The Black Death

AIDS in the African-American community is a public health emergency.

January 1, 1999 By Rep. Maxine Waters (D-CA)

The 12th World AIDS Conference ended last July with experts expressing outrage that the world needlessly faces a runaway AIDS epidemic at a time when we know that controlling the spread of the disease is possible through targeted education and prevention programs. While speakers at the conference focused on staunching the epidemic in Africa and other parts of the developing world, it is important for U.S. policy makers to remember that the epidemic continues to rage in many communities here in the United States.

However, as the face of AIDS has increasingly changed from that of gay white males to poor inner-city blacks, the government agencies responsible for combating the disease have failed to address this shift through new funding resources or targeted prevention programs. With the exception of a single article in The New York Times last June detailing the crisis, the national news media has failed to sound the alarm on the rapid and relentless spread of HIV in the black community.

Last May, the Congressional Black Caucus (CBC)—of which I am the chair—made a dramatic appeal to Donna Shalala, secretary of the Department of Health and Human Services (HHS), to declare the AIDS epidemic in the black community a public health emergency. That declaration, which would allow Shalala to take swift, strong and appropriate action, would bring a much-needed sense of urgency to combat the crisis.

The CBC did not request the declaration arbitrarily. While new cases of HIV infection are declining among whites, they are skyrocketing among blacks. Blacks make up 12 percent of the population, yet account for a staggering 57 percent of all new HIV cases, according to the Centers for Disease Control and Prevention (CDC). This racial disparity has widened continuously. In 1982, early in the epidemic, African Americans comprised 23 percent of AIDS cases; in 1992, it was 41 percent.

AIDS is now the leading cause of death for black people aged 25 to 44. African-American teenagers and young adults account for one-third of reported AIDS cases in the group aged 13 to 24. Black babies make up almost two-thirds of new pediatric AIDS cases, according to a 1997 report by the Kaiser Family Foundation. There can be no question that the AIDS crisis in the black community is a public health emergency. By any yardstick, the epidemic is engulfing us.

In 1988, then–HHS Secretary Louis Sullivan declared AIDS a public health emergency. By now, it is

clear that such a sweeping declaration covering all communities—while effective in combating AIDS among gay white men—was inadequate to deal with the special needs of African Americans. Only by making a similar declaration specifically for the escalating AIDS crisis in the black community will HHS be able to take immediate action to redefine, focus and target new AIDS resources and prevention programs in communities where the disease is now most prevalent.

HHS was prodded to take further action last September at a CBC National Town Hall Meeting in Washington, DC entitled “Killer AIDS: A Public Health Emergency in the African-American Community.” Speaking at the meeting, which was also attended by black leaders from across the country, Shalala acknowledged that “AIDS in the African-American community is a crisis demanding an emergency response.” While stopping short of declaring a public health emergency, she outlined a package of initiatives that will target additional resources for education, prevention and treatment for minority communities in the 1999 federal fiscal year, which began October 1, 1998. HHS is also seeking to provide technical assistance and infrastructure support to strengthen AIDS service organizations run by and serving African Americans.

When Sullivan’s HHS declared AIDS a public health emergency in 1988, the total number of people with HIV in the United States did not approach the staggering numbers today in the African-American community alone. The AIDS crisis in the black community is real and severe. Shalala must take immediate action to make sure that treatment, prevention and research programs follow the disease. Our community can wait no longer.

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