30 Years of AIDS in Black America: An Overview

30 Years of HIV/AIDS in Black Communities
On June 5, 1981 an article reporting the first known cases of what we now call AIDS was published in CDC’s *Morbidity and Mortality Weekly Report (MMWR)*. Although AIDS was often considered a problem of white gay men, African Americans have been hard-hit by the disease since the earliest days of the epidemic.

In fact, by the end of 1981, nearly 20 percent of all reported AIDS cases were among African Americans, who at the time made up only 13 percent of the population. Thirty years later, more than 200,000 African Americans with AIDS have died and the disease now ranks as the third leading cause of death among black men and women ages 35 – 44.

Despite this heavy burden, the sense of crisis about HIV has waned. Studies show us that many Americans, including those in the African American community, underestimate their personal risk for infection, or believe HIV is no longer a serious health threat. We cannot afford to be complacent. The fact is that HIV is still a deadly disease — but we have the tools to prevent it.

HIV/AIDS: Progress and Challenges
In the three decades since that June 1981 report, extraordinary progress has been made in treating and preventing HIV, and annual new infections have fallen by more than two-thirds since the height of the epidemic.

- HIV prevention works — since the beginning of the epidemic, it is estimated that HIV prevention programs in the U.S. have prevented more than 350,000 infections and have averted more than $125 billion in treatment costs.

- The latest CDC data show that the number of annual new infections among blacks, while unacceptably high, is stable and has been for more than a decade — despite the fact that the number of people living with HIV, who can potentially transmit the disease, has steadily increased over that time due to improved treatments.

- New infections have declined dramatically in several transmission categories where African Americans are disproportionately represented: babies born to HIV-infected mothers, intravenous drug users, and heterosexuals.

- We’ve seen new HIV prevention breakthroughs, like evidence that taking a daily pill can reduce risk of infection for gay and bisexual men, and applying a vaginal gel before and after sex can reduce risk of infection for women.

- In July 2010, President Obama launched the National HIV/AIDS Strategy, which provides a first-ever blueprint for fighting the U.S. epidemic, with a particular focus on populations hardest hit, including African Americans.

Today’s Epidemic: HIV/AIDS among African Americans
Yet despite this progress, HIV continues to be a crisis in African American communities, threatening the health, well-being, and potential of African American men and women across the United States. While prevention efforts have helped to maintain stability in the overall level of HIV infection among African Americans for more than a decade, African Americans continue to face the most severe burden of HIV and AIDS of all racial/ethnic groups in the nation.
Today, blacks represent approximately 14 percent of the U.S. population, but account for almost half of people living with HIV in the U.S. (46 percent), and nearly half of new infections each year (45 percent).

Approximately one in 16 black men will be diagnosed with HIV during their lifetime, as will one in 32 black women.

Within the black community, the face of HIV is male and female, young and old, gay and straight.

Among African Americans, black gay and bisexual men are the most disproportionately affected, accounting for 41 percent of all new HIV infections among African Americans overall.

Black women, the majority of whom are infected through heterosexual contact, are also severely impacted, accounting for 35 percent of all new HIV infections among African Americans overall. Black women are also far more affected by HIV than women of other races. The rate of new HIV infections for black women is nearly 15 times as high as that of white women, and nearly four times as high as that of Hispanic women.

AIDS continues to claim the lives of too many African American men and women. Since the beginning of the epidemic, more than 233,000 blacks with AIDS have died and, according to the most recent published data, AIDS is the third leading cause of death among black women aged 25 – 44 and among black men aged 35 – 44.

Factors Contributing to Disproportionate Impact among African Americans
Reducing the toll of HIV on African Americans communities requires we must confront the complex environmental factors that fuel the epidemic in these communities. These include:

The high prevalence of HIV and other sexually transmitted diseases in black communities, coupled with most African Americans selecting partners who are also African American, means they face a greater risk of HIV infection with each sexual encounter than people of other races/ethnicities.

We know that if you don’t have the means to see a doctor, you may not get an HIV test or treatment until it’s too late. According to the most recent national Census data, about 1 in 5 blacks are without health insurance.

We know that those who cannot afford the basics in life may end up in circumstances that increase their HIV risk. Nearly a quarter of African American families live in poverty and the current economic crisis has led to record-high levels of unemployment among African Americans.

Higher rates of incarceration among African American men decrease the number of available partners for females and may impact sexual risk behavior. This can in turn fuel the spread of HIV.

Stigma and homophobia — far too prevalent in every community — continue to keep many African Americans from seeking HIV testing, prevention and treatment.
Reversing the Course of the Epidemic: The Path Forward
The current trajectory of the epidemic is likely not sustainable over the long term. If we do not increase the impact of prevention efforts, projections indicate that continued growth in the number of people living with HIV/AIDS will lead to more infections.

As a nation we all need to recognize the HIV epidemic is a crisis and work to expand access to prevention and treatment. Far too many of those at risk still do not know their HIV status or have access to prevention we know works. In fact, nearly 100,000 African Americans living with HIV are unaware of their infection. And while we each have a personal responsibility to protect our own health, we must also tackle the complex environmental and structural factors that put African Americans at greater risk for HIV.

As communities, we must keep HIV front and center, speak out to reduce stigma, homophobia and discrimination and continue to mobilize in ways that extend the reach of prevention by leveraging resources from throughout our communities.

As individuals, each of us has a part to play in this fight. The fact remains that HIV infection is completely preventable. We each have a personal responsibility to protect ourselves and our loved ones. Get the facts about HIV. Get tested. Speak out against homophobia and stigma. Everyone and every action counts. Visit www.actagainstaids.org to find out more.

CDC’s Efforts Fighting HIV in African American Communities: High Impact Prevention
At CDC, HIV prevention in black communities remains one of our top priorities. Last year, we invested more than half of our HIV prevention budget to fight HIV among African Americans. Specific efforts include:

- The recent expansion of a multi-million dollar testing initiative to reach more African Americans with HIV testing.
- Increasing the number and reach of HIV prevention programs for African Americans and working across federal agencies to tackle the complex social factors driving the black HIV epidemic.
- In cities hardest-hit by HIV across the nation, working to scale up HIV prevention services to significantly decrease new HIV infections.
- And through the Act Against AIDS Leadership Initiative, CDC is harnessing the collective strength and reach of longstanding community institutions, including African American organizations, to increase HIV-related awareness, knowledge, and action across the nation.

With a growing number of effective prevention interventions available, CDC is also focusing on “High Impact Prevention” — prioritizing prevention activities based on their effectiveness, cost, coverage, feasibility and scalability, in order to have the greatest possible impact with available resources.