



Bearing Witness, Standing in Solidarity

One woman's tears revealed the profound human toll of policy assaults, calling us to stand unwaveringly with the transgender community.

September 22, 2025 By [Zero HIV Stigma](#)

At the US Fast-Track Cities 2025 Summit last week in New Orleans, I experienced a moment that pierced through the formality of policy discussions about the US 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 transgender 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 transgender 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 violates human decency, not to mention human rights.

Beyond Stigma: The Weight of Structural Violence

What we witnessed was not simply the personal pain of one individual. It was a stark reminder that stigma is not an isolated phenomenon; it is amplified and codified by policies and political rhetoric that embolden discrimination. For transgender people, especially transgender women of color, stigma intersects with systemic racism, sexism, and economic marginalization to produce devastating outcomes. 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 transgender people living 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. And restrictive policies shrink the safety nets that should safeguard basic human rights. In such an environment, the structural determinants of health weigh more heavily than any single medical intervention.

The Public Health Costs of Discrimination

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.

Transgender women, particularly Black and Latina transgender women, are disproportionately affected by HIV in the United States. According to CDC data, about 40% of transgender 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. The moral cost of such governance is borne not by institutions but by the bodies and lives of people already marginalized.

Standing in Unwavering Solidarity

Moments like this one demand reflection, but more importantly, they demand action. It is not enough to acknowledge the courage it takes to speak one's truth in a hostile environment. We must ensure that truth sparks collective resolve. Inaction in the face of such vulnerability is complicity in the harms that follow.

Standing solidly behind the transgender community means more than symbolic gestures of inclusion. It requires policy advocacy to reverse harmful measures and enact protections. It requires health systems to provide gender-affirming, stigma-free care that centers dignity and autonomy. It requires communities to rally against misinformation and transphobia with the same urgency we rally against HIV itself. This solidarity must be both visible and tangible, measured in laws changed, services delivered, and lives improved.

For those of us working in public health, solidarity also means ensuring transgender people are not merely included but prioritized. The HIV movement has long recognized the principle that those most affected must be at the center of the response. That principle must extend unequivocally to transgender people living with and vulnerable to HIV. Their leadership, insights, and resilience are indispensable to ending the epidemic. Only by elevating transgender voices can we dismantle the inequities that fuel both stigma and HIV transmission.

Bearing Witness as a Responsibility

The tears shed at the Summit will not be forgotten. They are a reminder that behind every data point we discuss lies a human being navigating systems that often fail them. Bearing witness to this pain comes with responsibility to act, to advocate, and to ensure that no one is left to carry such burdens alone. This is the moral imperative that transforms empathy into accountability.

As we look ahead to 2030 and work mightily against the prevailing headwinds to achieve the goal of ending HIV as a public health threat, let us be clear: we will not achieve these targets if transgender communities are left behind. The assault on their rights is an assault on the very foundations of equity and justice that underpin public health. Protecting transgender rights is not only a human rights obligation but a prerequisite for achieving global health goals.

This Zero HIV Stigma blog was written by Dr. José M. Zuniga, who is President/CEO of the International Association of Providers of AIDS Care (@IAPAC) and the Fast-Track Cities Institute (@FTC2030).

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