# Still Paying

Below is an excerpt of an opinion piece titled “Four Decades In, Black Communities Are Still Paying the Highest Price From HIV.”

March 30, 2026 By Amida Care

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Forty years ago, the Centers for Disease Control and Prevention (CDC) first sounded the alarm that Black and Latino communities were disproportionately impacted by HIV. That warning still echoes. Despite much progress, Black Americans continue to pay the highest price. For Black women, youth, gay and bisexual men and transgender, gender-nonconforming and nonbinary (TGNCNB) communities, these impacts have become even more pronounced.

What began as a public health crisis has become a long-running measure of our national resolve. The question before us is no longer whether we know how to prevent HIV or treat it effectively. The question is whether we are willing to confront the inequities that have allowed this epidemic to persist.

Condoms remain one of the most effective, accessible and proven tools for preventing HIV and other sexually transmitted infections. Yet today, we also possess medical tools that empower people to protect themselves. Pre-exposure prophylaxis (PrEP) can prevent HIV with remarkable effectiveness. Post-exposure prophylaxis (PEP) can stop infection after potential exposure. Modern treatment allows people to achieve viral suppression, live long and healthy lives and eliminate the risk of transmission. Plus, long-acting injectable options for prevention and antiretroviral treatment have benefited those who may struggle with adherence to daily oral medications. Ending the epidemic is scientifically possible. Yet the benefits of these advances remain unevenly distributed.

Black people account for approximately 12% of the U.S. population but represent nearly 40% of new HIV diagnoses and people living with HIV, according to the most recent CDC data. Of particular concern is the disproportionate impact of HIV among Black women, youth, trans women and gay and bisexual men as well as the higher rate of concurrent HIV and AIDS diagnoses and a faster progression from HIV to AIDS in Black men with HIV. Overall, Black individuals represent the highest proportion of deaths from HIV and AIDS (43%) compared with any other group.

In addition, Black Americans are significantly less likely to have access to or use PrEP, be linked to

care when diagnosed with HIV and achieve viral suppression compared with their white counterparts. These gaps are driven not by lack of need or awareness but by systemic barriers and stigma. Among TGNCNB individuals—especially transgender women of color—HIV prevalence remains alarmingly high, and they face significant barriers leading to lower access and uptake of PrEP compared to other groups.

Access to PrEP and treatment is shaped by insurance coverage, provider bias, medical mistrust rooted in historical injustice, transportation challenges and gaps in culturally responsive care. For many Black individuals, especially those in under-resourced neighborhoods or rural areas, preventive care and treatment remain difficult to access, prohibitively expensive or inadequately promoted by health care systems. The result is a prevention and treatment landscape that too often fails the people most at risk.

Intentional investment works. When Black-led and Black-serving organizations are resourced to deliver culturally responsive, community-driven care, people get tested earlier, start treatment sooner and remain engaged in care. When prevention tools like PrEP are made affordable, accessible and stigma-free, uptake increases and new cases decline. Investing in high-quality, culturally sensitive HIV treatment and prevention services provided by community health care providers is vital to meet people where they’re at and break down barriers to care.

Cuts to safety-net programs would be devastating. The time for reflection has passed. The time for deliberate, sustained action is now.

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