

## Race and the HIV Epidemic

# THE CHALLENGE OF HIV/AIDS IN COMMUNITIES OF COLOR

### PART III

The number of reported AIDS cases does not, however, accurately portray the scope of the epidemic in these communities because such figures represent only a portion of the total number of people now infected with HIV. Although data are uneven and sparse, there are strong indications that people of color are also disproportionately represented among persons with HIV infection. One study in South Carolina has examined the distribution of newly identified HIV infection as compared to that of AIDS cases. The proportion of new HIV infection in women (27%) and African Americans regardless of gender (71%) was significantly higher than that observed for AIDS cases—19 percent for women and 60 percent for African Americans (CDC, 1992a).

The rates of HIV infection among applicants to the military and the Job Corps also give cause for concern. With the exception of Asian Americans/Pacific Islanders, for whom HIV antibody seroprevalence rates were comparable to whites, communities of color had significantly higher prevalence of HIV infection, indicating a disproportionate future impact of HIV disease. Since most persons with HIV infection are unaware that they are infected, present rates of HIV transmission in racial/

ethnic groups are likely to parallel the disproportionate prevalence of infection.

In addition, estimates of the percentage of youth in the United States who have been or will be left motherless by the HIV epidemic suggests that by the year 1995, 17 percent of U.S. children and 12 percent of U.S. adolescents whose mother die will lose their mothers to HIV/AIDS (an estimated 36,560 youth) are offspring of African American or Hispanic/Latina women (Michaels and Levine, 1992).

In contrast to the experience of African Americans and Hispanics/Latinos, Native Americans and Asian Americans/Pacific Islanders are as yet underrepresented among AIDS cases in proportion to their numbers in the total population. As of September 1992, Asian Americans/Pacific Islanders, who make up 3 percent of the U.S. population, accounted for 0.6 percent of the AIDS cases so far. As of September 1992, Native Americans accounted for 0.8 percent of the U.S. population and 0.17 percent of the AIDS cases reported to the Centers for Disease Control.

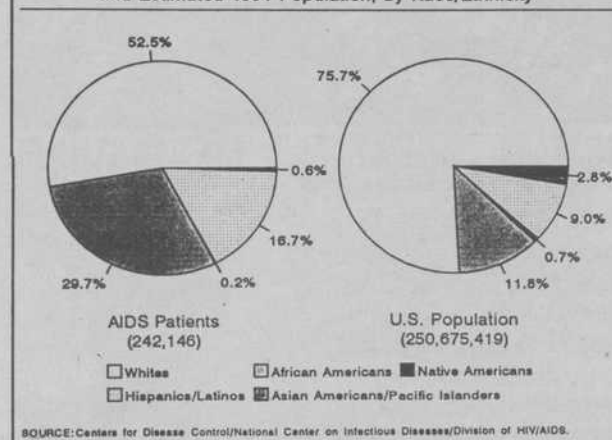
While the number of AIDS cases in Asian American/Pacific Islander and Native American populations is relatively low at present, these communities are still in the early stages of a grow-

ing HIV epidemic. Because of the relative insularity, which magnifies the effect of infectious diseases once they take hold, the course of the epidemic in these communities could come to resemble that of the African American and Hispanic/Latino populations if effective prevention interventions are not brought to bear. Focusing on the relatively low number of Native Americans and Asian Americans/Pacific Islanders with AIDS has resulted in complacency and a lack of attention to efforts targeting these communities both

cases from ever occurring.

It is important to note that from 1989 to 1990 the number of Native American AIDS cases increased faster than cases among any other ethnic or racial group (Metler, Conway, and Stehr-Green, 1991). AIDS cases among Native Americans rose 23 percent, as compared to 13 percent for Hispanics/Latinos, 12 percent for African Americans, and 2.5 percent for whites. Additionally, the number of actual AIDS cases may be significantly undercounted in these communities. A Centers for

Figure 1: Comparison of U.S. AIDS Cases (through September 1992) and Estimated 1991 Population, by Race/Ethnicity



## HEALTH

by public health officials and by community members. Even more troubling, the relatively low number of cases has sent an inaccurate message to these communities that they do not have to worry about AIDS.

Careful attention should be given to how HIV/AIDS statistics are interpreted and used. An effort must be made to assure that populations that are currently underrepresented are not overlooked in HIV prevention efforts. If we wait to see large numbers of AIDS cases before we begin targeted HIV prevention, we will have missed a brief opportunity to prevent those

Disease Control study of death

certificates and AIDS service organization records in Los Angeles and Seattle reported that between two-thirds and three-fourths of Native American male recruits have a seropositivity rate twice that of white male recruits.

There is currently a dearth of information regarding the HIV/AIDS epidemic among Asian Americans/Pacific Islanders and Native American. Demographic information by racial group and nationality is critically needed for health planning and public pol-

icy use.

The Commission recommends that:

- The Centers for Disease Control and Prevention should review the adequacy of demographic information regarding HIV/AIDS currently available by race, ethnicity, and nationality, particularly with regard to Asian Americans/Pacific Islanders and Native Americans. Additionally, the National Center for Health Statistics should make information available regarding HIV/AIDS knowledge, attitudes, be-

liefs, and behaviors among Asian Americans/Pacific Islanders and Native Americans.

- The federal government should work with the states to establish and support foster care programs for children with HIV infection and noninfected youth orphaned by the loss of parents to HIV/AIDS. Federal and state government should also support programs designed to assist family members in caring for children whose lives have been affected by HIV/AIDS.

TO BE CONTINUED

## AIDS IS KEY CONCERN OF BLACK LEGISLATORS

The National Black Caucus of State Legislators regards the HIV/AIDS epidemic as an issue of primary importance which threatens not only the health of many of its constituents, but the very survival and existence of this nation's African American community, NBCSL President, Colorado State Senator Regis F. Groff, said recently.

"From the very beginning of the HIV/AIDS epidemic in the 1980s, members of the National Black Caucus of State Legislators (NBCSL) have been sponsoring legislation and leading the formulation of public policy specifically crafted to address the implications of this public health care crisis in the African American community," Groff said.

Groff explained NBCSL has also moved as a body to address the crisis:

"NBCSL first took formal action on HIV/AIDS in the African American Community with a resolution adopted at its 14th Annual Legislative Conference in November 1990. The resolution called for comprehensive

state and Federal AIDS legislation, reasonable treatment costs, an increase in funding AIDS and drug treatment programs contained in Titles I and II of the Ryan White CARE Act of 1990, and the use of Medicaid Waivers for AIDS as allowed by the Omnibus Reconciliation Act of 1986," Groff said. Further action came in May 1992 when Groff, NBCSL Health Committee Chair, Rep. Roscoe Dixon (D-TN) and NBCSL Human Services Chair Rep. Margaret Carter (D-OR) led an NBCSL-sponsored conference with its sole topic as the HIV/AIDS crisis in the African American community, one of the first major African American organizations to do so, Groff said.

At its 16th Annual Legislative

Conference in December 1992, NBCSL passed three HIV/AIDS related resolutions, Groff said proudly. These call for the use of Needle Exchange and Distribution Programs to reduce the spread of the HIV virus; an increase in the number of HIV/AIDS Programs that are culturally sensitive to the African American community; and, the replication of the HIV/AIDS program model designed by the New York based Black Leadership Commission on AIDS.

Since 1990, NBCSL has managed an AIDS project in conjunction with the George Washington University's AIDS Policy Center, which is funded by the Ford Foundation.

If You're Dabbling In Drugs...  
You Could Be Dabbling  
With Your Life.



Skin popping, on occasion, seems a lot safer than mainlining. Right? You ask yourself: What can happen? Well, a lot can happen. That's because there's a new game in town. It's called AIDS. So far there are no winners. If you share needles, you're at risk. All it takes is one exposure to the AIDS virus and you've just dabbled your life away.

For more information about AIDS, call 1-800-842-AIDS. Nevada AIDS Hotline

AMERICA  
RESPONDS  
TO AIDS

This is a message from the U.S. Centers for Disease Control.

## ATTENTION LUNG PATIENTS!

The Better Breathers Club-sponsored by the American Lung Association of Nevada, will hold its next meeting on Wednesday, March 17, 1993 at 1:15 p.m. at Christ Church Episcopal, 2000 South Maryland Parkway. Randy Edwards PT, Physical Therapy Department, CCSN will be our guest speaker.

The educational and emotional support group is open to anyone wishing to learn more about lung disease.