



## **An Unapologetically Black Agenda for the End of HIV**

*Ending the HIV/AIDS epidemic in Black America requires embracing social justice*

By Tamara E. Holmes

Black America's ferocity in fighting the systemic inequities that fuel the HIV/AIDS epidemic will define progress for people of African descent in the United States.

With the world focused on racial justice and the value of Black lives, that message resounded loudly and clearly at the 23rd International AIDS Conference, also known as AIDS 2020: Virtual.

Now is the time to boldly confront health inequities faced by Black people living with HIV/AIDS, said Raniyah Copeland, President and CEO of Black AIDS Institute.

While we have the tools for ending HIV and we've set some ambitious goals globally and within the United States, we have not invested enough resources in effective solutions to overcome HIV's disproportionate impact on Black Americans, she said.

During a session titled "The Great Magnifier: COVID-19, HIV, and Disparities on the Path to Health Equity," Copeland shared findings from the Black AIDS Institute's recent report "[We The People: A Black Plan to End HIV](#)."

The report identifies [four pillars](#) of action that will be needed to adequately address the HIV/AIDS epidemic in Black America:

- Dismantle anti-Black practices, systems, and institutions that endanger the health and well-being of Black people and undermine an effective, equitable response to HIV in Black America
- Provide resources and services that address the fullness, richness, potential, and expertise of Black people and mitigate social and structural factors that worsen health outcomes in Black communities
- Ensure universal access to and robust utilization of high-quality, comprehensive, affordable, culturally-affirming and gender-affirming health care to enable Black people to live healthy lives in full dignity
- Build the capacity and motivation of Black communities to be change agents for ending HIV

"It will be critical that we have meaningful Black leadership ... fueling and leading efforts to end HIV," Copeland said.



## HIV and social justice

The conference took place July 6-10, at a time when social justice was at the forefront of the American consciousness. For six weeks, there had been ongoing demonstrations in cities across the country in protest of the [police knee-on-neck killing of George Floyd in Minneapolis in late May](#).

Tying the HIV/AIDS epidemic to social justice could play a role in helping to end the epidemic in the Black community because racism is at the root of many of the health disparities Black Americans face, Copeland said.

“Health disparities are huge in terms of communities of color in my district,” said U.S. Rep. Barbara Lee. The California Democrat, who represents Oakland, welcomed attendees during the Conference’s “On the Red Sofa” Opening Series with House Speaker Nancy Pelosi, also a California Democrat, who represents San Francisco. Both Bay Area cities had been scheduled to host the in-person conference that was switched to online-only because of the COVID-19 pandemic.

Lee provided some history on the epidemic and its disproportionate impact on Black Americans. For example, in 2018, [Black Americans made up 43%](#) of all new HIV infections despite only accounting for 13% of the population.

However, the health disparities in the Black community transcend HIV. Black Americans also are hit harder by other chronic conditions, such as [diabetes](#), [hypertension](#), and now [COVID-19](#).

“We keep seeing the same patterns in the most marginalized communities and then act surprised when there is a new pandemic or a new disease that comes along and is affecting these communities – and you have these questions of why,” said Gregorio Millett, [vice president and director of public policy at amfAR](#), The Foundation for AIDS Research, during a Q&A session with Carmen Villar, Merck’s vice president of Social Innovation. “The why are exactly these structural determinants that we’ve been pointing out for quite some time.”

In recent months, there has been a growing movement to address these structural determinants as a number of local and state jurisdictions such as [Boston](#), [Charlotte](#), [North Carolina](#) and [DeKalb County, Georgia](#) have designated [racism as a public health emergency](#).

“[We see discrimination every day in all aspects of life, including housing, education, the criminal justice system and employment](#). And it is amplified during this pandemic as communities of color face inequities in everything from a greater burden of COVID-19



cases to less access to testing, treatment, and care,” Dr. Georges Benjamin, executive director of the American Public Health Association, said in a statement calling racism an ongoing health crisis.

Some organizations have pointed to the HIV/AIDS epidemic as just one example of the need to address social inequities in healthcare.

For example, in a statement calling on the New York City health department to declare racism a public health issue, Mark Harrington, executive director of [think tank](#) Treatment Action Group, said: “[Like so many other crises](#), the epidemics of HIV, COVID-19, and police violence disproportionately affect Black and Latinx communities. New York City can and must stop the structural racism that underlies these tragic disparities.”

### **Getting the community involved**

Candid conversations at the community level are some of the most important ways to ensure that health inequities are addressed.

“We need to make sure communities are a part of the response because that’s the best way for us to get the solutions,” Millett said. “What we’ve learned from HIV is that communities have always had among the best ideas, which at some point the government adopted.”

Finding creative ways to decrease the impact of social determinants is critical, Millett added.

“In the short-term, when you take a look at COVID-19 – and certainly with HIV – it’s issues such as homelessness and making sure we can have stable housing for as many individuals as possible, making sure that we can have a reliable income for as many individuals as possible, policies such as reducing discrimination against those populations who are at highest risk of COVID-19 as well as HIV, and also making sure that we are making health care available to all the populations that need it the most.”

If we don’t focus on the larger societal inequities such as housing and incarceration, we are not going to achieve our goals, he cautioned.

Instead, “we’re going to end up slipping back into these patterns of greater disparities among certain populations because we’re not dealing with the social determinants of health,” Millett said. “Until we deal with that issue, we’re not going to be able to concretely address the epidemic.”