Systemic Barriers

In an opinion piece titled "HIV in the Black South: Confronting Systemic Barriers and Inequities," HIV advocate Marvell L. Terry II highlights the far-reaching impact of the virus. Below is an edited excerpt.

August 12, 2024 By Marvell L. Terry II

Growing up in Memphis—a city known globally for its vibrant culture, music and civil rights legacy—I've witnessed firsthand the alarming rise of HIV rates.

This issue is not unique to Memphis but reflects a broader crisis throughout the Southern United States.

Tragically, the Black community bears a disproportionate burden in nearly every category related to HIV—race, transmission category, and gender. According to HIV.gov, "By region, in 2021, the South accounted for more than half (52%) of the 32,100 estimated new HIV infections."

The Black community continues to confront formidable social and structural barriers. These challenges encompass racism ingrained within the health care system, inadequate systems that devalue Black lives, public health strategies that overlook the complexities of pleasure and intimacy among Black individuals and community engagement efforts that fail to account for cultural nuances.

Why the disproportion? Systemic barriers and religious dogma frequently impede Black individuals from accessing and openly discussing the urgent need for expanded access and engagement with prevention strategies like pre-exposure prophylaxis (PrEP). In fact, the Centers for Disease Control and Prevention found that PrEP uptake among Black individuals remains low. Of those for whom PrEP should be considered, a mere 11% of Black individuals were using PrEP in 2021, compared with 21% of Latino individuals and a staggering 78% of white individuals.

Compounding the challenges faced by the Black community in the South is the looming trifecta of threats: stricter and unfounded HIV criminalization laws; the passage of anti-LGBTQ legislation; and the alarming erosion of reproductive rights.

Fortunately, prioritizing the following can bring about change:

- Developing public health strategies tailored to the diverse range of sexual and romantic relationships that exist, ensuring no one is left behind;
- Advocating for comprehensive sexual education in classrooms that equips young people with the knowledge and resources they need to make informed decisions about their health;
- Demanding that colleges and universities, particularly minority-serving institutions, not only increase access to HIV testing but also provide condoms and lubrication, overcoming outdated religious objections that impede harm reduction efforts;
- Prioritizing the infrastructure and long-term sustainability of Black-led organizations, empowering them with the support they need to drive impactful change in their communities;
- Ensuring our HIV strategies are truly inclusive, addressing the unique needs of often-overlooked groups such as Black cisgender heterosexual men, Black cisgender women and transgender women and men;
- Supporting the essential development of the HIV workforce, including frontline workers like HIV testers, community health workers and early intervention specialists, by providing them with livable wages and resources;
- Redefining the boundaries of the Southern states impacted by HIV to include states like West Virginia, Arkansas, Kentucky and Oklahoma in our assessments and funding priorities, ensuring no region is left behind;
- Expanding our concept and implementation of mental wellness and harm reduction as part of the larger treatment and support methodologies;
- Advocating for and supporting political candidates who support HIV-related resourcing and awareness.

The time for action is now. Let us stand united. Go to blkinthesouth.org for more information.
