The Minority AIDS Crisis

Congressional Black Caucus prompts Administration to launch $156 million *HIV/AIDS Initiative for Racial and Ethnic Minorities*

By Jennifer Brooks

Closing the Gap, HIVS/AIDS • April 1999

Every day, seven people contract HIV. Of those, three are African American, according to Dr. Beny J. Primm, executive director of Addiction Research and Treatment Corporation.

"African Americans are less likely to know their HIV status, get treatment, and be prescribed and take combination drug therapies for the disease," Dr. Primm said during the Congressional Black Caucus' (CBC) 1998 Spring Health Braintrust. It was his and other experts' testimonies that prompted the CBC to urge President Clinton and Secretary of Health and Human Services (HHS), Donna E. Shalala, to declare HIV/AIDS in racial and ethnic minority communities a severe and ongoing health care crisis. As a result of intense discussions between the CBC and HHS, the Clinton Administration devoted an unprecedented $156 million for an initiative to battle America's minority HIV/AIDS problem.

"AIDS has always been one of the CBC's priorities," said Donna M. Christian-Christensen, MD, U.S. Virgin Islands Delegate and chair of the CBC's Health Braintrust. "Initially, we took the traditional legislative and policymaking route to address the AIDS problem. We held an all-day hearing on HIV/AIDS last year," she said. "But when we realized the epidemic was getting exponentially worse, we knew drastic changes had to be made," she added.

The Severity of the Minority HIV/AIDS Crisis

There has been a recent decline in HIV/AIDS death rates due to new treatment therapies. But current data from the Centers for Disease Control and Prevention (CDC) show HIV/AIDS rates among minorities—particularly African Americans—are on the rise. AIDS is the number one killer of African American men between the ages of 25 and 44, and is the second leading cause of death among African American women of the same age.

Several factors contribute to the severity of the AIDS epidemic among some minorities, according to Eric P. Goosby, MD, director of HHS's Office of HIV/AIDS Policy. "First, within our population, we have individuals and groups that continue to practice high-risk behavior. Second, mixing of the virus into the population has occurred in African American and Hispanic groups, whereas it hasn't occurred in Asian and American Indian populations." With Asians and American Indians, you have the same high-risk behavior taking place, but the virus has not been introduced into that population, according to Dr. Goosby.

The third factor is the stigma of HIV and AIDS. "In our community, the stigma associated with revealing yourself as an HIV positive individual, or as an individual who is in a group that is at higher risk—homosexuals or intravenous drug users—causes many individuals consciously to remain clandestine," according to Dr. Goosby. "It's about the patients. But it's also just as much, if not more, about the impact it will have on their families."

Americans in general are living longer and healthier lives with HIV/AIDS due largely to medical advances and better drugs. But racial and ethnic health disparities also exist in quality of life for those living with the disease.

"No matter what health problem we have, African Americans are hit harder," said Congresswoman Christian-Christensen. "It's not just an AIDS problem," she added. "It's a health infrastructure problem."

The Congresswoman said more basic problems need to be addressed like the ineffectiveness of many prevention programs, lack of access to quality and culturally appropriate services, and how managed care has failed the black community. "We need to look carefully at recent studies that show African Americans don't receive the same medical treatment by doctors as other Americans. Those are the systemic problems," according to Congresswoman Christian-Christensen, who is former Assistant Acting Commissioner for Health in the Virgin Islands and has practiced family medicine in HIV/AIDS clinics and methadone programs.

"The Department's goals are to significantly decrease the number of new HIV infections in the next three year period to less than 15,000 annually," said Dr. Goosby. The current rate is somewhere around 40,000 new infections a year.

Of the 600,000 in the U.S. who are HIV positive, approximately half of them—300,000—are not getting care, according to Dr. Goosby. "Our goal is to identify high risk populations; target them for testing; and move those that are positive, once tested, into a continuum of care and services. Those are our goals to increase the numbers of people getting treated."

The HIV/AIDS Initiative

The Initiative to Address HIV/AIDS Among Racial and Ethnic Minority Populations was developed by HHS and the CBC to reduce the disproportionate impact HIV/AIDS has on racial and ethnic minorities. Working through five federal agencies, HHS will spend $156 million—in addition to $7 billion in discretionary funds for HIV/AIDS—to provide grants to community based organizations, research institutions, minority-serving colleges and universities, health care organizations, and state and local health departments.

The HIV/AIDS Initiative is part of the Clinton Administration's larger Initiative to Eliminate Racial and Ethnic Disparities in Health by the year 2010. HIV/AIDS is one of that initiative's six focus areas.

As part of the HIV/AIDS Initiative, HHS has divided the $156 million among the CDC, Substance Abuse and Mental Health Services Administration, National Institutes of Health, Health Resources and Services Administration, and the Office of Minority Health. These agencies will in turn award grants for programs over the next three years dealing with HIV/AIDS prevention and education, research, faith-based initiatives, prison programs, expansion of treatment capacity, bilingual/bicultural services, Healthy Start, and other special projects. Who will monitor the funding and activities around the initiative over the next three years?

continued>>>>

The Minority AIDS Crisis

Congressional Black Caucus prompts Administration to launch $156 million *HIV/AIDS Initiative for Racial and Ethnic Minorities*

By Jennifer Brooks
Closing the Gap, HIVS/AIDS • April 1999

"It's partly the job of the CBC through the Health Braintrusts," said Congresswoman Christian-Christensen. "And we will continue meeting with HHS officials who have been instrumental in developing this initiative." She said there will also be regular reporting of initiative activities. "We realize the AIDS problem is not the type of thing that will just go away if we give out funding," said Congresswoman Christian-Christensen. "We need to know what was done with the money and what really worked."

President Clinton's Advisory Council on HIV/AIDS

In June 1995, President Clinton established the President's Advisory Council on HIV/AIDS to advise and make recommendations to the President on issues related to HIV/AIDS including research, health care, prevention, services, and leadership for the nation.

In keeping with its mandate and the President's declaration to end all new infections, the Advisory Council established a Subcommittee on Communities of African and Latino descent, later expanded to the Subcommittee on Racial and Ethnic Populations. The Subcommittee set out to provide leadership on issues of race and ethnicity, and to identify racial and ethnic disparities throughout every aspect of the Council's work.

In April 1998 the Council constructed a strategic planning agenda that held as its overriding principles an obligation to respond to the needs of communities of color throughout the remainder of its term.

Conclusion

Dr. Goosby said through the HIV/AIDS initiative, we should focus our strategy on identifying individuals who are HIV positive and get them care. "But just as important," said Dr. Goosby, "we have to have a concurrent strategy that focuses on changing the cultural context within the community in which individuals have to reveal themselves, and make that safe."

He said the stigma of revealing your HIV status to the community continues to be an overwhelming deterrent to those individuals who either are participating in high risk behavior and who do not know their status, or those who actually do now they are HIV positive but are afraid to receive treatment.

"By targeting church leadership and organizations that do not have health as a centerplate issue, such as the National Urban League, NAACP, fraternities, sororities, and PTAs, those organizations can have HIV on their national agenda items and play a role in changing the context of the way we react to and perceive HIV positive individuals in our communities," Dr. Goosby said. ❖