



HIV in the Black South: Confronting Systemic Barriers and Inequities

In advance of Juneteenth, an advocate highlights the far-reaching impact of the virus.

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Growing up in Memphis, Tennessee — a city known globally for its vibrant culture, music, and civil rights legacy — I’ve witnessed firsthand the significant challenges lurking behind the glamor: alarming rising HIV incidence rates.

This issue is not unique to Memphis but reflects a broader crisis throughout the Southern United States. Cities like Atlanta; New Orleans; Houston; Miami; Jackson, Mississippi; and Birmingham, Alabama, are also grappling with alarmingly high incidence rates of HIV in Republican-dominated states. States also have declined to expand Medicaid, and in Tennessee, the governor has refused to approve critical and life-saving HIV funding from the Centers for Disease Control and Prevention.

The impact of HIV on the Black community is far-reaching. It affects a diverse segment of the Black community — including Black gay men, Black transgender individuals, Black cisgender women and men, and Black youth.

Tragically, the Black community bears a disproportionate burden in nearly every category related to HIV — race, transmission category, and gender. According to HIV.gov, “By region, in 2021, the South accounted for more than half (52%) of the 32,100 estimated new HIV infections.”

It’s easy to imagine HIV as an issue from the past. Yet, despite the availability of tools to combat HIV (including philanthropic initiatives and innovative treatment and prevention methods like long-acting injections), the Black community continues to confront formidable social and structural barriers. These challenges encompass racism ingrained within the healthcare system, inadequate systems that devalue Black lives, public health strategies that overlook the complexities of pleasure and intimacy among Black individuals, and community engagement efforts that fail to account for cultural nuances.

Why the disproportion? Systemic barriers and religious dogma frequently impede Black individuals from accessing and openly discussing the urgent need for expanded access and engagement with prevention strategies like pre-exposure prophylaxis (PrEP). In fact, the Centers for Disease Control and Prevention has found PrEP uptake among Black individuals remains alarmingly low. Of those

for whom PrEP should be considered, a mere 11% of Black individuals were using PrEP in 2021, compared with 21% of Hispanic individuals and a staggering 78% of White individuals.

Compounding the challenges faced by the Black community in the South is the looming trifecta of threats:

1. Stricter and unfounded HIV criminalization laws
2. The passage of anti-LGBTQ legislation
3. The alarming erosion of reproductive rights.

These factors exacerbate the ongoing struggles despite the apparent availability of tools to address the HIV epidemic. We must not turn a blind eye to the reality that racism and white supremacy continue to permeate the halls of our healthcare and academic institutions. Stigma remains an insidious barrier, stifling open dialogue – we must confront HIV and candidly discuss the ways we are addressing and failing to address this crisis within our communities.

This includes becoming comfortable with having difficult conversations and addressing hard truths. Fortunately, there are just as many — if not more — opportunities for change as there are challenges we face:

- Acknowledging and developing public health strategies tailored to the diverse range of sexual and romantic relationships that exist, ensuring no one is left behind.
- Advocating for comprehensive sexual education in classrooms that equips young people with the knowledge and resources they need to make informed decisions about their health and well-being.
- Demanding that colleges and universities, particularly minority-serving institutions (MSIs), not only increase access to HIV testing but also provide condoms and lubrication, overcoming outdated religious objections that impede harm reduction efforts.
- Prioritizing the infrastructure and long-term sustainability of Black-led organizations, empowering them with the resources and support they need to drive meaningful and impactful change in their communities.
- Ensuring our HIV strategies are truly inclusive, addressing the unique needs of often-overlooked groups such as Black cisgender heterosexual men, Black cisgender women, and transgender women and men.
- Recognizing and supporting the essential development of the HIV workforce, including frontline workers like HIV testers, Community Health Workers, and Early Intervention Specialists, by

providing them with livable wages and resources.

- Redefining the boundaries of the Southern states impacted by HIV to include states like West Virginia, Arkansas, Kentucky and Oklahoma in our assessments and funding priorities, ensuring no region is left behind in the fight against HIV.
- Expanding our concept and implementation of mental wellness and harm reduction as part of the larger treatment and support methodologies.
- Advocating for and supporting political candidates who support HIV-related resourcing and awareness.

The statistics show that relying on well-intentioned initiatives or surface-level solutions is no longer enough. We must confront uncomfortable truths, dismantle the structures of oppression, and embrace the difficult conversations that have been avoided for too long.

This fight is not just about statistics or numbers but about the lives, hopes, and futures of those we love. It is a fight for justice, equity, and the fundamental human right to health and well-being. We owe it to ourselves, our communities, and generations yet to come to rise to this challenge with unwavering determination, empathy, and a commitment to creating a world where no one is left behind.

The time for action is now. Let us stand united, shoulder to shoulder, and forge a future where the scourge of HIV is eradicated, and the Southern Black community can thrive in the fullness of its strength, resilience, and pride.

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Marvell will host BLK in the South Summit, presented by Gilead Sciences, on September 11 in New Orleans at Xavier University of Louisiana. BLK in the South Summit is a one-day convening to interrogate the HIV response and share best practices for addressing HIV in the Southern Black community. BLK in the South Summit is a pre-conference to the United States Conference on HIV/AIDS.

More information can be found at www.blkinthesouth.org.