



**BLACK WOMEN, HIV/AIDS AND HEALTH:
TOWARDS AN UNDISPUTED DIGNITY**

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The critical juncture in history at which we stand now, confronting the devastating scourge we call HIV/AIDS is an unprecedented and precarious situation, aggravated and made more daunting, difficult and demanding by the disadvantages and disparities of wealth, power and status which make us more vulnerable as real and potential victims and less capable, as a community, of the earliest and the most effective response. And yet, we dare to struggle and are determined to win. For there is no real and righteous alternative to our audacious and ongoing struggle to hold back the flood and turn the tide with the tools and talent at hand, and to simultaneously wage the parallel, relentless and rightful struggle for justice and equity not only in issues of health, but also in life itself.

Indeed, the marking of this year's National Women's and Girls' HIV/AIDS Awareness Day (March 10), as well as National Black HIV/AIDS Awareness Day (February 7) informs and reminds us of the sustained severity of the problem. But it also reminds us of the need to reaffirm, renew and expand our commitment to self-consciously join in the cooperative communal efforts to solve it.

The HIV/AIDS statistics are staggering for both women and men, and are unavoidably interrelated and inclusive of women and men, heterosexuals, gays, bisexuals and all the other ways persons identify themselves and live their daily lives. Although African Americans are 14% of the U.S. population, they are nearly half of all the persons living with the HIV virus. African American women account for 31% of all new infections; African American men for 69% and men having sex with men, 75% of that.

Furthermore, Black women are seven

percent of the U.S. population and approximately 66% of women living with HIV, around 20% of the U.S. HIV-positive population. In comparison with others, the rate of infection of Black women is 20 times higher than White women and five times higher than Latinas. The causal conditions for this tragic state of things are numerous, interrelated and varied, beginning with a delayed national health initiative to respond effectively to the presence of HIV/AIDS among women since the disease's emergence in the early 80s and the almost exclusive focus on men, especially gay White men.

The damage done by this costly delay and inadequate attention are aggravated by problems of stigma, hidden and harmful sexual practices, homophobia and discrimination in society and community. Also, there are structural disadvantages, disparities and determinants including poverty, high incarceration rates, deficient access to affordable and quality healthcare, and grossly inadequate funding and support for community-based, culturally-grounded, culturally-competent and comprehensive approaches to interventions and research.

In addition to these general disadvantages Black women and men share, research suggests women experience HIV/AIDS differently than men in several sex/gender-specific biological and social ways. These include: greater biological susceptibility to HIV infection, especially from heterosexual sex from which 90% of their infections come; disease progression at lower levels of the virus; gender-specific infections and complications and differences in drug metabolism; incidences of toxicities; and responses to drug therapy.

Moreover, the diverse social conditions which add to these disadvantaging biological

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differences include: problems of less access to quality care; later entry into the process of diagnosis and treatment and thus, at later stages of infection; often greater responsibility for caring for children and other family members, and less social services and support to aid in coping, adhering to treatment regimes, caring for others, and meeting the financial, material and practical demands of daily life. There is also the pernicious and persistent problem of intimate partner coercion and violence joined to poverty and financial constraints, which reduce women's capacity to decide and act freely in sexual relations and thus, heightens their vulnerability to degrading and dangerous sex.

It is important at this point to acknowledge and praise the critical role Black women play in the fight against HIV/AIDS and against the racial and social limitations imposed on them. In the U.S. and Africa, Black women have been in the vanguard of active and effective advocacy in the struggle against HIV/AIDS and for justice and equity in society, doing extraordinary and indispensable work in every area of battle, i.e., education, prevention, testing, treatment, care and support. And we must support them and their efforts to gain the capacity to decide, act and live free from coercion, violence, exploitation and various imposed constraints of gender, race and socio-economic conditions.

Especially, must Black men play an increased role in holding back the flood and turning the tide of HIV/AIDS, not only because of the 90% role they play in infecting women, but also because of how HIV/AIDS also affects their lives and the lives of our whole community and the moral urgency to respect, preserve and promote life. They must respect women and themselves in the

framework of the ancient African ethical teaching that we humans are possessors of dignity and divinity and must not do things which violate or devalue this sacred status.

This means, at a minimum, men must reject coercion and violence in relationships with women and others, stop predatory and wrongful sexual relations with young girls and boys, refrain from degrading and dangerous sex in any form, get tested, take the medicine, and tell the truth to potential and actual sexual partners, and quit making excuses for hidden, harmful, dangerous and potentially deadly practices. And it means all of us, women and men, must reject stigmatizing, hostility, hatred and discrimination against persons of varying and different sexual orientations, stand up, stand together and dare build the good world we all want and deserve to live in.

Thus, the issue is not an isolated one of HIV/AIDS, but a larger issue of health as a whole in both the *medical* and *social* sense. It is a case of defeating the *pathology of oppression* and the injustice, inequity, unfreedom and unhealthiness which constitute and characterize it. And at the center of the struggle against HIV/AIDS is the issue of the health, wholeness and well-being of women. Thus, as our foremother Anna Julia Cooper said, "Only the Black woman can say when and where I enter, in the quiet, undisputed dignity of my womanhood, without violence and without suing or patronage, then and there the whole (Black) race enters with me." This is not in exclusion or disregard for men, but a gender-focused, people-inclusive and world-encompassing proposition and project that serves as a measure and mirror of our moral commitment to end all forms of oppression-rooted pathologies which plague us and open up a whole 'nother way of being human in the world.

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