

United We Rise : Black HIV Policy Synergy Report

(work-in-progress, vs. 12.2020)

HIV has devastated Black communities since the onset of the epidemic several decades ago. Advances in treatment and prevention have reduced the rates of HIV acquisition and death, but to a lesser extent among Black/African Americans than in other communities. While the allocation of resources to combat this crisis have adjusted over time in recognition of the disproportionate impact on Black people, strategies for effective use of these resources remain inadequate - limited by bureaucracy, uneven uptake of structural interventions, and persistent anti-Black racism which inhibits creative and flexible policymaking.

As part of formulating a policy and mobilization framework that could help map a way forward, we reviewed five key reports on HIV/AIDS policy and two reports on social justice issues impacting Black/African Americans and Black immigrants.

[We The People](#) is a report by the Black AIDS Institute which uses a multi-pronged approach to ending the HIV epidemic. The report argues that in order to combat HIV, we must dismantle anti-Black institutions and practices; make major investments in Black leadership and institutions; increase access to high-quality health services that are culturally appropriate, affordable, and gender-affirming; and re-energize Black communities to help end the epidemic.

[HIV Advocacy Needs Assessment: Health Policy and Advocacy Opportunities for Black Communities in the South](#) is a report that looks at the challenges of lowering the rate of HIV in Black communities in the South. Black people have limited access to affordable health care services, in part because Medicaid access is limited. The report highlights the urgency of addressing root causes that expose Black people to poor health outcomes, as well as the need to invest in harm reduction programs.

[Black Women's Health Imperative](#) is a report that looks at the unique needs of Black women at risk of acquiring HIV and those living with HIV. The report notes that Black women are overlooked in HIV research, funding, and programming. They also address the socio economic issues that limit Black women's ability to seek prevention and treatment for HIV.

The [National African HIV/AIDS Initiative \(NAHI\)](#) report provides an overview of an HIV initiative focused on African communities. It was a joint project between the U.S. Office of Minority Health and community advocates, researchers, and providers. Key recommendations included calls for African civic and religious leaders to encourage open dialogue about sexual health and model non-stigmatizing attitudes towards people living with HIV. Community advocacy on collection of data on African immigrants and culturally responsive HIV and health care services was noted.

[The Future is Now! A Political Agenda for Advancing, Building, and Sustaining Black HIV Leadership in the South](#) is a report that calls for Black leaders, elected officials, and foundations to radically rethink their efforts and approaches to combating the HIV epidemic in southern Black communities. The report urges us to defund or change systems and organizations that



cause harm to Black lives. They address the need to center Black community-driven approaches to HIV in the South.

The Movement for Black Lives' [Vision for Black Lives](#) is a manifesto for liberation for Black people in the United States. It includes fourteen different briefs that offer policy and legislative recommendations to address institutions, policies, and structures that cause harm to Black lives in the U.S. These are incorporated into the BREATHE Act - a bill to be filed in Congress that would "divest our tax dollars from brutal, discriminatory policing and invest in a new vision of public safety - a vision that allows all people to be represented, free, and thriving."

The Black Alliance for Just Immigration's (BAJI) report, [State of Black Immigrants](#), is a comprehensive assessment of Black immigrants in the United States. It examines demographic trends and issues affecting Black immigrants, and highlights community demands. Key takeaways include: Black immigrant population is growing in the US; Black immigrants are overrepresented in immigration detention and deportations; and the criminalization of Black immigrants is a major concern.

These reports underscore the need for a Black-centered approach to combating HIV, systemic racism, and xenophobia through policy and advocacy. Below is a summary of common themes and differences across the reports, followed by recommendations on areas for policy mobilization that may be considered as part of developing UWR mobilization and policy efforts.

Review

Overall, the reports reviewed pointed out the same statistics repeatedly: Black people account for 13% of the U.S. population but account for roughly 41% of all people in the nation with HIV, and 42% of all new infections annually.

The reports noted that the social determinants of health, historical racial injustices, poverty, substance abuse, and homelessness are the leading factors contributing to HIV acquisition among Black people. Despite major biomedical advances in the treatment and prevention of HIV, Black communities often are not accessing these advances at the same rate as other populations. Many service providers lack the appropriate cultural awareness to provide adequate services for their Black clients. These same providers may not realize the historical rift between Black communities and the medical establishment, and often have not recognized or addressed barriers to effectively working with Black clients caused by their own institutional racism.

Although most of these reports prioritized a multifaceted approach to ending the HIV epidemic and achieving liberation for Black people, there were some areas of difference. Some of the reports focused on achieving racial, economic, criminal justice, and immigration justice for Black people, and did not address in-depth approaches to combating health issues facing Black people. The reports that are HIV focused often underscored the need to address social determinants of health that increase risk for HIV, such as institutional racism and economic deprivation. Only a few of these reports (BAJI, NAHI, and M4BL) delineated the different needs of Black immigrants and African Americans in strategies to combat the epidemic. One report discussed the lack of success of work being funded by foundations and government grants; they urged funders to invest in Black leadership and institutions. Although the majority of the HIV reports shared data on Black women, only one addresses their unique needs.

Black people in the United States have been oppressed for centuries through slavery, Jim Crow segregation, economic deprivation, and mass incarceration. These experiences have led to intergenerational poverty and the breaking up of Black families by the carceral state. The Future Is Now! put it best, “the continuation of government-sanctioned violence on our bodies, our communities, and the environment in which we live today leaves us with disproportionate levels of trauma, illness, and death.”¹ Black people need access to affordable housing, living-wage jobs, and resourced communities to eradicate HIV. Certain Black communities are further stigmatized and criminalized by policies that make them more vulnerable to HIV, including laws and regulations related to drug use, needle exchange, sex workers, and immigration. All the reports we reviewed concurred that without combating oppression and concomitant health disparities, eradication of HIV is unattainable.

Lack of access to health insurance can deprive **Black people living with HIV/AIDS** of treatment and services that enable them to live long healthy lives. The United States remains one of the few countries in the Western hemisphere that does not provide universal healthcare. Many states in the U.S. have not expanded Medicaid since the enactment of the Affordable Care Act. A majority of these are in the South - the epicenter of the Black HIV crisis where 45% of all people with HIV in the U.S. reside, including over 50% of new cases and half of those unaware of their HIV+ status. The South also has higher incidence rates in rural areas compared to other parts of the country. The lack of Medicaid expansion reduces access to antiviral medicines and preventive services like PrEP (pre-exposure prophylaxis).

Within Black communities, **same-gender loving men** are the most disproportionately affected, accounting for about 60% of all new diagnoses among Black people each year. GBTQ men are frequently stigmatized within Black communities because of their sexuality. They are at high risk of being killed by the police, face high unemployment, and experience high rates of homelessness. This population accounts for the largest segment of new diagnoses, yet they struggle with access to competent primary care, HIV treatment, and prevention services.

Black women, who are often overlooked in the fight to combat HIV, are 25% of new diagnoses among Blacks, but 57% of incidence among all women. Overall, society still perceives HIV/AIDS as a “gay men’s disease,” leading to the exclusion of women - and particularly Black women - from being the focus of impact research, funding, and prevention efforts. Black women also face an intra-community stigma that leads to some associating HIV with “social death,” causing some to avoid seeking testing and treatment. Similar to the other groups discussed, Black women have socio-economic challenges that pose barriers to their accessing treatment and prevention.

There are over 5 million Black immigrants in the U.S., including 800,000 who are undocumented. **Black immigrants** face challenges like the, lack of access to health care (especially those undocumented), and language access, and cultural stigma associated with HIV. They also are impacted by the intersection of criminalization and immigration enforcement (‘cimmigration’) and the current anti-immigrant national environment, such as the application of public charge policies that inhibits many immigrants from seeking health care and other social services. Two of the reports highlight the need to have HIV-related data disaggregation to learn more about the unique needs of Black immigrants.

A few reports pointed out the unique challenges that **Black transgender women** face in the fight against HIV. Black trans women face transphobia within Black communities and are often

¹ The South Rising, 2020, pp. 1–10, *The Future Is Now! A Political Agenda for Advancing, Building, and Sustaining Black HIV Leadership in the South*.

victims of intra-racial violence. Service providers often misgender clients of trans experience, rather than offering affirming and more culturally appropriate services. Transgender women are criminalized by police for carrying condoms, having been profiled as sex workers. The high rates of HIV within the transgender community is a stark reminder of the fact that without centering the most marginalized within Black communities, the epidemic will persist.

In summary, these reports have extensively addressed the need for a multi-pronged approach to eliminating the Black HIV epidemic and systemic racism. These efforts call for the abolition of institutions that harm Black people, access to living-wage jobs, affordable housing, and comprehensive healthcare. The leadership of Black people is key to combating this epidemic. Only solutions created by and implemented by Black people - including those directly impacted - will lead to the end of the HIV epidemic. Billions of dollars in private and public funding has been appropriated to combat HIV, but substantial structural and cultural impediments remain. Resources to eliminate the HIV epidemic must be community-driven, with major investments needed in genuinely community-led institutions in highly impacted communities.

Areas for Policy Mobilization

1. Divest and dismantle destructive systems and institutions that harm Black lives
2. Invest in solutions that address root causes of increased vulnerability to HIV
3. Expand access to universal health care that is culturally and linguistically appropriate
4. Demand sexual health education and facilitate access to prevention technologies, such as condoms, PrEP, and syringe services
5. Increase community energy and urgency about ending HIV
6. Reform public policy that stigmatizes and criminalizes people living with HIV and inhibits effective prevention for people at increased risk of HIV acquisition
7. Hold elected officials accountable for implementation of transformative policy to eliminate HIV inequity in Black communities
8. Promote Medicaid Expansion to increase health care access, especially in Southern states
9. Integrate specific strategies that address inequities for Black populations most impacted by HIV/AIDS - including gay/bisexual/gender nonconforming men, women at increased risk - both cisgender and transgender, people who inject drugs, immigrants, and others

Moving Forward

Most of the reports concluded that with sustained energy from Black communities, investment in Black visions to end HIV and other health inequities, fully resourcing Black-led organizations, and strong collaboration between Black organizations and allied organizations will lead to substantial progress in the fight to end HIV in Black communities.

The nine policy directions listed above are common themes that arose in our review. Since the murder of George Floyd and the racial uprisings this past summer, there has been a renewed energy in Congress to address issues impacting Black/African American communities, such as the pending introduction of the BREATHE Act, as well as other legislation to invest in Black communities and address a broad spectrum of policy issues. If passed, the proposed legislation would contribute significantly to improving Black Lives.

But this is only a beginning. As mentioned throughout the documents reviewed, we will need policy changes that prioritize community investment and community control of resources.

We can have a future without HIV, where Black lives do matter, and Black communities thrive.