



Joint Statement from the Leadership Meeting of Black Women and Black Gay Men

**Charlotte, North Carolina
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The resilience of Black people has been demonstrated in innumerable ways since our earliest days in the United States as descendants of forbearers who endured the Middle Passage, slavery and legally enforced discrimination. Black people have fought consistently for the equal distribution of basic rights and freedoms inherent to all humanity. Our collective struggle for civil rights, economic prosperity and autonomy of action, word, and deed exemplify the work of a people intent on breaking the chains of prejudice on our minds and hearts. It is with this history at our back that the Black Women's HIV/AIDS Network and the National Black Gay Men's Advocacy Coalition have come together in dialogue to address the many challenges associated with and exacerbated by the HIV epidemic.

The State of the Epidemic in U.S. Black Gay Men and Black Women

While comprising only 13% of the US population, African Americans are disproportionately affected by HIV/AIDS. Of the estimated 184,991 adult and adolescent HIV infections diagnosed during 2001–2005, more (51%) occurred among Blacks than among all other racial/ethnic populations combined. Most (62%) of new HIV/AIDS diagnoses were among persons aged 25–44 years; in this age group, Blacks accounted for 48% of new HIV/AIDS diagnoses. The rate of AIDS diagnoses for Black adults and adolescents was 10 times the rate for whites and nearly 3 times the rate for Hispanics.

Earlier this year the CDC reported that among African-American men, close to half (49%) of new HIV/AIDS cases in 2004 were attributed to sex with men, making this the primary mode of HIV acquisition. Estimated numbers of persons living with AIDS at the end of 2005, by race/ethnicity, sex, and transmission category—50 states and the District of Columbia represents that 125,134 Black men are living with AIDS and of that number 65,269 are men who have sex with men (MSM). Moreover, the Young Men's Study (YMS) Phase 2 study conducted in 1999 found an overall HIV prevalence of 13% among 23–29 year old MSM with a significant disparity between African Americans and white men: HIV prevalence was 32% among African-American vs. 7% for white MSM (*MMWR*, 2001). Data from NHBS conducted in 2004-05 confirms that HIV prevalence among MSM at least 18 years old was higher in African-American than white MSM (46% vs. 21%, respectively). Recent analysis of data from the EXPLORE Study, a large-scale behavioral intervention trial for MSM conducted between 1999 and 2003, found that HIV incidence was higher in African-American than white MSM, even with controlling for sex and drug risk behaviors, sexually transmitted infections and other covariates (Koblin, 2006).

From the beginning of the epidemic, Black women have been disproportionately affected as well. In January 1983, the Centers for Disease Control and Prevention (CDC) documented the first two cases of AIDS in women. One of these women was Black; the other was Latina. By 1988, African Americans accounted for half of all AIDS cases identified in females in the United States (Mann, 1989). In 2003, women constituted 28% of HIV/AIDS cases in the United States; approximately 69% of those cases were among non-Hispanic Black women (*MMWR*, 2004). Heterosexual transmission is now the most commonly reported mode of HIV transmission among women. Between 2001 and 2004, women were diagnosed with heterosexually transmitted HIV at a rate of 58.3 per 100,000 Black females, compared to 2.2 for whites, 15 for Hispanics and 2.8 for Asian and Pacific Islanders (*MMWR*, 2006). Of the 127,150 women living with HIV/AIDS—based on data from 33 states with long-term confidential name-based HIV reporting—64% were Black. Of the Black women living with AIDS at the end of 2005, 66% acquired their infection through heterosexual contact (CDC, 2006). In absolute numbers, more Black men have AIDS than Black women; however the absolute numbers for Black women are rising at a staggering rate. Black women are the fastest growing population of new AIDS cases, accounting for two-thirds (67%) of reported cases among women.

For Black gay men and Black women, AIDS is the leading cause of death among young adults.

Why We Met in Charlotte

As the numbers of African-American gay men and women living with HIV has increased and resources for prevention, care and treatment have been cut or remained stagnant, tensions between our communities over prioritizations of resources have surfaced and threatened our ability to work constructively together. Additionally, at times in the past few years our identities and our lives have been pitted against each in ways that have laid blame and not solutions to how we respond to the HIV epidemic. It became clear that a new dialogue was needed among Black gay men and Black women on how to respond to the impacts of HIV disease on our communities individually and collectively.

The Black Women's HIV/AIDS Network and the National Black Gay Men's Advocacy Coalition, in partnership with the National Minority AIDS Council, created and participated in an historic, facilitated forum of 24 Black gay and Black women leaders in HIV June 1-3, 2007, in Charlotte, NC to foster a new understanding between these two critical components of the Black community. While not all participants were members of these organizations, each invitee was a demonstrated leader in the HIV epidemic. The Forum convened in the heart of the southeastern United States to acknowledge it as the epicenter of HIV disease in the African-American community. The Charlotte Meeting was designed to promote frank discussions between Black gay men and Black women about the current state of the HIV movement as it affects their communities, the response to HIV from within the African-American community and strategies to promote greater unity between our communities and foster collaboration on future policy and programmatic initiatives. The Charlotte Meeting was designed as a model that can hopefully be replicated in communities across the country that need to encourage honest and respectful dialogue between Black gay men and Black women on how to work together to address the issues of HIV/AIDS.

A Successful Outcome and Our Vision Going forward from Charlotte

The two-day forum was an unqualified success in transforming the spirit and content of the interactions between the participants. By confronting many long-standing issues, participants were able to break through and commit to moving forward with a sense of unity while respecting the unique aspects of each community's agenda. A core purpose was developed and it states:

We are committed to moving in alliance with integrity to value, strengthen, and affirm the lives of Black women and Black gay men—thus benefiting the Black community and American society.

As a result of this successful dialogue those of us gathered have:

- Agreed to a set of core principles that both groups and leaders present will use in interacting with one another.
- Agreed to collectively communicate the outcomes of the Charlotte Forum to officials at the U.S. Department of Health and Human Services in a sign of unity.
- Agreed to reject the zero sum paradigm established for federal HIV resources. Black women and Black gay men require and deserve federal resources to meet the needs of their communities and the two communities will no longer allow themselves to be pitted against one another in competition for scarce resources.
- Agreed to an ongoing series of meetings between the leadership of the National Black Gay Men's Advocacy Coalition and the Black Women's HIV/AIDS Network to establish trust, share information, and identify strategic opportunities for collaboration as each entity promotes its policy agenda.
- Agreed to collectively engage US Department of Health and Human Services (HHS) agencies with shared policy interests and empower each other's agendas to ensure appropriate representation in HHS policy, funding, planning and outreach activities. Meetings will be prioritized based on timeliness and impact.
- Agreed to establish a method of regular communication between all participants.
- Agreed to meet face to face as a group following the United States Conference on AIDS to assess progress and establish future goals.

The outcomes of the Charlotte Meeting were possible because of the intentional commitments made by all participants to engage authentically with a sense of purpose on behalf of our larger communities. The historical nature of the Charlotte Meeting was palpable and the weight of responsibility to the Black community was present. The participants offer the results as a gift to the larger Black Women's and Black Gay Men's communities as an example of successful conflict resolution as we battle external enemies for our survival and success. To this end, the Charlotte Meeting represents the beginning of a new and productive phase in our critically important work.

Participants

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 Deborah Fraser-Howze
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 Michael Henson
 Rev. Deborah Hickman
 Ernest Hopkins
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