

# Palpitations



March 2005

Volume 3, No. 1

## A Looming Crisis

By: Tricia Hylton

There is a crisis looming in the Black Canadian community. It has not hit yet, but unless we take steps to head it off, it will. Sexually Transmitted Infections (STI), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are becoming increasingly prevalent, affecting a disproportionate percentage of our population. If we don't pay attention now, if we don't get the message out now, and if we don't address the problem now, we will pay a very heavy price later.

**"The rate of HIV/AIDS infection among Black Canadians continues to climb, while that of White Canadians continues to decline"**

To begin, the federal initiative to address HIV/AIDS in Canada has identified five main risk groups: Aboriginal peoples; youth; men who have sex with men (MSM); women; and injection drug users (IDU).

Only one ethnic group was identified, Aboriginal peoples. A closer examination of the impact of HIV/AIDS on Aboriginals and Blacks

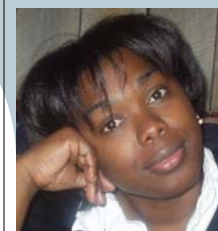
begs the question: why were Black

Canadians not identified as a "risk group" also?

In 2001, Aboriginals and Blacks comprised 3.3 per cent and 2.2 per cent of Canada's population, respectively.

According to a 2003 Health Canada Study, by the end of 2001 Aboriginals and Blacks respectively accounted for "5.3 per cent and 13.9 per cent of reported HIV/AIDS cases. [Moreover], between January and June 30, 2002 these proportions were 14.1 per cent and 15.6 per cent respectively."

To continue, a 1999 Health Canada study utilized a projection modeling system to estimate the HIV/AIDS scenario in the Black Canadian community in Ontario. The study found "the majority of deaths from HIV/AIDS in the homosexual population [were] occurring among Caribbean-born men." Reportedly, an estimated 300 Caribbean-born men in Ontario alone were infected with HIV/AIDS.



Welcome back to the third edition of Palpitations.

This time around we tackle a potential epidemic in the Black

Canadian community. We have heard recently the rate of HIV infection has doubled over the last 10 years in the African-American population.

It is scary to think this could also happen in Canada, but it can. There are many factors working against our community, but most importantly is the lack of awareness. Hopefully this article will raise our awareness to this looming crisis.

The next issue of Palpitations will be much lighter—I promise—we'll look at the state of relations between the sexes. I think you will like it.

Stay tuned, Palpitations.ca is almost complete. I let you all know when it is.

Keep your comments coming to [palpitations@rogers.com](mailto:palpitations@rogers.com). As always your comments are welcomed and encouraged.

Palpitations is available online at [bbpa.org](http://bbpa.org), [blackcanada.com](http://blackcanada.com), [cabj.ca](http://cabj.ca), [bbi.ns.ca](http://bbi.ns.ca), [hiphopcanda.com](http://hiphopcanda.com), and [ottawa411.com](http://ottawa411.com). In print you can find Palpitations in Pride Magazine. Much gratitude to these organizations for providing an outlet for this column. If you are interested in carrying Palpitations, please contact [palpitations@rogers.com](mailto:palpitations@rogers.com)

Until next time.

Peace and Blessing,

*T Hylton*

More ▶

African and Caribbean women were also in peril. "Informal volunteer reporting indicates that 70 per cent of the mother-infant transmissions in recent years were among women from Africa and the Caribbean...overall, the rate of HIV infection is 20 times greater in the Caribbean community and 60 times greater in the African community than in the heterosexual non-injection drug using population in Ontario." It is unlikely that this scenario is unique to Ontario; instead it is believed "a significant percentage of infection is occurring in Canada."

## **"Black females are at a higher risk of contracting HIV/AIDS than any other segment of the female population in Canada."**

The reports also provide startling information about who in the Black Canadian community is being infected, by what methods, and at what rate.

- Approximately half of all positive HIV test reports among Black Canadians are female;
- Over 80 per cent of Black Canadians are infected via heterosexual exposure; and
- While HIV/AIDS among whites has steadily dropped throughout the years: 67.7 per cent in 1999; 74.8 per cent in 2000; 68.4 per cent in 2001; and 64.1 per cent in 2002, the situation is far different among Black Canadians. Since 1994 the reported cases of HIV/AIDS among ethnic groups "most notable among ... the Black population," has risen steadily.

The numbers are clear; Blacks represent a higher and disproportionate percentage of the HIV/AIDS cases in Canada than Aboriginals.

Black females are at a higher risk of contracting HIV/AIDS than any other segment of the female population in Canada.

The rate of HIV/AIDS infection among Black Canadians continues to climb, while that of White Canadians continues to decline.

Yet, Black Canadians have not been identified as a "risk group". Why?

The consequences are enormous.

First, not designating Black Canadians as a "risk group" prevents the federal government from targeting a significant portion of the 47.2 million air-marked to fight HIV/AIDS in 2005 specifically at Black Canadians.

Second, not designating Black Canadians as a "risk group" inhibits the Black community from sounding the alarms, and calling attention to the approaching epidemic with the force that is necessary to place it on the Canadian agenda, or its own.

Third, not designating Black Canadians as a "risk group" has the effect of understating the urgency of the situation, preventing the issue from gaining the profile it deserves.

This situation must change.

The 1999 Health Canada study recommended Black Canadians be prioritized "in the National AIDS Strategy as the Aboriginal population [were] prioritized in the last strategy." Further the study recommended the "development of guidelines for HIV testing, condom use and partner notification that are appropriate" to Black Canadians. To date, neither of these strategies have been adopted?

Currently, Black Canadians

continue to receive the majority of their HIV/AIDS education and information from larger non-targeted education campaigns and treatment strategies. Strategies that have largely ignored unique cultural and social issues such as language barriers, lack of trust in the medical system, reliance on home remedies, religious constraints, and a number of other social and cultural stigmas associated with HIV/AIDS.



What is needed, however, is culturally specific education.

**More ▶**

Column cannot be reproduced in whole or in-part without permission of Palpitations.

To obtain permission contact [palpitations@rogers.com](mailto:palpitations@rogers.com). To send comments or to be removed from email list, please contact [palpitations@rogers.com](mailto:palpitations@rogers.com). Copyright© 2005

The Black Coalition for AIDS Prevention (BlackCap) is a volunteer-driven, charitable, not-for-profit, Toronto-based organization committed to delivering that exact type of education. According to the outreach coordinator, "A more consistent and visible campaign around HIV/AIDS is needed in the ethnic community. It can be a mass campaign, but one that is culturally aware and inclusive."

One example of an effective culturally aware and inclusive initiative is the BlackCap radio show, broadcast monthly on CHRY 101.5 FM. The show is broadcast on a radio station with a large Black Canadian listenership, located in the heart of a Black Canadian neighbourhood, and provides education on HIV/AIDS, STIs and other health related matters. Win, win, win.

Initiatives like the BlackCap radio show are, however, limited in scope. There remains a need for large scale education campaigns directed at the Black Canadian community. Unfortunately, such campaigns have proven ineffective. The safe sex message is simply not reaching Black Canadians.

The situation around Sexually Transmitted Infections (STIs) is equally troubling.

After speaking with representatives from Planned Parenthood Federation of Canada, Health Canada, and The Centre for Disease Control, researching the websites of Statistics Canada, Health Canada, the Public Health Agency of Canada, the Council of Ministers of Education, Canadian Institute for Health Information, and the Canadian Institute for Health Research no hard statistics of any kind was available on the state of STIs in the Black Canada community.

What we have is antidotal evidence. Long-existing STIs like syphilis have almost been eliminated from the Canadian population. Chlamydia, gonorrhea and herpes, however, are still with us.

Chlamydia is of particular concern, particularly for youth, especially young women. Often asymptomatic, the infection may be present for a number of years before being detected. In Canada 64 per cent of tubal infertility and 42 per cent of ectopic pregnancies are attributable to Chlamydia. Gonorrhea infection has steadily increased since 1990. Unlike Chlamydia, gonorrhea is a major problem for men "beyond youth into their 30s."

Although this information is pertinent to all Canadians, it would be a mistake to believe STIs are blind to race, class, and ethnicity. They are not. Research suggests certain marginalized groups contract STIs at a greater rate "because of their sexual orientation, social class, race or ethnicity."

Further, research suggests the occurrence of risky behavior which increase exposure to a STI is based on age, sex, socio-economic status, and location.

For the youth, factors such as socio-economic status, self-esteem, feeling of belonging, positive school experiences, supportive environment, and family structure all contribute to sexual behavior. The more positives you have among these risk indicators, the less likely you are to contract a STI.

Economically, we earn less on average than other Canadians and experience higher levels of unemployment. Socially, there is a higher occurrence of lone-parent families and teenage pregnancy in our community.

In education, the drop-out rate for Black Canadian youth is considerably higher than the general Canadian drop-out rate.

Consider these known facts about Black Canadians:

**More ►**

**"The safe sex message is simply not reaching Black Canadians."**

**"It would be a mistake to believe STIs are blind to race, class, and ethnicity. They are not."**

Column cannot be reproduced in whole or in-part without permission of Palpitations.

To obtain permission contact [palpitations@rogers.com](mailto:palpitations@rogers.com). To send comments or to be removed from email list, please contact [palpitations@rogers.com](mailto:palpitations@rogers.com). Copyright© 2005

Combining the known risk indicators with known fact about Black Canadians paints an ominous picture.

- HIV/AIDS was the leading cause of death among African-American women ages 25–34 in 2001.

HIV/AIDS within the Black Canadian community must be given the required profile to place it on the national agenda.

## **"Of particular importance is the situation among young women, who by definition must be involved in higher risk sexual behaviour in order to become pregnant."**

Socially, economically and educationally Black Canadians possess many of the risk indicators that increase the likelihood of contracting a STI. Of particular importance is the situation among young women, who by definition must be involved in higher risk sexual behaviour in order to become pregnant.

- AIDS is six times higher among African-Americans than among White Americans.
- African Americans account for 77 per cent of reported gonorrhoea cases.
- African Americans account for 45 per cent of reported herpes cases.

Just as importantly, the Canadian government or agencies must begin to develop culturally inclusive and targeted mass educational campaigns around HIV/AIDS and STIs. A strategy must be developed to ensure the necessary life saving messages reach their target audience. We have absolutely no time to waste. ■

This is antidotal, not statistically, but until there is hard statistics available, this is what we have to rely on, conjecture.

What was known as a gay white man's disease, has switched race, gender and sexual orientation. There are many differences between Black Canadians and African Americans, most notably the incidence of HIV/AIDS due to injection drug use.

Of course, this article may be dismissed as alarmist. Before that happens, let's take a quick peak at what is happening among African-Americans.

It would be foolish, however, to dismiss the situation among African-

## **"What was known as a gay white man's disease, has switched race, gender and sexual orientation"**

- Black Americans account for 39 per cent of estimated total AIDS cases diagnosed since the beginning of the epidemic through 2002.
- African Americans represent an estimated 54 per cent of persons newly diagnosed with HIV in 2002.
- African Americans account for 37 per cent of estimated total AIDS deaths and 42 per cent of all persons estimated to be living with AIDS.

Americans as irrelevant to us Canadians. If we do not start to pay attention to this looming crisis now, while the situation is still manageable, it may very quickly spiral out of control.

The Black Community must call upon the Canadian government to designate Black Canadians as a "risk group".

### **Notes Of Interest**

There was very little research available on HIV/AIDS in the Black Canadian community. It took over four weeks of research and speaking with numerous representatives of Health Canada and affiliate organizations to find any data. For the most part, representative of Health Canada and their affiliate organizations were unaware the information contained in this article existed.

Sheer persistent and an unwillingness to believe that not one research project has looked at HIV/AIDS in the Black Canadian population spurred my determination. Happily, I found two such projects. Information on the designated "risk groups" were, however, readily available.

In sharp contrast, it took mere minutes to find an abundance of information on HIV/AIDS and STIs among African-Americans.