

# With AIDS, we must not be complacent

By George Curry

Special to Sentinel-Voice

The CDC reported last week that the number of newly-diagnosed HIV infections among African-Americans has declined an average of 5 percent a year for the past three years. Usually, such a drop would be viewed as good news. But it's not.

Consider this: More than 368,000 Blacks have been infected with AIDS since the disease was first diagnosed almost a quarter of a century ago. That's larger than the population of Miami, St. Louis, Pittsburgh, Baton Rouge, Greensboro, N.C., or Tampa.

Blacks are 12.3 percent of the U.S. population, yet account for 40 percent of AIDS cases diagnosed.

Also, consider this: By the end of 2004, according to the CDC, more than 200,000 African-Americans with AIDS had died. That's larger than Spokane, Wash., Augusta, Ga., Little Rock, Ark., Salt Lake City, Utah, Knoxville, Tenn., Huntsville, Ala., or New Haven, Conn.

Numbers get tossed around so frequently that there is a tendency to be numbed by all the figures. But we're not talking numbers — we're talking about people. Real people. Enough to form a mid-size city.

But even numbers need to be placed in perspective.

Overall, the rate of AIDS diagnosed for African-Americans in 2004 was almost 10

times the rate for Whites and almost three times the rate for Latinos. But when you compare the statistics by gender, the gap is even more startling.

Of women diagnosed with HIV from 2001-2004, more than two-thirds — 68 percent — were African-American; Whites were 16 percent and Latinos 15 percent. The CDC found that 78 percent of Black females contracted HIV through heterosexual activities.

Among men diagnosed with HIV during that same period, 45 percent were Black, 37 percent White and 16 percent Latino. Almost half of African-American men with HIV — 49 percent — contracted HIV through sex with other men. And 67 percent of them were unaware that they were infected, according to the CDC.

The CDC cites an array of factors — poverty, limited awareness of HIV status, disproportionate rates for sexually transmitted diseases, mistrust and limited access to healthcare — that help explain the glaring gaps in the numbers.

At some point, however, while acknowledging that those are all legitimate factors, African-Americans must realize that not enough is being done to lessen the likelihood of Blacks contracting HIV. And when Afri-



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can-Americans do contract HIV, they are late finding out, meaning that they run a higher risk of death because of delayed treatment.

Black religious and political leaders must move beyond lip service and consistently organize testing programs. The community must offer realistic sex education for our young people. To support ab-

stinence-only programs for teens when almost half of them acknowledge being sexually active is, in some instances, signing their death certificates. The issue is not whether teens should abstain from sex — few disagree with that notion — but at issue is what to do about those who do not.

If we're serious about curbing this epidemic, we must aggressively promote the use of condoms. A report by Population Action International in Washington, D.C., stated, "The condom is the only technology available for protection from sexually transmitted HIV." It noted, "Public health experts around the globe agree that condoms block contact with body fluids that can carry the HIV virus and have nearly 100 percent effectiveness when used correctly and consistently."

When I attended an international conference on AIDS in Bangkok, Thailand, last

year, I noticed how some countries are not squeamish about distributing condoms. They pass them out at major public events, enlist the assistance of taxi drivers and make them easily available in public places without stigmatizing users. Yet, in the U.S., where sex is used to sell everything from automobiles to vacations, we are timid about discussing condoms.

Actually, we're not talking as much about condom use as we are about saving lives.

The federal government must play an important role. Elected officials shouldn't be allowed to get away with saying they are interested in HIV and AIDS programs while slashing funds for them. And neither should corporations and foundations.

The Black AIDS Institute in Los Angeles does more than any other organization in the Black community to keep this issue before the public. But according to Executive Director Phill Wilson, his group has had its income reduced this year by 50 percent, causing him to cut his small staff.

Evidently, in the national rush to help victims of Hurricane Katrina, many contributors are shifting funds away from other worthwhile programs.

This is no time to abandon anti-AIDS activists or to become complacent.

George E. Curry is editor-in-chief of the NNPA News Service and BlackPressUSA.com.

## Boycott boycotting — Protest has lost its juice

By James Clingman

Special to Sentinel-Voice

As we continue to celebrate the life of Rosa Parks and the Montgomery bus boycott that was started because of her defiant act, let's take a look at boycotts and maybe even re-evaluate Black folks' participation in and support of them. After all, the very lady whose life we celebrate (and in some circles are now planning to erect a statue in her recognition), the one we call the "Mother of Civil Rights," was the lightning rod for the most famous boycott called and sustained by Black people. As we reflect on Rosa's life, shouldn't we also reflect on the power of boycotts?

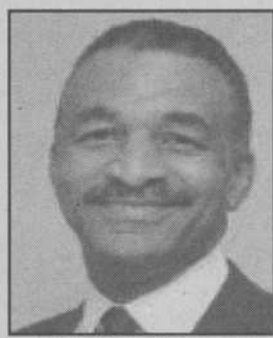
The term boycott comes from a fellow named Charles C. Boycott, an Englishman who managed the estate of the Earl of Erne in County Mayo, Ireland. In defiance of an outcry for land reform and lower rents called for by members of the Irish Land League, Boycott refused to lower his rent, and he evicted his tenants. In response, the people refused to have anything to do with Boycott and his family, leaving them isolated and without workers, service in stores, servants, and even mail delivery. Boycott was boycotted and his name was adopted for this kind

treatment.

While other groups have initiated similar treatment against transgressors, White folks came up with the term boycott and still use the strategy quite effectively today. Black folks effectively used it to obtain civil rights, public access and reciprocity in the marketplace, but the success of our boycotts today is questionable at best.

Consider: A boycott was called by White folks, via television personalities and others, against France for its failure to support the Iraq war, thus, causing a loss of some \$300 million. Most recently, the governor of Alabama called for a boycott of Aruba because the family of the missing girl, Natalie Holloway, cannot get justice.

White folks obviously feel that one of their children missing or possibly killed on this popular island is a serious enough occurrence for them to withdraw their money until they get justice. They also know that boycotting is the ultimate punishment and the most effective way to get what they want. Will



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Whites get what they want? Yes. Why? Because it's always about the money.

Now consider this: Black folks in Cincinnati, Ohio, called a boycott of the city's tourism and entertainment industry because their children were being abused by police officers and, in some cases, even murdered. A boycott was called in order to get justice

for the families of Timothy Thomas, and then Roger Owensby, who was choked to death by police officers prior to Thomas being killed, and even later for Nathaniel Jones, who was also killed by police officers. In addition, the boycott was called because of the city's economic apartheid system, in which Black people were (and still are) constantly discriminated against in public development projects.

Have Blacks gotten what they wanted? No. Why not? Because too many Black people continue to spend their money in the boycott zone of Cincinnati instead of withdrawing their money from it. If Black people would do as White people do, when it comes

to boycotts, we would be just as successful as Whites are. Which begs the question: Are we really serious about boycotts?

Imagine the irony of the National Organization of Black Law Enforcement Executives (NOBLE) agreeing to hold its 2006 convention in Cincinnati, where five Black men lay cold in their graves, unjustifiably killed by police officers. Why would a Black law enforcement organization bring millions of dollars to this city? How will we ever win justice if we continue to finance injustice?

We come up with all sorts of reasons for not boycotting, not the least of which is the "who it will hurt" excuse. The governor of Alabama must know that there are White folks from the U.S. who have business interests in Aruba. White television and radio commentators must realize that their brothers and sisters in the tourism industry might suffer as a result of calling a boycott against Aruba, but that didn't stop them from calling for it.

Black folks don't fully follow through with the boycotts of today, as opposed to the Montgomery Bus Boycott where brothers and sisters sacrificed to get what they wanted. (See Clingman, Page 12)

## LaGrande

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The other online tool is the Medicare Prescription Drug Plan Finder that will allow you to personalize your search and look at side-by-side, personalized comparisons of up to three plans at a time.

This allows shoppers to see instantly which plan(s) meet the needs and budget for yourself or your household.

The Plan Finder will show a list of drug plans in the local area, sorted by the one with the lowest total cost for the drugs you take

now, and it will also help narrow down the choices based on deductibles or premiums.

With respect to coverage, the Plan Finder makes it easy for you to see what each plan offers. Furthermore, it gives you personalized information on plans that might meet your needs based the coverage each plan offers and other features that might offer more advantages.

The Plan Finder can identify plans that are convenient by identifying the plans accepted by your preferred pharmacy or other nearby

pharmacies, as well as showing the plans that provide mail-order prescriptions.

This handy online tool will also help you if you aren't sure about your status. Use Plan Finder to check to see (1) if you qualify for extra help paying for a Medicare drug plan, (2) if your employer/union is continuing your current coverage with a Medicare subsidy, or (3) if you are already enrolled in a Medicare Advantage Health Plan or in a Medicare Drug plan.

Now, for those seniors who have limited

income and resources, but don't have Medicaid, you may qualify for extra help that could pay about 95 percent of your drug costs. This may benefit individuals with qualified income of less than \$11,000 or if the income is less than \$23,000 for a married couple.

If you are eligible, you might be able to get help from the new program, too.

Apply at the Social Security Administration website under the section called Help with Medicare Prescription Drug Plan Costs or contact their office.