



***The National Black Women's HIV/AIDS Network
Commemorates the 40th Anniversary of the MMWR Report: Reflecting on the Past
and Looking Towards the Future***

June 4, 2021: As we commemorate the 40th Anniversary of the MMWR AIDS Report, the National Black Women's HIV/AIDS Network takes this opportunity to reflect upon the past and look towards a future where ending the HIV epidemic becomes a reality. We acknowledge HIV Long-Term Survivors Awareness Day by applauding the efforts of all of those who are with us and continue to battle HIV/AIDS and pay homage to all of those we have lost to this menacing epidemic.

Forty years ago, Sandra Ford, a drug technician for the Centers for Disease Control (CDC), officially notes an increase in requests for pentamidine for the treatment of pneumocystis carinii pneumonia (PCP). A paper napkin was later taped to Sandra's door stating: "In this office in April 1981, Sandra Ford discovered the epidemic that would later be known as Acquired Immune Deficiency Syndrome (AIDS)." In addition, six women in the United States were noted to have an unexplained underlying cellular immune deficiency. It was a description of the same phenomenon among five previously healthy young gay white men, however, that prompted the 1981 MMWR report now viewed as the first official recognition of AIDS. A retrospective study of underlying causes of death suggested that 48 young women died of AIDS in the years 1980–1981. Although not described in the report, based on the epidemiological data since then, it can be concluded that these women were, most likely women of color, specifically Black or Latina women between the ages of 15 and 44 years. By 2004, HIV became the leading cause of death for Black women between the ages of 25-44. In 2005, the rate of AIDS diagnoses for Black women became 20 times that of the rate for White women.

Early in the epidemic, the early public health response was not focused on Black communities in most of the country — despite evidence of an emerging epidemic — thus leaving a segment of the population ignorant in its understanding of the virus, its spread and its potentially devastating impact on Black America. The history of the AIDS epidemic in the U.S. is exacerbated by racism, bias, and discrimination resulting in disparities in access to care, treatment and prevention for Black women and girls with and at risk of HIV/AIDS. Structural racism, not race—is the true driver of health inequities and poor health outcomes among this cohort of the population. Reducing the racial disparity in HIV will require interventions that address structural and social factors, including lack of access to quality health care. As with HIV, the advent of COVID-19 underscores the enduring connection between systemic racism and health.

As we enter the 4th decade of the epidemic, Black women and girls continue to be disproportionately affected by HIV, accounting for the majority of new HIV infections, the greatest prevalence, and highest rates of HIV-related deaths among women living with HIV in the U.S., despite making up less than 15 percent of the female population. According to the CDC, the rate of new infections among Black women has decreased over time, however this decline has plateaued in recent years.

The impact of HIV/AIDS on Black women and girls in the U.S. can no longer be overlooked. These statistics reveal the fundamental need for the development of a national women-focused HIV/AIDS policy agenda to effectively address HIV/AIDS among Black women and girls in the United States. Although there has been increasing attention to and resources allocated for HIV/AIDS, Black women are still not full participants in the HIV/AIDS response even though we are often on the frontlines fashioning initiatives that are central to the success of the HIV/AIDS response.

On December 1, 2020, World AIDS Day, President Biden promised to pursue “bold solutions” to the HIV epidemic. While we fully appreciate the President’s promise, we remain cautiously optimistic. The disproportionate concentration of HIV/AIDS among Black women is an especially striking trend and efforts to stem the tide of the epidemic among this cohort of the population will increasingly depend on how and to what extent the socioeconomic and political status of Black women is addressed in this country. The federal HIV/AIDS agenda must begin to fully reflect the realities of the lives of Black women living with and at risk of this disease and begin to invest in the leadership of Black women by employing them as recognized agents of change rather than recipients of services.

The National Black Women’s HIV/AIDS Network will continue to focus on the leadership of Black women and girls in the fight against HIV/AIDS. We are committed to working with the Biden Administration to prioritize issues that will move toward full racial justice and equity and call upon public health departments to create collaborative partnerships with Black women led community- based organizations to address the unique health needs of Black women and girls impacted by HIV/AIDS.

About the National Black Women’s HIV/AIDS Network (“Network”)

The National Black Women’s HIV/AIDS Network is organized to provide leadership and expertise in the prevention and spread of HIV/AIDS and other health disparities that affect black women and girls nationally and internationally. The mission of the Network is to reduce the burden of morbidity, mortality and stigma of HIV/AIDS and other health disparities associated with gender, social, and economic inequities among Black women and girls.

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