



**BLACK PEOPLE, HIV-AIDS AND RACIAL JUSTICE:
FIGHTING ON TWO FRONTS**

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DR. MAULANA KARENGA

The 30 year many-sided struggle around HIV/AIDS has taken us across difficult, treacherous and deadly ground, a ground of lives tragically lost and joyfully saved, of immeasurable human suffering and inestimable personal and collective sacrifice, and fierce and continuing combat for racial and social justice. Clearly, our struggle has not just been about dealing with the terrible devastation of the disease itself, but also about resisting the ravages of racism, augmented by class and gender disparities, discrimination and disregard, and imposed as public policy and socially-sanctioned practice. For racism, as a pathological and pathogenic condition of society is not cured, contained or in remission, but like a lingering virus launches its most debilitating and deadly attacks against the most vulnerable, wreaking havoc on their health, hopes and lives.

Thus, as public policy and socially sanctioned practice, racism determines who will be considered and treated and how; who will live best and die worst; who will work, be educated well or walk and drive down the street without being targeted (profiled) by color, regardless of age and innocence. It is in this context that we find ourselves fighting on two fronts in the struggle around HIV/AIDS: on the front of health and well-being and that of racial and social injustice in society as a whole. For the two are clearly linked; and so whatever is offered as a common strategy and struggle to address the pandemic of HIV/AIDS, we know we have not received and do not have the consideration and resources we need, and certainly not the consideration and resources equal or even similar to the favored and well-funded White community. And yet we continue to make do and struggle on; to perform what small miracles we can; and to do the good demanded of us by our commitment to care and serve which is so es-

sential to our cultural and moral sense of ourselves as African people.

This year's World AIDS Day theme is "Getting to Zero": zero new infections; zero discrimination; and zero AIDS related deaths. But the question is how do we get to zero, i.e., an AIDS free generation, when our rates of infection are constantly and steeply rising, not going down? How do we get to zero when our resources are diminishing even as the need for resources increases due to rising rates of infection? And how do we get to zero when our organizations doing the critical work are under-funded and in danger of further weakening? It, again, reflects the view of things from the status and standpoint of Whites, not from that of Black people.

Indeed, this has been a continuing problem. For from the outset the problem of AIDS was defined as a White gay problem. And Black gays were at best an afterthought, with Black women being given little or no thought at all. Thus, the essential design, development, delivery and assessment of strategies, medicines, modalities of treatment and care, services and funding were all shaped, even determined by this interpretation. Thus, now that the White gay community has essentially brought the epidemic under control among themselves and have turned their most public and pressing attention to other gay and lesbian issues, such as marriage, political representation and media presence, HIV/AIDS initiatives, especially in the Black community are posed and treated by planners and funders as less urgent and certainly not worthy of the attention once given this pandemic when Whites were at greater risk.

Moreover, the 2010 Presidential National HIV/AIDS Strategy gave no special attention to Blacks, even though we have the highest rates of infections and clearly have less resources to deal with this trend. In addition,

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foundations have begun to reduce funding and turn elsewhere. And thus, the Black organizations who have held up the vulnerable community levees as long and as well as they could face the rising waves of infection with a diminishing resource capacity to withstand and reverse the process. This turn to other things by the White gay community has brought a new emerging conversation and concern about White activists and liberal funders becoming “fatigued” in the battle against AIDS. But this scenario resembles post-civil war Republican radicals and liberals who confused saving the country and themselves with saving us. And so they claimed victory, folded their Reconstruction tents and left us to fend for and defend ourselves against the racist savagery of the South.

Certainly, one of the most important lessons to learn from this struggle, and former ones, is not to confuse our specific agenda with the general or specific agenda of others. For in the final analysis, we must set our own agenda, and wage the needed struggle to heal and transform ourselves and all the social conditions negative to our health, well-being and wholeness. This is why we say in Kawaiida, concerning our overall conditions and our capacity: we are injured physicians who must and can heal, repair and remake ourselves in the process and practice of repairing and re-making society and the world. And this clearly applies also to the struggle around HIV/AIDS.

For in spite of presidential pronouncements, proclamations and strategic stroking of

White people, we live in a society grossly ill in its ideology and practice of domination, deprivation and degradation. Thus, it must be repaired and remade and that requires resistance to its oppression, exploitation and injustice and struggle to radically transform it and remake it into the good and just society we all want and deserve to live in. This is why we cannot separate the struggle to end the ravages of AIDS from the larger struggle to end race and class oppression.

But even in the midst of battle, let us always pause to remember and pay rightful homage to all those who have died from this horrible and devastating disease, Africans everywhere in the world, as well as others. And in our rightful and reverent memory of them, let us recommit ourselves to continue the struggle to achieve the goal of zero new infections, zero discrimination based on race, as well as sexuality and illness; and zero AIDS related deaths. Let us also pay rightful homage to those on the frontline of the fight, those infected and directly affected who continue to fight to preserve their lives, regain their health, reaffirm their dignity, and live the good lives they deserve. And let us pay rightful homage of those persons and organizations in the vanguard of assisting, supporting, caring, treating, and instructing the ill; educating the community as a whole; and working and struggling to achieve a shared good: the health, wholeness and well-being of our people and the world.

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