Intersectionality and the Future of HIV/AIDS
Social and health inequities weaponize the impact of epidemics on Black people

By Kali Villarosa

Next June will mark 40 years since the Centers for Disease Control (CDC) reported the first AIDS cases in the United States. The pandemic, which has resulted in millions of infections and deaths worldwide, illuminates systemic health failures around the globe. While a diagnosis is not the death sentence it once was, the eradication of HIV/AIDS remains a dream of the future.

Still, innovations in science and policy have led to massive advancements within the socio-political and medical spheres of disease prevention. Much of this work was centered at the 23rd International AIDS Conference (AIDS 2020), the annual convening of HIV/AIDS experts, policymakers, medical professionals, and activists. While holding its first-ever virtual meeting due to COVID-19, representatives of agencies and organizations from around the globe offered promising insights into HIV prevention, treatment, and a cure. For instance:

- Researchers from the HIV Prevention Trials Network (HPTN) announced that the long-acting injectable cabotegravir (CAB LA) is more effective than daily oral Truvada as a pre-exposure prophylaxis (PrEP).
- Hopes of a cure were announced after a Brazilian man showed no remaining trace of HIV after two additional antiretrovirals, the integrase inhibitor dolutegravir (*Tivicay*) and the entry inhibitor maraviroc (*Celsentri*), as well as nicotinamide (a form of the vitamin B_3 or niacin), were added to his standard three-drug regimen. This could be the first case of long-term remission without a bone marrow transplant.
- Representatives of the Joint United Nations Programme on HIV/AIDS (UNAIDS) detailed the updated 10 Sustainable Development Goals for ending AIDS by 2030.
- A representative of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) discussed the 90-90-90 global sustainable development goal (SDG) to control the pandemic (pushed back from 2020): 90% to know status, 90% of those with an HIV diagnosis on treatment and 90% of those treated virally suppressed by 2025 in addition to a 95-95-95 target by 2030.

The conversation about research and new methods for stifling transmission continued to lead back to the topic of social determinants of health. In a session titled *2025 AIDS Targets,* Shannon Hader of UNAIDS discussed the importance of not only working towards a stigma-free society and gender equality but the need for access to social-legal environments and adequate justice.

Ending the HIV Epidemic: Optimism, Realism, Disparities noted that HIV/AIDS cases had flatlined globally at 1.7 million new infections annually – though holding steady without a reduction – due to the fact that condoms, PrEP, and prevention methods remain inaccessible to historically marginalized populations.

The *Overcoming Barriers to Achieving the 90-90-90 Targets in the Time of COVID-19* session called for governments to shift their budgets from traditional modes of HIV/AIDS prevention to ones that focus on the "various disparities faced by the communities most at risk."

All of these presentations and many more aired on the heels of the latest UNAIDS Global AIDS Update, a report outlining how the missed 2020 targets have resulted in 3.5 million more HIV infections and 820,000 additional AIDS-related deaths since 2015 than if the world had met the goals.

Further stalling progress is the COVID-19 pandemic, which has disrupted the service delivery of many global health initiatives, the effectiveness of new technology, and the distribution of medication. This complicates the likelihood of meeting the 2030 goals, exacerbating stressors on already vulnerable communities.

Together, these findings prove that prevention and therapies only go so far when such solutions remain inaccessible to large swaths of the U.S. and global populations.

Inequities weaponize epidemics

Long-standing inequities weaponize epidemics to catastrophic effects within Black America.

While scientific innovations, such as improved medications, have led to lower rates of HIV infection and transmission as well as fewer deaths worldwide, it has become increasingly clear that true eradication of the virus can only be achieved by shifting from a strategy of pinpointing the virus as the primary issue to one that targets the intersectional systemic inequalities that have allowed the virus to continue to spread.

In the U.S. specifically, Blacks continue to have the highest documented rates of infection for any race or ethnicity. A 2018 CDC report on 2014 to 2018 data showed that Blacks accounted for the highest incidence of HIV infections for persons 13 and older at 45.4 per 100,000. That's roughly nine times higher than the rate for whites (5.2) and twice the rate for Latinx populations (22.4) during that same time. Of HIV infections among Blacks, 61% were attributed to male-to-male sexual contact and 11% to heterosexual intercourse.

The disparate impact overlaps with health inequities that hit Black Americans harder than other populations, including access to education, health care, and healthy foods, unemployment and low-wage work, houselessness, and, now, COVID-19.

These deep inequities are a direct result of structural racism: the historical and contemporary policies, practices, and norms that create and maintain white supremacy.

That means HIV/AIDS is not only a medical epidemic but also a social and cultural Rorschach test that pushes our views about overlapping and complex inequalities to center stage. As Adam Geary writes in his book *Anti-Black Racism and the AIDS Epidemic*:

"From structured impoverishment to racial segregation, and from mass incarceration to the 'political death' meted out to former prisoners, the state has structured the ways in which black Americans have been made vulnerable to HIV exposure and infection far beyond the capacity of any individual or community mitigation or control. This structured vulnerability entirely exceeds questions of so-called risk behaviors or their social construction. The AIDS epidemic is structured not by the *deviant* behaviors or relations that people engage in, but by the *unequal and violent conditions* in which they are forced to live and that are embodied as ill-health and vulnerability to disease."

People living with HIV/AIDS and those most intimately involved in their lives are forced to grapple with weighty and contentious social issues: sex, drugs, class, race, gender and inequality of exposure to harm.

When these areas collide with long-standing social hierarchies, Black expendability becomes an insidious social narrative.

Ending Black expendability: A new normal

Not surprisingly, U.S. mass incarceration via the criminalization of drug use and sex work, as well as problems such as police brutality, directly interlock with high rates of health disparities among Blacks – the population most affected by HIV.

A report by the University of California and San Diego State University found that violent street policing drives high-risk injection drug use behaviors and establishes barriers to harm reduction services, such as opioid substitution therapy and needle–syringe programs. The findings further coincide with well-known trends of police misconduct: populations at heightened risk of HIV are subject to over-policing and face increased levels of incarceration – both of which further increase devastating health outcomes and risk of HIV. A 2015 study found that decriminalizing sex work alone could avert one-third to nearly half of HIV infections over 10 years, potentially saving the lives of millions, especially Black trans women.

A hyper-intersectional approach that prioritizes the eradication of racism could lead to positive results for Black people in many areas, including poverty, LGBTQIA+ discrimination, police violence, incarceration, and houselessness.

This means redefining racism as a public health issue and an epidemic in itself. To do that, policymakers must strategically address destructive socio-economic and political circumstances that lead to health conditions that disproportionately affect Black populations.

Intersectional solutions

For example, in a 2014 study of African American mothers living with HIV, researchers found that taking an intersectional approach enabled them to pinpoint the ways the virus impacted gender, race, class, HIV-related stigma, and motherhood within the targeted population. That step led to multidimensional and transdisciplinary solutions to address the complex social and economic conditions, or the social determinants of health, of these women's lives. As such research amplifies, defining racism as a public health issue promotes an intersectional approach that can produce evidence of how power differentials create disparate health outcomes. In doing so, the policymakers, systems, and advocates are simultaneously forced to reconcile with a history of racial discrimination and its results, which often minimizes HIV/AIDS.

Shifting the current care paradigm to one that centers on differentiated HIV care for adolescents and young adults, those ages 13 to 29, could advance national efforts to end the HIV epidemic in the United States by 2030. That age group accounts for two out of every five new HIV diagnoses, according to a 2019 report from the National Academy of Medicine.

Of that under-30 group, racial, ethnic, and sexual minorities account for most of the new diagnoses. The current youth-led racial justice protests sweeping the U.S. call for divestment from incarceration and policing with reinvestment in social protections, such as access to health care, housing, and education. Officials heeding those calls

could reduce new HIV infections while drastically improving the socioeconomic well-being and overarching health outcomes of both the youth most affected by HIV as well as the Black American population at large.

An intersectional perspective can also prove economically beneficial. Congress passed and President Trump signed a federal spending package for the fiscal year 2020 that includes $267 million for activities to end the HIV epidemic. This pales in comparison to more than $100 billion annually for the nation's police budgets and more $80 billion on incarceration, which is believed to be "gross underestimate," according to The Marshall Project.

Meanwhile, a partnership between the University of Illinois Hospital and Center for Housing and Health that focused on the intersections of houselessness, chronic disease, health care costs and mental health, observed participant healthcare costs drop by 61 percent. Such programs, legislative shifts, and reinvestments reduce the burden on U.S. taxpayers while decreasing insurer costs. Those savings open up the opportunities to care for large swaths of the population and to focus on people-centered needs.

An acknowledgment of the role of social determinants in producing health inequities by the scientific community has not translated into significant progress toward interventions that truly eradicate health disparities in U.S. populations of color, especially Black communities. But in taking an intersectional approach to HIV/AIDS – and centering racism as a public health issue –
the nation can more powerfully implement strategies to end HIV.