



WHY COMING TOGETHER IN OUR HIV/AIDS PREVENTION EFFORTS IS OUR ONLY OPTION.

By Gisele Pemberton, Director

Three recent articles from the Kaiser Daily HIV/AIDS Reports caught my attention in the past few months and served to remind me that as HIV/AIDS service providers, advocates and policy makers, our struggles against HIV/AIDS in our communities are intertwined and that in order to truly combat the scourge of this disease we need to refocus on the notion that *as one, we are accountable for all.*

The first article I picked up entitled "*New York City Records Increasing Number of HIV Cases among MSM younger than Age 30*" (September 12, 2007) spoke to the increasing numbers of new HIV AIDS cases among young MSMs and the urgency of the situation. The article reports that "90% of MSM in NYC under the age of 20 are black or Hispanic"... and that east and central Harlem in Manhattan has seen a 115% increase in new cases since 2001. It is believed that this increase in new HIV/AIDS cases among young MSMs is a national trend evident in other parts of the country, especially in large urban settings.

The second article "*Black AIDS Institute Executive Director Discusses HIV Prevalence Among Blacks at Town Hall Meeting,*" (October 3, 2007) points out that although blacks comprise only 12% of the US population "sixty-seven percent of new HIV/AIDS cases among American women are black, 42% of new cases among men are black, and nearly 70% of the new cases among American youth ages 13-21 are black." The Executive Director, Phil Wilson, then called for "anyone who presumably cares about black people" to talk about HIV/AIDS and support prevention efforts in the African-American community.

The last article, "*Hispanics in the U.S. contract HIV through Different Transmission Routes based on Birthplace, MMWR Study Says,*" (October 12, 2007) revealed differences in HIV transmission routes among Latinos from South America, as opposed to those born in Central America, Mexico and Cuba, and those born in the U.S. The study notes that "Hispanics have the second highest HIV rate among all racial and ethnic groups in the U.S after blacks," and that prevention messages need to be tailored to the subcategories of Hispanics because they are not a monolithic group.

So, what does this all mean to those of us on the frontlines of the epidemic? Besides telling us we still have a lot of work to do, the data also tells us that *all* communities of color are hurting because various sectors of our community are still becoming infected at alarming rates compared to the majority population. This means that while no one community or group is without reason to advocate for its own, it is also clear that certain subpopulations require enhanced efforts that we ALL support—we cannot have young Black and Latino MSM's and African-American women getting infected at rates that mirror some countries in Sub-Saharan Africa; nor should we ignore or downplay the need for resources

to adapt or create tailored prevention messages that speak to the diversity in the Latino community. A Columbian woman, a black gay man, a Puerto Rican injection drug user, a young heterosexual black woman all have something in common—they are all someone's mother, father, sister, brother, daughter, spouse, lover, and may all be at risk for HIV-- and at the end of the day, we exist to serve them all.