DC AIDS: Lost In A Sound Loop

March 26, 2010 By Larry Bryant

"This report gives us critical statistics on HIV and AIDS in our city and we must take advantage of this information with the sense of urgency that this epidemic deserves," said Mayor Fenty. "Today, the District plans to build on our past efforts to aggressively work to reverse some of the trends that have plagued our community."

Does this sound familiar? In the Nation's Capitol it sure does. Our fearless leader, Mayor Adrian Fenty, His Highness himself gave this stern statement in response to the 'new' clarity in the HIV & AIDS numbers in the city. What came immediately after, with the mic on (maybe he didn't know), was his ambitious two-headed strategy of addressing "mother to child transmission" and testing, testing, testing. Then, of course, followed by (say it with me) more testing. No emergency plan. No comprehensive, multi-agency approach. This bold and innovative charge was presented to a waiting community - THREE YEARS AGO (http://dc.gov/mayor/news/release.asp?id=1184&mon=200711&email_link=FF1107).

So, how has that worked since then? It depends on who you ask.

"We have a serious situation here, but we've also had some success," said HIV & AIDS Administration Director Dr. Shannon L. Hader upon release of the most recent report that states over 14% of DC's gay male population is living with HIV (http://www.washingtonpost.com/wp-dyn/content/article/2010/03/25/AR2010032503730.html). You kind of get the sense that if the CDC reported that the city is an "HIV epidemic zone" or that DC had he highest HIV infections in the country - 12 times the national average - or the highest death rate due HIV & AIDS related illness, we would find the success in that. Oh, wait... You've already heard that one?

Dr. Hader and Mayor Fenty have perfected this act of presenting these reports with a silver lining while allowing no recommendations or solutions that will lead to measurable reductions. I'm not sure what is more amazing their 'act' or the disappearing act the City Council Members continuously pull when this news hits.

We say we stand by and support the individuals and communities infected and affected by HIV & AIDS, homophobia, discrimination, poverty, death... And then do nothing - or at very best, not enough. We talk about "bold" and "promising" strategies and interventions and then fall historically short of making the difference, ANY difference, that would provide support, security, and save lives.

Time and again with our 'awareness' days and 'State of ____ AIDS' reports and rants, we almost purposefully avoid the serious discussion of strategies, measured, science-based, and proven strategies that lead to addressing some of the major factors contributing to this epidemic. Why isn't our Mayor demanding a comprehensive city-wide plan that addresses the fundamental elements that put individuals at risk? Why isn't the DC's HIV & AIDS division of the Health Department demanding (or at least encouraging) our city's leaders to provide comprehensive support from other city agencies to help

fight a complex battle that it is clearly losing - and if you don't think it is losing, you haven't traveled East of the Anacostia River often, noticed the rapidly increasing list of individuals and families who are homeless with AIDS or the the ever expanding and futile search for low income and safe housing in the District.

Out of the mouths of the city's youths comes the realization that the schools are ill-equipped on many levels to talk about, much less teach them about sex and sexuality education. While the number of teens with sexually transmitted diseases goes up (HIV infections not far behind) along with early pregnancies, comprehensive sex and sexuality education, along with the trained and competent (and willing) educators to administer it are inexplicably absent from class.

Examples of sexual violence among women and girls continues to be silent issue in the news yet is consistently among factors that contribute to homeless mothers, increased HIV infections, and with repetitive non-reported incidents, death. The District is riddled with women young and old who walk around with embedded bruises and contusions, dying from the inside out, praying for help that never comes.

The same can be said for gay men or men who live a lifestyle so stigmatized by the community around them that they would rather die in silence and seclusion than to live one day as an 'Out' individual. Do we really think that the numbers of HIV positive men tested in the clubs, bars, and other hangouts truly represent the many of whom rarely even give their real for fear of retaliation, violence, excommunicated, or worse? We haven't even began to mention the effect of addiction and mental illness on infection rates - or on the accumulation of these god damn stats.

DC Fights Back, a local HIV & AIDS advocacy and activist group, along with community and organizational partners and individuals has developed comprehensive demands that if implemented will identify gaps, describe services needed to fill those gaps, and sets ambitious goals and targets, and includes a strategy for accountability. This plan must include:

- AIDS treatment for every person in need and programs that ensure continuity of care;
- Housing for every person on the HIV & AIDS housing waiting list, and developing a strategy to prevent the list from growing again;
- Access to high quality substance abuse and mental health treatment as part of a continuum of care;
- Expanded prevention programs including harm reduction and clean needle programs to reach all in need;
- A strategy implemented to address the role sexual violence and violence against women plays in rising HIV infection rates as well as barriers to education, care, and support services;
- Competent, science-based HIV & AIDS education to reach all students, parents, and seniors;

- A campaign to build unity among DC residents to fight HIV and the stigma that blames and attacks people for illness;
- Remove barriers that restrict employment rights of people living with HIV & AIDS.

We also must have a commitment from our elected, civic, and Faith leaders that fighting this epidemic is actually worth it. We also need a commitment that we are actually worth saving and supporting and not just waiting for the next soundbite.

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