HIV affects Black migrants in the U.S. distinctly
Foreign-born Blacks more likely to face later-stage diagnoses, but show survival paradox

By Kali Villarosa

Despite advances in treatment, education, and access to care, Black populations within the United States continue to bear the brunt of HIV infections.

However, differences in infection, diagnosis, and survival exist between people of African descent originally from the United States and those born abroad. This slice of life was discussed during AIDS 2020: Virtual, the 23rd International AIDS Conference.

A 2019 report in the *Journal of Immigrant and Minority Health* found that Black individuals born outside the U.S. have higher HIV infection and diagnosis rates compared to U.S.-born Blacks.

Foreign-born Blacks who are diagnosed with HIV are more likely to be women infected through heterosexual contact versus new HIV cases among U.S.-born Blacks, which are predominantly men who have sex with men. Yet, there is an immigrant paradox: This population is more likely to have late-stage diagnoses, but also have better three-year post-diagnosis or AIDS classification survival rates than their U.S.-born Black counterparts, according to the report.

Black individuals who emigrate from higher HIV prevalence regions in sub-Saharan Africa and the Caribbean showed the most susceptibility to this trend. (Advanced disease process at diagnosis suggests longer lag time between initial infection and diagnosis.)

Special challenges for refugees, displaced migrants and undocumented people
Such findings prove incredibly important in detailing the numerous hardships faced by immigrants, particularly those who are refugees and displaced migrants.

As of 2018, the U.S. foreign-born population had reached a record 44.8 million, accounting for 13.7% of the U.S. population. The Pew Research Center reported approximately 4.2 million Black immigrants in the U.S. That means one in 10 Blacks living in the U.S. are foreign born. Of this population, an estimated 15% are undocumented compared to about 24% of the overall foreign-born population.

Population movement – voluntary and involuntary – is directly correlated to increased susceptibility to HIV because of the conditions migrating people are often forced to navigate. Amid displacement and resettlement creating exposure between high-prevalence and low-prevalence populations, migrants can experience unprotected sex, multiple sexual partners, and sexual assault. Women and LGBTQIA+ migrants remain especially vulnerable to violence and, thus, HIV exposure. All of that is in addition to issues including poverty, hunger, high stress, and less-than-ideal living conditions as well as limited access to health services such as treatment and HIV prevention resources (condoms or PrEP).

HIV risk is often calculated by individual behavior, but that framework for the experience of migrants only further marginalizes an already-vulnerable population. Migration is often prompted by state-sanctioned and militarized violence, unsafe living conditions, extreme poverty, religious and ethnic discrimination, HIV stigma, and legal consequences for LGBTQ people. Migrants often proceed in securing a new home out of necessity and survival, facing dangerous journeys, criminalization, and even death in the hopes of securing better opportunities. Upon arriving in permanent or temporary host countries, migrants continue to encounter conditions that make them vulnerable to acquiring HIV.

In the U.S. specifically, increased anti-immigrant sentiment results in heightened vulnerability to HIV infection among migrants and refugees who experience detention, deportation and mistreatment as well as difficulty accessing health services and treatment.

Detention, deportation, and COVID-19 heighten risk
For asylum seekers and undocumented people living with HIV, prolonged detention poses a tremendous risk for interruptions in antiretroviral treatment, which increases the risk of disease progression and acute illness.

Reports from the Office of Inspector General for the U.S. Department of Homeland Security confirmed that the overcrowded and unsanitary conditions of Immigration and Customs Enforcement (ICE) facilities pose grave risks to immunocompromised individuals.

For undocumented immigrants, the inaccessibility to proper medical care combined with fears of deportation increases the risk of undiagnosed conditions or lags in diagnosis. The Public Charge rule could prevent documented immigrants from obtaining permanent residency status if they receive, have received, or are likely to receive government assistance, including Medicaid. Health experts and advocates worry that the policy, still mired in federal court litigation, will prevent migrants from seeking necessary preventive care and treatment. That means the policy is also likely to increase the number of migrants unaware of their HIV status (from testing) and cause those who rely on social welfare programs for antiretroviral therapy and virologic suppression to potentially lose access to such services due to time limits on benefits.

In the case of Black migrants, the distinction between the U.S.-born and foreign-born raises important public health questions and research avenues concerning the differences in HIV diagnosis rates and HIV-risk factors.

However, like the native-born Black population, Black migrants face the additional layer of systemic racial discrimination in the United States. In addition to navigating the already persistent hardships associated with both documented and undocumented immigrant realities, Black migrants must also navigate the threat of police brutality, criminalization, and discrimination based on the melanin in their skin. These racial and cultural challenges exacerbate the vulnerabilities and difficulties Black migrants face.

Unfortunately, the current COVID-19 pandemic only increases an already tumultuous existence. As a recent study outlined, the novel coronavirus has disrupted many HIV

services. COVID-19 has slowed supply chains, increased the hesitancy of migrants to receive HIV care at health clinics, interrupted group-based HIV treatment due to social distancing regulations, overburdened health systems, and overshadowed HIV programming due to changing priorities.

Focusing on HIV services along with the cascade of special challenges Black migrants in the U.S. face – during and after the COVID-19 pandemic – will be essential for adequately addressing and ending HIV/AIDS within this population, among Black people in the U.S. and worldwide.