

Race Matters: Race, Poverty and AIDS in Black America

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This article was [originally published by the Black AIDS Institute](#) ^[5] of which Phill Wilson is founder and CEO.

Today the [Centers for Disease Control and Prevention](#) ^[6] (CDC) released a study titled *Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States*. The study is the third in a series of the CDC's rotating surveillance reports conducted to better understand America's HIV epidemic. Previous studies looked at HIV among gay and bisexual men (MSM) and intravenous drug users (IDUs). This research included Black, Latino and White (non-IDU) heterosexuals in 23 cities, living in neighborhoods disproportionately impacted by both poverty and HIV. Seventy-seven percent of the participants were Black, 15 percent were Hispanic, 4 percent were White and 3 percent represented other races.

Researchers discovered that all participants--regardless of race--demonstrated alarmingly high HIV rates. Blacks and Latinos both had a 2.1 percent HIV prevalence rate--twice the level the United Nations Joint Program on HIV/AIDS (UNAIDS) uses to define a generalized epidemic. Rates among Whites were elevated at 1.7 percent, a difference the CDC describes as not statistically significant. The results were noteworthy in several respects. First, the study tells us that when other racial ethnic groups face the same social determinants of health as Blacks--the social and economic conditions within which they live and that impact their well being--their HIV rates rise to similar levels as those of Blacks, even for Whites, whose rate of infection is normally substantially lower than rates for both Blacks and Latinos. It also confirms what the [Black AIDS Institute](#) ^[7] and many AIDS activists have been saying all along: that a generalized epidemic exists within many Black communities. The HIV rates in U.S. poverty areas rival the rates found in Haiti, Burundi, Ethiopia, and Angola.

So, the question is: Is race or poverty the driver of HIV in Black communities? We believe this is essentially a difference without a distinction. In America, Black people are disproportionately poor. Almost [25 percent of Blacks live in poverty](#) ^[8], compared to 9 percent of Whites. According to a [study](#) ^[9] by U.S. Department of Agriculture, nine out of every 10 Black Americans who reach the age of 75 spend at least one of their adult years in poverty. The uncertainty about why Blacks are disproportionately infected has never been about biological or genetic determinants--or for

that matter even difference in levels of risk behavior. It has always been driven by social determinants of health: socioeconomic status, high rates of sexually transmitted diseases, high rates of incarceration, man sharing (knowingly and unknowingly) due to gender imbalances, lack of access to healthcare, lack of a regular health provider and low HIV literacy. These overlap significantly with the issues driving the AIDS epidemic in poor communities of all races.

As a result even when you think you are looking at HIV/AIDS through the lens of economics, you are still looking at the disease through the lens of race. A rose is a rose, as they say.

Bottom line is when Whites and Latinos live in poor Black communities, they are negatively impacted by the same social determinants that undermine the health of their Black neighbors. We also know that community viral-load burden contributes to HIV risk and proximity influences sexual networks. We have sex with our neighbors even when we don't share the same racial background. He might not be Mr. Right, but often Mr. Right Now will do. If you are a part of a sexual network that has eight times the viral burden as another sexual network, you are eight times more likely to encounter HIV than a member of the other sexual network, regardless of your race or ethnicity.

To engage in a meaningful dialogue about whether or race drives the differences in HIV rates, researchers need to ask some other very important questions. What are the differences in HIV rates in poor urban communities which are overwhelmingly Black, and poor white rural communities? How do middle class and wealthy Blacks fare compared to middle class and wealthy whites?

Based upon what we know so far, money does not protect Black people from comparatively poor health outcomes. There are a number of studies that clearly prove that it doesn't matter your socioeconomic level or whether you have health insurance, no matter whether we're talking heart disease, heart transplants or cancer rates, Blacks fare worse than whites. Black people still bare the brunt of the AIDS epidemic in America today. This study demonstrates one of the reasons why.

Black people are disproportionately impacted by HIV; Black people are disproportionately poor.

Race matters and so does poverty.

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