

# ADAP Advocacy Association Newsletter – February 2009

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## HIV/AIDS and African Americans: A Terrible Truth

By Brent B. Shimmin

February 7, 2009 marks the ninth annual National Black HIV/AIDS Awareness Day (NBHAAD). This is a national community mobilization, HIV testing, and treatment initiative, which promotes awareness of, and access to, services for African Americans. The theme for NBHAAD 2009 is "Black Life is Worth Saving." -CDC Website

According to the [Kaiser Family Foundation](#), in 2007 African Americans accounted for half of all new AIDS cases in the United States, despite representing only twelve per-cent of the population. Blacks accounted for 45% of new HIV infections (24,900 of 56,300 total new infections) and 46% of people living with HIV disease in 2006. In another measure of the prevalence of HIV among African Americans, the rates of AIDS diagnoses per 100,000 of various population subgroups were startling: for Blacks the number was 60.3, compared to 20.8 for Hispanics and 6.4 for Whites.

This disproportional figure is attributable to many factors, among them systemic poverty and a lack of access to health services, so people either don't test as frequently as those with better access to care, or wait too long for treatment, resulting in needless complications and, frequently, higher rates of mortality.

In her testimony before congress in June, 2008, Marsha Lillie-Blanton, Dr.P.H., Senior Advisor on Race, Ethnicity, and Health Care for the Henry J. Kaiser Family Foundation, [addressed the problem](#) of racial disparity in access to health care this way:

*"The racial divides in the United States – whether in education, employment or health care – reflect the Achilles heel of this nation. Healing the wounds that separate this nation is important if we are to move forward as one nation. The U.S. was founded on ideals of equality of opportunity and continuing efforts to realize those goals are warranted throughout all sectors of society. In the health system, assuring that individuals with similar health care needs are similarly treated is a basic matter of fairness.*

*The landmark IOM report, Unequal Treatment, provided compelling evidence that racial disparities in care persist. However, national surveys continue to show that a sizable share of the population is unaware that all Americans don't receive the same access to medical care. Some of the disbelief is rooted in concerns about the quality of the evidence on racial disparities (i.e., whether the problem is real or largely explained by socio-economic differences in the population).*

*About five years ago, the Foundation working in partnership with a number of physician groups launched a campaign "Why The Difference" in an effort to increase awareness of health care disparities and ultimately encourage efforts to address them. We learned that the disbelief about whether a problem exists also extended to physicians. As such, a major component of the initiative was a thorough review of studies on racial differences in the care of patients with heart disease. We drilled down to the best studies designed to control for differences in heart disease severity, as well as socioeconomic status. The review, undertaken with the American College of Cardiology Foundation and Association of Black Cardiologists, provided credible evidence of lower rates of diagnostic and revascularization procedures for at least one of the minority groups under study in eight out of ten studies. This finding held true whether reviewing all studies meeting criteria for the review, the subset of studies defined as the most methodologically rigorous or that analyzed only clinical data."*

Another significant factor is the stigma found across all segments of society both for HIV and people living with HIV/AIDS (PLWHA), but which is acute in populations of color, where HIV is perceived both as a largely white issue and one restricted to men who have sex with men (MSM). Denial runs deep within their culture and is enabled to a large degree by religiosity and ignorance. This denial comes at a terrible cost to African Americans, demonizing risky behaviors with a cloak of silence and irrationally isolating at-risk populations, who are often viewed as double outcasts, first on the issue of their race by society at large then by their sexuality within their own communities.

According to [an article](#) titled The State of AIDS in Black America posted on [blackaids.org](#), "In 2006, Black gay and bisexual men between the ages of 13 and 29 accounted for more new HIV infections among gay and bisexual men than any other race or age group. And more than half, or 52 percent, of all Black gay and bi men infected that year were under 30 years old." Indeed, of the estimated 46,000 Americans in that age group, 60% (27,600) were black, and [most were infected](#) through unprotected sex.

Prevention efforts which focus on abstinence-only philosophies to the detriment of more pragmatic approaches have only exacerbated this human tragedy, as is the zero-tolerance policy regarding clean needle exchanges. The CDC has [admitted as much](#), reporting that 80% of gay and bisexual men in fifteen cities had not been reached by their current prevention strategies. In addressing this topic, Phill Wilson, CEO of The Black AIDS Institute [has stated](#) "The CDC's inability to reach four out of five gay and bisexual men with proven prevention efforts should surprise no one, given the paltry resources Congress budgets for that work and the absence of a national AIDS strategy, If you fail to invest in solving the problem and you don't have a comprehensive strategy, in what universe can you expect to succeed?" [Studies in Australia](#), which has a more realistic needle-exchange policy, have been shown to cut rates not only of HIV infection, but Hepatitis C, as well. And African American males are [twice as likely](#) to have been infected through IV drug use as whites. A policy change in this regard could save hundreds of thousands of lives. An overhaul of official prevention efforts, based on pragmatism and the realities of communities at risk could save many, many more.

African American women are bearing an enormous burden from HIV/AIDS. Of the estimated 1,100,000 American women living with HIV/AIDS in 2006, [black women accounted for 66%](#), or 726,000, compared to 16% and 17% for white women and Latinas, respectively, and they are more likely to have been infected through heterosexual contact than whites and Latinas, too. Despite the dramatic decline in perinatal infection (the passing of the virus from mother to child during birth) thanks to antiretroviral therapy administered during pregnancy, the [majority of cases](#) that do exist are from African American populations.

The Southern AIDS Coalition's [2008 Manifesto](#) says the following regarding African American women living with HIV/AIDS:

*"The HIV death rate (per 100,000) among black women ages 25 to 44 was 23.1 compared to 1.3 for white women. HIV/AIDS was the leading cause of death for black women ages 25–44 years in 2004.61 Sixty-six percent (66%) of women in the U.S. diagnosed with AIDS are black.*

*In some parts of the South women (mostly black) comprise over thirty percent of the HIV-positive population (Alabama Department of Public Health, 2007). In some rural, southern counties, this figure is closer to 50% (Dill & Mobley, 2002). The figure is higher than in the United States as a whole and is attributed in large part to sexual relations with infected men. Continued parental transmission indicates the need for expanded outreach to pregnant women. Parental testing laws should be reviewed from state to state to ensure that access to education is available. Complexities of being a mother and living with HIV also abound, given the intersection of schools, daycare, doctors, providers, and other systems of care that come into contact with an HIV-positive mom."*

Yet as the virus continues to make inroads into populations of color, domestic AIDS funding, both for prevention and treatment, has been flatlined for most of the decade even as funding to combat AIDS overseas has grown more than [20% annually](#). As laudable as such initiatives may be, it's difficult to comprehend in light of such cost-cutting measures as limited formularies, ultra-low income restrictions and ADAP waiting lists for our own citizens.

There are encouraging signs of activism within the African American community to combat these trends. On an educational level there is [The Black AIDS Institute's African American HIV University](#) (AAHU), which is organized on a classroom model and encompasses a two-tiered approach. AAHU Community Mobilization College (AAHU CMC) "utilizes a Community Mobilization Model to enhance the capacity of Black communities to address the HIV/AIDS epidemic. Through building the knowledge and networks of community leaders around the country and providing a skills-building internship practicum focused on community mobilization, individuals become capable of engaging traditional Black institutions and other stakeholders in local level community activities that will increase access to and utilization of HIV prevention services in their communities. AAHU CMC runs for approximately 11 months."

The AAHU Science and Treatment College (AAHU STC) is a more intensive approach and explores “the underlying social, economic and cultural factors that prevent Black people from fully accessing and using HIV services.” Like the CMC, the STC consists of both classroom instruction and internships, and runs for twenty-four months. These two efforts will recruit and train a new generation of activists, with a special focus on the impact of HIV/AIDS in the African Community specifically.

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**For further reading:**

[National Black HIV/AIDS Awareness Day 2009](#)

[BlackAIDS.org](#)

[Board of the Sexuality Information and Education Council of the United States](#)

[With Me Comes a Cure](#)

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