



Participants in a workshop hosted by Sisterlove, an HIV prevention, education, support and advocacy organization in Atlanta, USA.  
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## Left Behind

### Black America: A Neglected Priority in the Global AIDS Epidemic

By **Phill Wilson, Chief Executive Officer, Black AIDS Institute**

In global health circles, a sharp distinction is typically drawn between AIDS in low- and middle-income countries and the epidemic in high-income countries. While this dichotomy reflects the fact that the overwhelming majority of the world's HIV infections occurs in developing countries, it also obscures at least one important parallel between AIDS in the global North and South. In the United States, Black people are experiencing among the world's most severe epidemics.

#### A Disproportionate Burden on Black Americans

Even in the epidemic's early years, AIDS in the U.S. disproportionately affected Black Americans. Between 1981 and 1983, when Black people represented only 12% of the U.S. population, they accounted for 26% of all reported AIDS cases.

**IN THE INTERVENING** years, HIV in the U.S. has become even more heavily concentrated in the Black population. Indeed, Black Americans may have higher infection levels than many low-income countries. The U.S. Centers for Disease Control and Prevention (CDC) estimates that more than 500,000 Black people in the U.S. were living with HIV in 2006, representing 46% of all HIV infections. In 2006, HIV prevalence among Blacks was nearly eight times higher than among Whites.<sup>1</sup>

**A RECENT CDC** analysis of HIV incidence in the U.S. indicates that Black people remain at markedly greater risk than other racial or ethnic groups. In 2006, Blacks accounted for 45% of new HIV infections. According to

the CDC, the HIV incidence rate was almost 15 times higher among Black women than among their White counterparts.<sup>2</sup>

**EVEN AS NATIONAL** HIV-related mortality has fallen by more than 70% since the advent of Highly Active Antiretroviral Therapy, AIDS remains the leading cause of death among Black women in the U.S. between ages 25–34 and the second leading cause of death among Black men between the ages of 35–44. In 2006, nearly twice as many Blacks in the U.S. died of AIDS as Whites. Since the beginning of the epidemic, roughly 218,000 Black people in the U.S. have died of AIDS.<sup>3</sup>

#### Two Americas: AIDS and Race in the U.S.

The epidemic's disproportionate impact on Black America both reflects and magnifies longstanding racial inequities in health outcomes. Life expectancy among Black people in the U.S. is more than five years lower than among White Americans.<sup>4</sup>

**INFANT MORTALITY IS** 2.5 times higher among Blacks in the U.S. than among Whites.<sup>5</sup> More than one in five (21%) Black Americans lacked health insurance in 2006, compared to 10.8% of Whites.<sup>6</sup> These health disparities mirror socioeconomic inequities in the U.S. Median income in Black households was 61% of median income for Whites in 2006. The percentage of Black Americans living in poverty is nearly three times higher than among Whites. In 2008, Blacks were nearly twice as likely as Whites to be unemployed.<sup>7</sup>

#### AIDS and Black America: Global Comparisons

Were Black America a country of its own, it would rank sixteenth in the number of people living with HIV. The number of Black Americans living with HIV is greater than the HIV population of seven of the 15 focus countries for the U.S. government's President's Emergency Plan for AIDS Relief (PEPFAR). Outside sub-Saharan Africa,

only four countries have HIV prevalence higher than the conservative 2% estimate for the Black population in the U.S.<sup>8</sup>

**OVERALL HIV PREVALENCE** among Black people in the U.S. is slightly less than half the estimated prevalence for sub-Saharan Africa as a whole. In some parts of the U.S., however, Blacks experience infection levels that are comparable to those reported in heavily affected countries. In nine postal codes in Detroit, Michigan, for example, HIV prevalence is equivalent to estimated national prevalence in Cameroon.<sup>9</sup>

**IN NEW YORK CITY'S** Manhattan borough, Black males between 40 and 54 years have a level of infection that approaches national HIV prevalence in South Africa.<sup>10</sup> In Washington, D.C., HIV prevalence in the capital of the world's most powerful country exceeds HIV prevalence in Port-au-Prince, capital of the poorest country in the Western Hemisphere.<sup>11</sup>

#### A Diverse Epidemic

The epidemic in Black America is a microcosm of the global epidemic. Just as young people accounted for an estimated 45% of all new HIV infections globally in 2007, Black youth are at especially high risk of infection in the U.S. Together with Latino young people, Black youth accounted for 77% of new HIV infections among men who have sex with men in New York City in 2006.<sup>12</sup>

**BLACKS REPRESENT ROUGHLY** two-thirds of all prevalent and incident HIV infections among women in the U.S.<sup>13</sup> Studies in the U.S. have found that many women at high risk of HIV infection experience male-dominated power imbalances that make it difficult for them to negotiate condom use.<sup>14</sup> Between one-third and one-half of Black women surveyed report having been sexually abused, with higher levels of abuse reported among HIV-positive women.<sup>15</sup>

**BLACK MEN ACCOUNTED** for 35% of all new HIV infections in 2006 among men who have sex with men and represent nearly half of new HIV diagnoses among male injecting drug users.<sup>16</sup> Three-quarters of prevalent HIV infections among Black women were heterosexually acquired, as the epidemic in Black America has become increasingly generalized over the last two decades.<sup>17</sup> In New York State, HIV prevalence is six times higher among Black prison inmates than among their White counterparts.<sup>18</sup>

#### Impediments to Effective HIV Prevention

A number of factors impede efforts to prevent new infections among Black Americans. Although surveys indicate that Black Americans have higher-than-average levels of HIV awareness and concern about the

epidemic, the disease remains highly stigmatized in many communities. Widespread negative community attitudes regarding homosexuality make it difficult to implement effective prevention measures among Black men who have sex with men.

**AS THE POPULATION** at highest risk of infection, Black people also disproportionately suffer from the relatively low level of public-sector support for HIV prevention. According to the Henry J. Kaiser Family Foundation, HIV prevention activities account for only 4% of overall U.S. government spending on HIV/AIDS.<sup>19</sup>

**A VARIETY OF** policy obstacles also hinder HIV prevention efforts in Black communities. The U.S. government's ban on federal support for needle and syringe exchange, maintained over two decades, has forced local communities to rely on philanthropic foundations or state and local government support to implement this proven public health strategy. The U.S. government's preference for abstinence-focused sex education and HIV prevention programming for school-age adolescents also impedes the delivery of life-saving prevention information to Black adolescents, who are at disproportionate risk of becoming infected.

### Delivering Care and Treatment

Although a variety of programs in the U.S. work to make HIV treatment widely available, Black people living with HIV have notably poorer health outcomes than their White counterparts. In New York City – home to one in seven reported AIDS cases in the U.S. – Blacks living with HIV had an age-adjusted death rate that was more than double the rate among HIV-positive Whites.<sup>20</sup>

**THERE ARE SEVERAL** reasons why Black Americans are not benefiting equally from medical advances. For example, many Black people are diagnosed late in the course of infection. In 2006, 38% of Blacks who were diagnosed with AIDS in the U.S. received their HIV diagnosis within the prior 12 months.<sup>21</sup> According to surveys in six U.S. cities, Black men who have sex with men are eight times more likely to be unaware of their HIV infection than their White peers.<sup>22</sup>

**MANY HIV-POSITIVE BLACK** Americans also experience health conditions and life challenges that complicate their ability to adhere to treatment regimens. In New York City, for example, Blacks make up 62% of all HIV-infected homeless people.<sup>23</sup> The diminished political support for domestic AIDS programmes in the U.S. also impedes efforts to deliver effective treatment to low-income Black people living with HIV. Since 2004, funding has remained flat for the fed-

eral Minority AIDS Initiative, which aims to provide focused funding to address health care barriers in communities of color. In real dollars, funding for the federal Ryan White HIV/AIDS Program, which supports care and treatment programmes across the country, has declined this decade, forcing several states to impose waiting lists for antiretroviral drug availability or to implement cost-containment strategies, such as restricted formularies, that limit treatment access.<sup>24</sup>

### Political Changes Bring New Hope

Recent months have brought signs of a renewed interest in domestic AIDS issues in the U.S. With assistance provided by the Black AIDS Institute, 12 leading national Black organizations and four historically Black colleges and universities have developed strategic AIDS action plans and committed to prioritize AIDS issues in their organizational activities.

**DURING HIS SUCCESSFUL** election campaign, President Barack Obama pledged a significant strengthening of federal efforts to address the domestic epidemic. "We are all sick because of AIDS – and we are all tested by this crisis," then-candidate Obama said in 2006. "[AIDS] is a test not only of our willingness to respond, but of our ability to look past the artificial divisions and debates that have often shaped that response." Obama pledged to create the country's first National AIDS Strategy, setting time-bound performance targets and mandating cooperation among the many federal agencies that engage in HIV-related activities. ■

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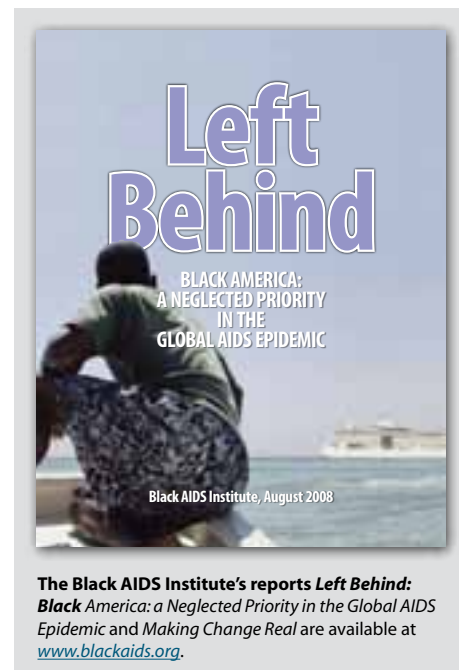
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