Interdisciplinary Junior Faculty Initiative in Global HIV/AIDS

Department of Women’s Studies, College of Literature, Science and the Arts; Department of Obstetrics and Gynecology, Medical School; Division of Health Promotion and Risk Reduction, School of Nursing; Department of Anthropology, College of Literature, Science and the Arts; Department of Psychology, College of Literature, Science and the Arts

We all live in a culture that has been indelibly marked by HIV/AIDS. Despite significant advances in treatment, education, and prevention in the years since the epidemic first emerged, HIV/AIDS remains a serious global health problem. UNAIDS estimates that 33.2 million people are currently living with HIV; 4.3 million new infections occurred in 2007 and over two million people continue to die each year from AIDS-related complications. New infections and deaths continue to have a disproportionate impact on marginalized social groups and geographic areas. Over 75% of AIDS-related deaths (~1.6 million) in 2007 worldwide occurred in sub-Saharan Africa. While heterosexual intercourse remains the predominant mode of HIV transmission globally, and women and their children are at higher risk in Africa, men who have sex with men continue to comprise the majority of new infections throughout the Americas and Southeast Asia. In Michigan 40% of new infections occur among African-American men (who make up 7% of the state’s population).

Advances made in reducing new infections among at-risk populations worldwide have stalled in recent years as behavioral and medical interventions have yielded mixed results. Setbacks in HIV prevention—impasses that are simultaneously medical, cultural, and psychological—highlight the need for innovative strategies for HIV prevention, policy, and education, based on cooperation and communication among researchers across disciplinary boundaries. In the absence of a vaccine or a cure for HIV/AIDS, the only hope for limiting the spread of infection lies in behavioral interventions developed out of cultural and evolutionary, as well as medical, approaches to understanding disease. Indeed, the research with the best chance of turning the tide of this epidemic will evolve out of the collaboration between medical and social scientists who are informed by theoretical perspectives on gender and race, culturally-specific sexual practices, and the cultural meanings of disease. With proven track records of working and mentoring across disciplinary boundaries, the units involved in this cluster hire aim to foster the interdisciplinary collaboration this problem requires.