barriers to employment, housing instability, lack of gender-affirming care and routine encounters with stigma in clinics and communities alike. Each of these barriers is a policy failure that demands urgent redress.

When governments enact policies that strip away rights, they exacerbate these inequities. They widen the gap between those who have access to prevention and care and those who are pushed further into the shadows. The tears we witnessed were, in many ways, an indictment of these policies—not abstractly, but as lived consequences.

Moments like this one demand reflection, but more importantly, they demand action.
