

In the 25 years since the first reported cases of AIDS significant progress has been made, yet a quarter century into the epidemic there is much more we can do to stop the spread of the disease. National Black AIDS Awareness Day, celebrated on February 7<sup>th</sup>, is a perfect opportunity for us to identify and implement needed improvements that will adequately provide effective care and treatment to HIV patients across the country. On this day, it is imperative that each of us contemplate the enormity of what this epidemic has wrought, particularly in the African American community. It is essential that we pledge to do our utmost to stop HIV/AIDS in our communities.

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More and more HIV/AIDS is a disease that affects us all. It is no longer a disease that is limited in its influence or devastation. Times have changed and our strategy to combat the disease must evolve to adequately address the needs of those suffering from this disease.

In 1990, HIV/AIDS overwhelmingly afflicted whites, gays and males living in large metropolitan areas. In 2006, HIV/AIDS is a disease, increasingly afflicting women, small-town and rural dwellers and persons of color, especially African Americans.

Unfortunately, African Americans are disproportionately affected by HIV/AIDS. In fact, African Americans account for more HIV and AIDS cases and HIV-related deaths than any other racial or ethnic group in the United States

. According to the Centers for Disease Control and Prevention (CDC), nearly 75% of new reported cases of HIV in this country are among people of color.

Additionally, while African Americans represent only 12% of the U.S. population, they accounted for over half of AIDS cases diagnosed in 2005.

Indeed these numbers are startling, but the current trends of the disease illustrate the need for us to begin anew to combat the disease. Between 2001 and 2005 African Americans living with AIDS increased by 33%, more than any other racial or ethnic group. In 2005, African American women accounted for 67% of new AIDS cases among all women. What these figures demonstrate is that the HIV virus is winning. Simply stated,

t his adds up to disaster for the African American community.

Racial and ethnic minorities are already at greater risk of premature death from preventable illness.

Add over a quarter of a million people unknowingly spreading HIV and it is obvious to see that we are rapidly advancing towards a HIV/AIDS crisis. The cost in terms of money and lives will be staggering unless dramatic steps are taken to expand prevention and treatment efforts.

Looking at these facts it is evident that improvements are needed.

We need a U-turn in AIDS policy at the local, state and federal level – and within every hospital, every doctor's office and every clinic. Our focus must be turned to prevention and treatment strategies. The CDC recently recommended that HIV testing become a routine medical procedure with a voluntary 'opt-out' provision. Patients can know their status and be linked to effective counseling, prevention and treatment efforts.

In addition, more public funding should go to targeted campaigns in minority communities, where we already know the threat is higher.

We can not afford to continue down the current pathway where our communities ignore the reality of this disease. The public health system can't gauge the scope of the epidemic unless we know where the virus is, and where it is going.

Whole communities will be left out of vital programs, precious resources wasted, and thousands of Americans will die needlessly.

We have a moral responsibility as African Americans to lead by example.

We should be actively educating ourselves and our communities about the realities of HIV/AIDS. We need to be urging our family members and political and community leaders to join public education campaigns to "know your status." Those who care enough for themselves and their loved ones shouldn't hesitate to become involved on this issue.

Why is it that with all we know about HIV/AIDS, and with all the scientific advances that have made this a largely manageable disease, we have fallen so far short in diagnosing people and moving them into treatment?

How is it possible that when life-saving treatment has never been more widely available in this country, over 250,000 Americans with HIV are not in treatment?

This is a challenge we can't wait any longer to confront.

Each day that passes without expanded prevention and treatment programs is another day when someone passed the virus along unknowingly, and another person has died because he or she entered treatment too late. It's time to take the blindfold off our national AIDS strategy.

Until we do, our best prevention and treatment efforts will be a failure, and all the money we spend won't be able to roll back an epidemic that has already consumed the lives of over 1 million Americans.