

Committing to Racial Justice and Leading with Race

January 8, 2015 By [Paul Kawata](#)

 grew up, literally and figuratively, in the HIV/AIDS movement.

The vast majority of people working to end the epidemic are good, honest, impartial Americans who have committed their lives to this fight. They are not racist, they are progressive people who are trying to change the world. That's why it's so perplexing, in a movement committed to equality, why health outcomes are so different for gay men of color and African American women?

In 2015, the National Minority AIDS Council (NMAC) will talk, train and fight for racial justice. The  ACLU defines racial justice as work that addresses issues that have a disproportionate and negative impact on people of color. Race Forward defines racial justice as the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. At NMAC, we are going to look at racial justice through the lens of health equity. Our belief is that the color of your skin should not determine whether you are more or less at risk for HIV infection and that all people living with HIV deserve quality healthcare. NMAC will work to advance racial justice through advocacy, research and leadership development. Our measure of success will not be the number of people reached, it will be positive changes in HIV/AIDS health outcomes for all communities.

 HIV/AIDS most often occurs at the intersection of race, gender, gender identity, income, geography and sexual orientation. Among other things, addressing HIV/AIDS also requires frank discussions about sex and drug use, at multiple levels including at the individual, family, community and societal levels. Addressing any of these issues is difficult, and to look at their interconnectivity seems nearly impossible. Even with the progressive politics of the HIV movement, black women are 20 times more likely to become HIV infected when compared to white women. While alarmingly, some studies estimate that one in four Black men who have sex with men (MSM) will become HIV positive by the age of 25 and 60% by the age of 40. What are we doing wrong? We don't want to be that angry organization that always brings the discussion back to race. We also don't want to be naive and never talk about race because it's too divisive. Somewhere there has to be a middle ground. That is the space that NMAC is trying to reach, teach and empower.

This month NMAC's 5 Divisions will share their 2015 vision and priorities, with an eye towards  finding a middle ground on these issues and that maximizes broad and in-depth participation

among stakeholders and constituents. This is not just for communities of color, but should be inclusive of all races. There is intrinsic value in diversity as an integral part of the discussion. In fact, it is essential that all people, regardless of race, be given the opportunity to contribute. NMAC's programs will address race directly, but we will also get to 'race' by addressing other challenges in the HIV/AIDS movement. For example, our treatment program will work to improve health literacy for all people living with HIV, but we will inevitably target communities of color more, given both the disproportionate impact of the epidemic coupled with disparities in educational attainment.

If we are committed to ending the HIV/AIDS epidemic, then we also need to commit to racial justice for all people living with HIV/AIDS. It's not possible to end the epidemic in just one community. We are too interconnected and interdependent.

Now it is up to us...

Yours in the struggle,



Paul Kawata

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