Marking National Black HIV/AIDS Awareness Day With a COVID-19 Vaccine

Why HIV and COVID-19 are racial justice issues—and what the Black, Queer+ Center for Liberation is doing about it.

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The following is a guest post by Ian L. Haddock, the executive director of The Normal Anomaly Initiative. The Normal Anomaly Initiative is a grantee of AIDS United under the Positive Organizing Project Year Six and Fund for Resilience, Equity and Engagement. For more information about how you can help #StopHIVTogether, click here.

I'm taking my second dose of the COVID-19 vaccine later this week to commemorate National Black HIV/AIDS Awareness Day. It's considerably an eccentric way to celebrate, but during this unprecedented year, it makes the most sense to me. The decision to participate in being vaccinated so early in the rollout was an easy one for me; I believe the vaccine is the most promising way for me to get back to some sense of normalcy.

For many Black people, though, it is not an easy decision to take this vaccine. In fact, for many of my community, it feels like a life-or-death situation.

For Black people, taking a vaccine is a reminder of what has happened to us over and over in our history and the present. In this cyclical story that covers decades of medical mistrust, you can change the inputs and outputs, but the outcome will more often than not be that Black people seem to be disproportionately negatively affected. For instance, I live in Texas: one of the most populous states with the largest medical center in the world and the unfortunate reality of the second highest number of COVID-19 cases in the country. Yet, at the beginning of the rollout of the vaccine there were few sites located where Black and Brown people live even though their risk is higher for hospitalization and death while resources and mobility is limited.

NBHAAD is yet another reminder of these disproportionate effects. Although Black people only account for about 13% of the United States population, we account for almost 42% of new HIV infections. Here in Texas, Black womxn are 14.8 times more likely than White womxn and Black mxn are 4.3 times more likely than White mxn to receive an HIV diagnosis. Like the other social movements and pandemics of today, we have to look at race when it comes to HIV.

Both COVID-19 and HIV are a racial justice issue. This is not to say that Black people are the only one's contracting diseases; it is to say that Black people are dying disproportionately and aren't receiving critical care—like vaccines and viral suppression—in a proportionate rate. For many of our community, it is not available. For others, it is because there has been little clarity and meaningful engagement on the issues that we present as it relates to our medical care.

I know the medical community can do better with how it engages and empowers Black people because I am a product of what happens when you encourage a person to have power in their actions. Before I had language, HIV activists took my hand and taught me the bravery of having autonomy over myself. In 2015, I remember a group of people living with HIV teaching me to advocate for getting on PrEP even when my doctor was cautious to recommend it; they reminded me of having to take their HIV medication simply in hopes — at the time of their diagnosis — that it would prolong their life. It was their belief in me that has brought me to be confident in doing what must be done for me to feel safe and protected and for bringing that passion to my community. This is what it will take for people to feel empowered: the cultivation of advocates that are dismantling the structure while simultaneously building up a community response that encourages people to ask questions, get answers and develop confidence in their decision-making.

This is why we at The Normal Anomaly Initiative have created the Black, Queer+ Center for Liberation. We are creating a community of power that embraces the idea that we can do what we must for each other, cultivate meaningful engagement and still hold the structure accountable. For instance, our Positive Organizing, Wellness and Resilience (POWR) program was created for and by persons living with HIV to create brave spaces both digitally and in-person that contribute to holistic wellness, community and advocacy. Also, we are offering employment counseling and placement services through our partnership with Life Mission Project Network, a community burial assistance fund in collaboration with Impulse Group Houston along with mobile and at-home HIV testing. These programs are an example of how we are innovating to meet the call of our community and to keep with our slogan: "Eliminate Barriers to Create New Norms."

One day — hopefully in the next year — we can see the end of the dark moment that we have lived in because of COVID-19. I know that whenever we get there, it'll be because of how we mobilized, engaged and used our voices. So, this week, in acknowledgment of all the things that I have learned in activism centering HIV, in celebration of National Black HIV/AIDS Awareness Day and faith that activism is what will get us to the end of both of these pandemics, I take my second dose of the COVID vaccine.

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