

D.C. is the Nation's HIV/AIDS Capital

Written by George E Curry, NNPA Columnist
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The disclosure that more than 4 percent of Blacks in the District of Columbia have HIV, matching San Francisco's city-wide rate at the height of the epidemic in 1992, is but one example of how the disease is devastating the Black community. D.C. health officials made public a report Monday that showed the overall HIV/AIDS city rate of 3 percent is three times the level considered a "generalized and severe" epidemic.

One percent of the population is the standard yardstick used to measure a "generalized and severe" epidemic. In addition to African Americans, that level was exceeded in Washington by Latinos – 2 percent – and Whites at 1.4 percent.

"Our rates are higher than West Africa," Shannon L. Hader, director of the District's HIV/AIDS Administration, told the Washington Post. "They're on par with Uganda and some parts of Kenya."

The city's 2008 epidemiology report found the number of HIV and AIDS cases had risen 22 percent from the 12,500 cases reported in 2006. As bad as things appear to be in the nation's capital, the report observed, "We know that the true number of residents currently infected and living with HIV is certainly higher."

The study says 7 percent of Black men in D.C. are infected. Almost 1 in 10 residents between the ages of 40 and 49 has the virus. Approximately 3 percent of African American women in the District of Columbia carry the virus, 58 percent of whom were infected through heterosexual sexual activity. About a quarter of Black women were infected through drug use.

Overall, 76 percent of the infected are Black. Heterosexual sexual activity was the primary mode of transmission for African Americans at 33 percent. On the other hand, men having sex with men was the principal mode of transmission for Whites – 78 percent – and 49 percent for Latinos.

"I'm extremely angry and sad but not surprised," said Phill Wilson, CEO of the Black AIDS Institute, the only think tank devoted exclusively to the elimination of HIV/AIDS in the African-American community. "If you wanted to create the perfect storm for an explosive HIV/AIDS epidemic, it would look like Washington D.C. You have a public health system that is totally overwhelmed, high poverty, low HIV literacy, a history of neglect, insufficient HIV prevention infrastructure and a general populace that is not mobilized."

The HIV/AIDS epidemic is what Wilson calls "a Black disease." Although African Americans represent only 12 percent of the U.S. population, they account for half of all diagnosed AIDS cases. Black women represent 61 percent of all new HIV infections among women, a rate nearly 15 times that of White women. And, as was the case in Washington, most Black women are more likely to be infected through heterosexual transmission. Black teens represent just 16 percent of those aged 13 to 19, but 69 percent of new AIDS cases reported among teens in 2006. A recent study in five major U.S. cities found that 46 percent of Black men having sex with men were infected with HIV, compared to 21 percent of White men having sex with other men.

This isn't the first depressing report about AIDS, so what's the answer to curbing the epidemic?

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“For years, the Black AIDS Institute has been calling for a national Black AIDS mobilization,” said Wilson of the Los Angeles-based Black AIDS Institute. “We've been calling for developing a five-year plan with specific measurable goals and objectives to cut HIV rates in half, increase HIV testing by 50 percent, and increase utilization of HIV treatment and care by 50 percent. Every Black leader in America needs to stand up today and declare a war on AIDS.”

C. Virginia Fields, president and CEO of the National Black Commission on AIDS, also believes testing is a key to halting the spread of the disease in the U.S. She said health patients should be routinely tested for HIV, the virus that causes AIDS. In about half of the states, a separate consent form is required to grant permission to test for HIV.

“It is time to remove that special requirement and make testing for HIV as routine as it already is for other diseases,” Fields said. “It is estimated that 50 to 70 percent of new sexually transmitted cases are spread by people who don't realize they're infected.”

Blacks tend to discover they are HIV positive later than Whites, meaning that many of them are late entering into treatment and, consequently don't live as long as others who were treated earlier.

If C. Virginia Fields and other activists get their wish and have AIDS testing incorporated into routine health testing, that will place a heavier burden on crowded counseling and treatment facilities. But it's not an insurmountable burden. The question is: Do we have the national will to take on this epidemic?

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