Acquired Immune Deficiency Syndrome (AIDS) is undisputedly the most significant public health problem facing the Black community today. From the outset, it was apparent that the disease disproportionately affected Blacks. In 1981, when AIDS was first identified, 21.5 percent of the first 107 cases were Blacks and Hispanics. This report discusses the following issues: (1) heterosexual spread of AIDS; (2) reporting of AIDS in the Black community; (3) peculiar clinical manifestations of AIDS in Blacks; (4) stigmatizing of Haitians in the United States; (5) the hemophiliac response to AIDS; (6) the gay movement response to AIDS; and (7) AIDS in Africa. The best epidemiological evidence suggests that the Black community should concentrate on the following primary means of transmittal of the virus: (1) sexual contact; (2) dirty drug needles; and (3) infection at birth as a result of the mother's disease. Recommendations for each of these are made. Because the educational system is failing for Blacks, AIDS education in the schools will probably have little effect on the prevalence of the disease in the Black community. The Black community must work to solve the social, economic, and educational problems that contribute to the spread of AIDS. Data are presented on 2 tables. A bibliography of 17 items is included. (BJF)
A Perspective on AIDS:
A Catastrophic Disease But a Symptom
of Deeper Problems in the Black Community

Andrew D. McBride
Acquired Immune Deficiency Syndrome (AIDS) is undisputedly the most significant public health problem facing the Black community today.

AIDS is an infectious disease known to be caused by a virus, Human Immunodeficiency Virus (HIV). This virus mainly attacks the body's immune (T4+ Helper/inducer lymphocytes) and neurological systems. The most outstanding feature of the disease is that it renders the body defenseless against otherwise non-fatal infectious agents and certain cancers (Ho, Pomerantz, Kaplan, 1987). First identified in 1981, AIDS is a disease that once it has manifested itself is almost uniformly fatal. AIDS has no known cure or vaccine. To date over 50,000 United States cases have been documented by the Centers for Disease Control (CDC).

From the outset, it was apparent that AIDS disproportionately affected Blacks. In 1981, CDC noted that 21.5 percent of the first 107 cases of previously healthy persons displaying AIDS related symptoms were Blacks and Hispanics, most of whom were homosexual/bisexual males (Houston-Hamilton, 1986).

AIDS in the United States occurs chiefly in two populations: male homosexuals/bisexuals, and intravenous drug users. These two groups represent 90 percent of reported U.S. cases of AIDS.

HETEROSEXUAL SPREAD OF AIDS

If the heterosexual spread of AIDS is of major concern to public leaders and the public at large, it should be of dominant concern to Black people. Whereas heterosexual transmission represents only 4 percent of the total AIDS cases, heterosexual transmission represents 11 percent of the cases of AIDS in Blacks. Blacks represent 70 percent of the cases of heterosexual transmission of AIDS (Centers for Disease Control, 1987).

In the Black community, the HIV infection rate via IV drug use has grown. In Newark, N.J., 61 percent of the new cases of AIDS are reported to be intravenous drug users (Institute of Medicine, National Academy of Sciences, 1986). Blacks (51%) and Hispanics (29%) are overwhelmingly represented in the IV drug population (See Table 1). Therefore, heterosexual Black and Hispanic people who are sexual partners of HIV-infected heterosexual drug users become one of the obvious "bridges" of transmitting HIV infection to the remainder of the heterosexual community.

REPORTING OF AIDS IN THE BLACK COMMUNITY

AIDS is only one, although the most malignant, manifestation of HIV infection. For every person with AIDS, there are an estimated 100 persons infected with HIV without any sign of disease or lesser manifestations of disease. Physicians and other health providers are generally required to report only AIDS and not HIV infection. Because male homosexuality/bisexuality and intravenous drug use are the predominant risk factors in the U.S., it is obvious that in addition to having a devastating disease there is the added social stigma attached to being infected with HIV.

Because of racial factors and the relatively low socio-economic status of most Blacks, one can reasonably expect that the dominant medical establishment will have a strong proclivity to report more stringently AIDS cases in Blacks, Hispanics and lower socio-economic groups as compared to middle and upper class whites. Medicine has a long history of this type of bias towards reporting diseases. For example, in the 1800's, physicians readily identified tuberculosis as such in the poorer classes and called the same illness a "melancholia" when it occurred in upper classes (Swan, 1985).

In addition, there is the perennial undercounting of Blacks in the population census. This would make AIDS incidence, mortality, morbidity and other population-based rates falsely high. Even taking these factors into account, it appears that AIDS is more likely to be under-reported in whites than over-reported in Blacks.

PECULIAR CLINICAL MANIFESTATION OF AIDS IN BLACKS

Recent reports indicate that Black AIDS victims are dying at faster rates than other persons with AIDS (Mason, 1987). Blacks with AIDS have been found to have a higher incidence of manifestation from opportunistic infections when compared to whites, and a lower incidence of Kaposi’s Sarcoma. Any number of possibilities exist as an explanation for these occurrences, ranging from the lack of access to quality medical services to pre-existing poor health of Blacks. However, to date, neither CDC nor other national public health authorities have reported any detailed explanations for these findings.

STIGMATIZING OF HAITIANS IN THE UNITED STATES

AIDS was first reported in Haitians in 1982 (Hockstader, 1987); based on only a few initial cases, incidents of HIV infection in the Haitians were initially over-estimated. Since that time, CDC
ADULTS/adolescents
Hemophilia/Coagulation Disorder
Abusers
Homosexual Male and IV Drug Abuser

In the tables and figures, we have included all cases with a specific risk factor. However, for the purposes of this report, we have combined categories to simplify the presentation. In Table 1, the totals for each risk category are reported as a percentage of all cases, and the cumulative total is also provided. The data includes cases where more than one risk factor was present, and these cases are counted only once in the category list.

In Table 2, the distribution of cases by risk category is shown. This table includes both new and cumulative cases. The data is presented in a more detailed format, allowing for a better understanding of the distribution of risks among the cases.

In the discussion, we have highlighted the importance of understanding the transmission dynamics of HIV among different risk groups. The data indicates that heterosexual transmission is a major route of transmission, particularly among male-female couples. However, other routes, such as IV drug use and sex with an infected partner, also play a significant role.

To address the high-risk groups identified in this report, we recommend targeted interventions. For example, for heterosexuals, educational programs focusing on safer sex practices could be effective. For IV drug users, needle exchange programs and other harm reduction strategies should be implemented. Additionally, for those at risk due to sexual contact, counseling and testing services should be readily available.

In conclusion, understanding the transmission dynamics of HIV is crucial for developing effective prevention strategies. The data presented here highlights the need for continued surveillance and targeted interventions to reduce the spread of the virus.

Table 1: Risk Category Distribution

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Contact</td>
<td>301</td>
</tr>
<tr>
<td>IV Drug Use</td>
<td>231</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>162</td>
</tr>
<tr>
<td>Transfusion</td>
<td>120</td>
</tr>
<tr>
<td>Other</td>
<td>80</td>
</tr>
<tr>
<td>Unknown</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 2: Transmission Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Contact</td>
<td>191</td>
</tr>
<tr>
<td>IV Drug Use</td>
<td>162</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>131</td>
</tr>
<tr>
<td>Transfusion</td>
<td>103</td>
</tr>
<tr>
<td>Other</td>
<td>70</td>
</tr>
<tr>
<td>Unknown</td>
<td>40</td>
</tr>
</tbody>
</table>
In contrast to the Black community, the response of of the white Gay movement to AIDS has been swift and effective. White homosexual/bisexuals have exerted their influence on AIDS policy and programs from the outset of the discovery of AIDS. In every community in which AIDS is prevalent, they are potent political forces. Moreover, not only have monied white homosexual/bisexuals donated funds to the cause, they have put in much time in voluntary humanitarian services to educate and aid their fellow homosexual/bisexuals. Although their work in many cases was too late, the work of the Gay movement to combat AIDS is beginning to pay off.

White homosexual/bisexuals appear to be reducing their high-risk AIDS status, for example, as devastatingly ill Black and Hispanic AIDS babies (most the products of drug-abusing mothers or fathers) were accumulating in Northeastern hospitals, such as Harlem Hospital in New York City, white homosexual/bisexuals in New Mexico, New York and San Francisco had fewer cases of sexually transmitted diseases (STDs) (gonorrhea, syphilis) than in previous years (Jones et al. 1987). In spite of the high prevalence of the HIV virus in the homosexual/bisexual population, public health officials concede that this drop in STD in male homosexuals demonstrates reduced risk in contracting HIV infection. In addition, it is believed that STD may be an important cofactor in converting an asymptomatic HIV infected person into a full blown AIDS patient. Thus, it is possible that the decrease in STD in male homosexuals will prevent or delay AIDS in those already HIV infected (Institute of Medicine, National Academy of Sciences, 1986).

AIDS IN AFRICA

Inevitably, AIDS will kill thousands of people in the U.S. and many millions in Africa. The U.S. press and public health establishment have been intensely interested in Africa and the Caribbean, because AIDS appears to be spreading there heterosexually (Institute of Medicine, National Academy of Sciences, 1986). For example, reports of the 3rd International Conference on AIDS cite that the masses of people in Central Africa in the rural areas are largely not HIV infected. The distribution of the HIV virus in East and Central African countries (e.g., Zaire, Zambia, Burundi, Rwanda, Uganda, Tanzania) appears to be more restricted to the urban areas. In South Africa the distribution of HIV is along the truck routes taken by the migrant Black male mine workers, displaced from their families, imported from surrounding Black nations. These routes are the strongholds of the HIV-infected female prostitutes (3rd International Conference on AIDS).

HIV infection in Africa is not yet at pandemic levels, but HIV infection is firmly seated in Africa. It does not strain the imagination as to the impact that AIDS will have on Africa and the poorer Caribbean countries such as Haiti when one considers the case of measles. Today 50,000 African children die of measles, a disease with an available vaccine. Measles is the single leading cause of childhood death in Africa. In many instances 1/3 of the children die before the age of six years (UNICEF, 1986). This illustrates the extremely limited capacity of African countries to respond to a disease, unlike AIDS, that is practically 100% preventable.

A REASONABLE RESPONSE TO THE AIDS EPIDEMIC IN THE BLACK COMMUNITY

Blacks already infected with HIV will need both financial and human services. Clearly, federal, state and local governments should provide resources for these services. The Black community groups should be strong advocates of and provide additional financial and human services to the Blacks already HIV-infected. There is an obvious role that the Black churches and other community groups should play in this area.

Blacks are over-represented among those infected with HIV, but 99% of Blacks are not infected. HIV infection is not a "Black" or "Hispanic" disease. The Black community should resist the label.

"Where you see hoof prints do not look for zebras." HIV virus has been found to be in most body fluids; to survive outside of the body for 36 hours (MMWR, 1987) and is found in mosquitoes. It has been contended that the virus was introduced into the Black community as part of a White conspiracy (personal communication at a church conference on AIDS). These reports vary from being technically true to being outlandish. The Black community should be aware of all new information about HIV infection; but the best epidemiological evidence suggests that the Black community concentrate on three primary means of transmission of the virus: (1) Sexual contact; (2) dirty drug needles and (3) being born of a mother infected with HIV.

Sexual Contact: The Black community should promote programs, policies and practices that decrease sexual promiscuity and promote discretion in selecting sexual partners. A major step would be the promotion of monogamous sexual relationships, especially Black marriages. Marriage is an institution that is being wholeheartedly abandoned by young Black people. According to the D.C. Department of Human Services, in 1986, 92.8 percent of births to Black women under age 20 were to single mothers.

Non-monogamous sexually active persons should properly use condoms and spermicide and avoid anal intercourse. Condoms are not failsafe but are reported to be about 83 percent effective in preventing the spread of HIV infection (Goedert, 1987).

The voluntary testing for the HIV antibody and counseling should be encouraged in the Black community. However, Blacks should stand with the Gay movement in watch-dogging the issues of confidentiality of reporting in regard to the HIV antibody test.

Black homosexuals/bisexuals have special problems of social rejection not completely shared with their white counterparts (National Coalition of Black Lesbians and Gays, 1986). These differences should be acknowledged and preventive health programs directed to minimize HIV transmission in Black homosexual/bisexual males.

Dirty Drug Needles: Obviously, programs that treat and prevent drug abuse should be promoted in the Black community. Sterile needles should be made available to the addicted population. In addition, the addicts should be taught to sterilize their needles by simply using a diluted solution of household bleach.

Children Born to an HIV-Infected Mother: About 80 percent of children with AIDS are Black or Hispanic. All pregnant women should be offered the HIV test and be given appropriate counseling. An HIV-infected pregnant woman should be given the most current available information to protect her health and that of her unborn child. According to recent data, the risk of transmittal of HIV to the unborn is 30 percent to 60 percent. The reports of the International Conference point to strong evidence that the chances of an infected woman passing the virus to her unborn child are nearly 50 percent.
AIDS EDUCATION IN SCHOOL

The federal government is undertaking a relatively anemic effort to educate the minority community about AIDS (See Table 2). The Surgeon General has recommended that AIDS education be taught at the elementary school level. It is difficult not to look at these educational proposals without a jaundiced eye. How can the public leadership be preaching AIDS education, when by almost every measure the education system is failing Blacks.

Fewer Blacks are going into higher education than in previous years. The urban Black grade and high schools continue to languish far below an acceptable level of academic achievement. Blacks, particularly males, are dropping out of school in record numbers. In the health professions (medicine, professional nursing, and dentistry), Blacks are severely under-represented. Enrollment in these areas continues to decline. Clearly, one cannot be sanguine about the efficiency of AIDS education in the schools.

In the 1987 supplemental appropriation, $7 million were made available to initiate a special emphasis on preventing AIDS among minorities at risk.

TABLE 2
Summary of PHS Funding For AIDS

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>$5.5 million</td>
</tr>
<tr>
<td>1983</td>
<td>$28.7 million</td>
</tr>
<tr>
<td>1984</td>
<td>$61.5 million</td>
</tr>
<tr>
<td>1985</td>
<td>$108.6 million</td>
</tr>
<tr>
<td>1986</td>
<td>$233.8 million</td>
</tr>
<tr>
<td>1987</td>
<td>$494.1 million ($30 million, on a one-time only basis, to cover the cost of AZT) $130 million for AIDS information, health education, and risk reduction $129 million for effective treatment in FY 1987).</td>
</tr>
</tbody>
</table>

In the 1987 supplemental appropriation, $7 million were made available to initiate a special emphasis on preventing AIDS among minorities at risk.

GENERAL RECOMMENDATIONS

In addition to AIDS, most major communicable diseases (tuberculosis, syphilis, viral hepatitis, pelvic inflammatory disease, diphtheria, pertussis) inordinately affect Blacks (Report of the Secretary's Task Force On Black And Minority Health, 1985). Research does not show that Blacks are in fact genetically more susceptible; however, economic, educational, nutritional and environmental influences, as well as the inadequacies of the health care systems are the major contributors (Williams, 1975).

AIDS is an infectious disease that is growing in the Black community. The Black community must not only deal with the urgency of this particular disease but work to remove the root causes that contribute to its spread. A careful examination of contributing factors to AIDS in the Black community will reveal some very old interrelated problems: social disruption with the dismantling of the Black family; weakened Black education and training systems; weakened Black economy; growing social and economic influences of the criminal justice system fueled by drugs and alcohol; unhealthy environmental conditions; negative treatment by the media; and the diminution of the values of Black culture and history.

Oddly enough, what the Black community does to defeat these old enemies will contribute to the fight against a new one, AIDS.

REFERENCES


Mason, J. (September, 1987). Statement made at the Congressional Black Caucus Health Braintrust, Washington, D.C.


At the time this article was written, Dr. McBride was Senior Vice President for Advocacy at Children's Hospital, Washington, D.C.