Race and the HIV Epidemic

THE CHALLENGE OF HIV/AIDS IN COMMUNITIES OF COLOR

(PART IV)

In discussing race and its relevance to the HIV/AIDS epidemic, it is important to stress that there is no evidence that race is a *biological* risk for HIV infection. That is, even though greatly disproportionate numbers of African Americans and Hispanics/Latinos have developed AIDS, there is no demonstrated genetic reason why HIV/AIDS has had a disparate impact on these communities. Therefore, in trying to understand racial differences in HIV seroprevalence, in AIDS diagnosis, and in the length of time from diagnosis to death, it is important to look for *social* explanations.

Currently, it is impossible to determine the extent to which differentials in HIV/AIDS can be explained by differentials in income, education, and other social and economic differences between the races. However, even though we cannot sort out the complex interactions among these factors, we do know from past experience that disease incidence is associated with particular social arrangements, especially economic inequality. Thus, while HIV is transmitted by individual behavior, we can infer that social and economic factors have a powerful influence on how individuals behave as well as on the overall shape of the epidemic.

It has often been demonstrated that underdevelopment (comparatively fewer economic, material, and organizational resources), unemployment, poverty, and illiteracy are correlated with decreased access to health education and to health care, which in turn result in poor health prospects and increased risk of disease. These factors, combined with high rates of sexually transmitted diseases and injection drug use, favor the spread of HIV.

Over all, people of color fare poorly in indices that determine socioeconomic status. On average, people of color have higher rates of unemployment and lower incomes than white Americans. In 1991 the poverty rate among whites was 11.3 percent, among Asian Americans/Pacific Islanders it was 13.8 percent, among Hispanics/Latinos it was 28.7 percent, and among African Americans it was 32.7 percent for whites, 11.9 percent for Hispanics/Latinos, and 13.7 percent for African Americans (Department of Labor, 1992). In 1991 the median income was $15,332 for whites, $15,754 for Asian Americans/Pacific Islanders, $10,877 for Hispanics/Latinos, $10,542 for African Americans, and $10,503 for Native Americans (Bureau of the Census, 1992).

As noted above, low income and poor health are strongly linked. Persons with low incomes generally experience a higher incidence of illness and a poorer survival rate than do the economically advantaged. The association of poverty, undeveloped community structures, and

Toward an Understanding of the Disproportionate Impact of HIV/AIDS on Communities of Color

disease is well demonstrated by the impact of the HIV epidemic in communities of color. Poor people of color often are isolated from all but the most rudimentary health care. Urban public hospitals that serve a high proportion of African Americans and Hispanics/Latinos are often overcrowded and are increasingly less able to meet the growing need of the communities they serve. Poor people of color are less likely to seek early treatment for HIV infection, are likely to have been less healthy when they contracted the virus, and are likely to have more advantaged symptoms when they present themselves for treatment. Consequently, African Americans and Hispanics/Latinos tend to die sooner from AIDS.

Another disease illustrates the links between race, poverty, and disease. Tuberculosis (TB) is a disease caused by a bacterium known as *Mycobaterium tuberculosis*. Transmission of this organism occurs most commonly in cough-generated air droplets from a person with active (infectious) pulmonary tuberculosis. Transmission occurs more frequently where persons are routinely in close proximity with inadequate ventilation. Such conditions-crowded housing, shelters for the homeless, prisons-are disproportionately shared by persons of color. Exposure to the causative organism for tuberculosis may result in infection followed fairly rapidly by active disease, or in latent (non-transmissible) infection, which may last for years. About 5-10 percent of immunologically normal persons who are latently infected will later in life develop active tuberculosis.

In the United States, African Americans, Hispanics/Latinos, and Native Americans have historically had higher rates of TB than whites, probably because the conditions under which they live favor higher rates of infectious exposure. The present social conditions of a disproportionate number of people of color and their relative lack of access to curative care also perpetrate the cycles of exposure-disease-exposure and exposure-latent infection-disease-exposure. In recent times, Asian and Pacific Islander immigrants to the United States have had high rates of tuberculosis because of high rates in their countries of origin (which result in high rates of latent infection and subsequent reversion to disease).

Roughly fifty percent of persons infected with both HIV and *M. tuberculosis* are likely to develop active tuberculosis within two years, compared with the lifetime risk of TB of 5-10 percent for persons infected with *M. tuberculosis* alone. Hence exposure to or latent infection with *M. tuberculosis* is a significant risk for persons with HIV infection. Thus, many persons of color are in triple jeopardy: from a greater likelihood of latent infection with *M. tuberculosis*, from a greater likelihood of HIV infection, and from a resultant greater likelihood of developing active tuberculosis.

TO BE CONTINUED...

HEALTH

HOW TO GO ON WITH YOUR LIFE AFTER A PERSONAL LOSS

On April 21, 1993, from 9:30 a.m. to 11:30 a.m., CareUnit/CarePsychCenter and Silver Advantage network will co-sponsor a free community lecture on grieving after a personal loss.

The presentation will also include: dealing with unresolved grief; and caregivers who find themselves grieving the loss of their independence and previous lifestyle as a result of caring for one who is ill. The intent of the presentation is to teach participants how to grieve and move on to a happier, healthier lifestyle.

The lecture will be held at CareUnit Hospital of Nevada, located at 5100 W. Sahara Avenue (1/2 block west of Decatur); a free continental breakfast will be served, and space is limited.

Reservations can made by calling either Suzann Allen at 362-8404, ext. 121; or Charmaine Endres at 383-2095.

AMERICAN LUNG ASSOCIATION OF NEVADA STOP SMOKING CLASSES

If you are one of the millions of smokers who has tried unsuccessfully to quit, don't give up. Join the American Lung Association's Freedom From Smoking Program. There will be two sessions one beginning on March 16th at Desert Springs Hospital and the other session begins March 25th at the Care Unit Hospital. Both are six week evening sessions. Program Fee is $50.00.

For more information call the American Lung Association of Nevada at 454-2500.

HEALTH BRIEFS

AAAS OPENS FORUM FOR MINORITY SCIENTISTS & STUDENTS

The American Association for the Advancement of Science has announced an electronic network and newsletter that will serve as a forum for minority scientists to share information about their research, conferences, educational opportunities (at the college level), and discussions of values and ethical issues in science and technology. The same information will be carried by both the newsletter and electronic service.

By computer: the service will be available on Internet. To receive the newsletter call or write to: Paul Higgins, Directorate for Science and Policy Programs, AAAS, 1333 H Street, N.W., Washington, D.C. 20005, 202/326-6798.

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The Clark County Health District is searching for persons who are able to serve as loving and supportive friends of patients and families experiencing terminal illness. These persons will serve as volunteers in the Health District Hospice Program. Thirty (30) hours of training are provided for volunteers at the Clark County Health District. Additional training in special areas is also available. An application and personal interview are required prior to training.

If you think you can fill this very special calling, contact Edie Blanchard, Coordinator of Volunteer Services, Clark County Health District, 625 Shadow Lane, Las Vegas - 383-1341.

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CPR-FIRST AID TRAINING INSTITUTE has developed a special course for babysitters. The class, for boys and girls (11-18 years old), teaches safety, child and infant CPR and "basic" do's and don'ts of babysitting. Each student will receive an AHA CPR card and a "Babysitting" Certificate. The course will be held the second Saturday of each month from 9 a.m. - 1:30 p.m. The cost is $17.00 and includes all teaching materials.

Anyone wishing any more information or wanting to register for a class should call Kenneth Glover or W.K. Vandygriff at 876-9177.

SERIES OF FITNESS TESTS

The Chuck Minker Sports Complex, 275 N. Mojave Rd., will offer a series of fitness tests, 6:30 p.m., Tuesday, March 30. Tests will include body composition analysis, conditioning, and blood pressure checks. The tests will be administered to those 13 and older for a cost of $2. No appointment necessary. This service is sponsored by the City of Las Vegas. Call 229-6563.

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