



People of Color and U=U

Black and Latino communities face challenges in benefiting from the Undetectable Equals Untransmittable message.

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More than 25 years of effective HIV treatment have shown that HIV medications work the same regardless of race—that if someone takes their HIV meds consistently, they will almost always achieve undetectability, stop their HIV from advancing to AIDS and be unable to transmit the virus sexually.

“This is the great breakthrough of the past quarter-century,” said Paul Kawata, the longtime head of NMAC (formerly the National Minority AIDS Council). “We have the tools now to keep nearly everyone living with HIV virally suppressed and hence far more likely to live a long and healthy life.”

However, rates of undetectability among folks with HIV remain slightly lower in Black and Latino people than in whites. In recent years, according to the Center for Disease Control and Prevention, 61 out of 100 Black folks living with HIV were virally suppressed compared to 66 out of 100 folks living with HIV overall. In Latinos folks, that gap was narrower—65 people in 100.

“It’s important to understand this isn’t because of some innate biological difference,” said Kawata, “and it’s also not as simple as Black or Hispanic folks simply choosing not to take their meds because they don’t feel like it.”

Rather, it’s due to broader longstanding social disparities between white people and people of color—in income, proximity and access to good health care, housing stability, transportation, mental health and other factors.

“If you’re white, middle-class, employed and living in a metropolitan area, you probably have both the quality health care and housing and job stability you need to adhere to your HIV regimen on a daily basis,” said Kawata. “While if you’re Black or Hispanic, especially if you are low-income or in a rural area without your own car, then quality, culturally competent HIV care may be harder to find. Or you may be so preoccupied just getting by or trying to keep a roof over your head and food in your family’s mouth that your HIV care takes a back seat.”

Research bears this out. One 2021 study of Black and white men who have sex with men living with HIV in Atlanta traced lower rates of viral suppression in the Black men to four factors: less

reliable or easy access to HIV meds (Georgia is one of 10 states that still has not expanded access to Medicaid, a significant source of HIV meds in the United States), housing instability, lower income and marijuana use (which some may use as a form of self-medication for depression or anxiety).

Among Latinos living with HIV, in addition to the above factors, a language gap and undocumented immigration status may be factors in lower rates of viral suppression.

“These factors aren’t about a person’s character,” says Kawata. “They’re about deep structural inequities in a culture that has always privileged white people, and the only way to close those gaps is to not treat people in an HIV vacuum but look at their whole lives and try to help them get what they need, like stable housing and better linkage to HIV care. That creates a firmer platform for adhering to HIV meds and hence achieving undetectability.”

Efforts around this are underway on many levels. The federal Ending the HIV Epidemic, whose aims include getting the percentage of folks living with HIV who are virally suppressed to 90 percent or higher, grants special funding to counties nationwide that bear the highest HIV burden—and often are disproportionately low-income and/or Black or Latino—so those counties might pass the money down to nonprofits with an intimate, trusted relationship with communities of color.

“You’re more likely to feel comfortable seeking help from people who come from the same community as you,” said Kawata, “and many of these groups are staffed by people also living with HIV, which helps you feel like you’re talking equally to a peer, rather than talked down to by a so-called ‘expert.’”

But, said Kawata, the power of individual folks living with HIV telling their story—in person or on social media—can’t be underestimated. “Every person living with HIV—Black, Hispanic or otherwise—who bravely tells their story of how they got to a place where they could take their meds faithfully, and achieve undetectability, is playing a huge role,” he said. “They’re saying to their peers living with HIV, ‘Hey, you can do this—and you’ll benefit from it.’ There’s a very understandable history of distrust between many people of color and the largely white medical establishment, and nothing is more healing than when someone you can relate to looks you in the eye and says, ‘Hey, I got you on this.’”