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African American Women and HIV

Michell D. Reynolds

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African American Women and HIV/AIDS:

Tracing an Epidemic

by

Michell D. Reynolds

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Eastern Michigan University

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Linda K. Pritchard, PhD, Chair

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INTRODUCTION

Over 33 million people around the world are infected with Acquired Immunodeficiency Syndrome or AIDS. Of that number, over a million people are infected with AIDS in the United States. At first, AIDS in the United States was considered a white gay man's disease. In fact, AIDS was once referred to as "The Gay Plague" (Shilts, 1987, p. 352). However, the Centers for Disease Control and Prevention (CDC) reported in 2005 that women now make up 26 percent of all new HIV/AIDS diagnoses. African American women are infected at even higher rates than women of other racial and ethnic groups. In 2005, close to 127,000 women were living with HIV/AIDS. Black women made up 64 percent of those women living with HIV/AIDS. In 2004, HIV was the leading cause of death for black women aged 25-34 (HIV/AIDS Among Women, CDC website).

These statistics of AIDS among African American women are alarming. Yet awareness about HIV/AIDS among black women in the United States is minimal. One example from the Vice Presidential debate between candidates Senator John Edwards and Vice President Dick Cheney is especially telling. On October 5, 2004, Gwen Ifill, who served as the moderator for this debate, stated, "But in particular, I want to talk to you about AIDS, and not about AIDS in China or Africa, but AIDS right here in this country, where black women between the ages of 25-44 are 13 times more likely to die of the disease than their counterparts" (Commission on Presidential Debates). Neither one of the candidates was aware of this statistic. When Ifill asked about what the U.S. government should do about the epidemic of HIV/AIDS among black women in the United States, both of the candidates went on to talk about AIDS in Africa.

Clearly, more attention needs to be focused on AIDS here in the United States, where it is an epidemic especially among African American women. This project attempts to do so.

REVIEW OF LITERATURE

In June 1981, when the first cases of the disease that later became known as AIDS were diagnosed, doctors found it strange that the disease was prevalent among gay men. In the past, diseases could be confined to a geographical area, but never had they been restricted to a social group. In New York, Los Angeles, and San Francisco, gay men had high rates of what was then thought to be venereal diseases (Shilts, 1987).

When the epidemic was ten months old, three different acronyms was used to describe it. All of these acronyms point to the fact that the disease heavily affected the gay community (Shilts, 1987). They were GRID (Gay-Related Immune Deficiency), ACIDS (Acquired Community Immune Deficiency Syndrome), and CAIDS (Community Acquired Immune Deficiency Syndrome) (Shilts, 1987, p. 138). The acronym GRID suggests that the disease was unique to the gay community. The other two acronyms have the word “community” which at the time was another word used for “gay.”

Randy Shilts’ book, *And the Band Played On*, published in 1987, was one of the first and most popular books written about the AIDS epidemic. This important book sustained the belief that AIDS was a gay White man’s disease. Early statistics did suggest that the disease affected gay men at a disproportionate rate. By April 1982, the disease had infected 300 in the United States and 119 had died. Out of the 300 that were infected, 242 of them were gay or bisexual men (Shilts, 1987, p. 138). Given the statistics that were presented in Shilts’ book, it becomes apparent why AIDS was thought of as a gay white man’s disease in the beginning of the epidemic.

Even before Shilts’ book, however, some published research did focus on women and AIDS. This research revealed that AIDS was also a threat to women, although not to the same

magnitude as to gay men. Two years before *And the Band Played On* was published, Larua Gigen writes in her article, "AIDS: A Woman's Issue," that AIDS is a problem among women and not just gay men. According to Gigen, during the six-year period of 1979 and 1985, more than 12,000 people were diagnosed with AIDS. Gay men made up 73 percent of those cases. Women only made up 7 percent of those cases, but the number was expected to double each year (Gigen, 1985, p. 3). B.J. Kowalski's 1988 article, "Infection rate of AIDS virus soaring among women," focuses on women and AIDS as well. Her research shows that by 1988, 50,000 women had been infected with HIV in New York. In the same year, the Department of Health of New York City estimated that by 1991, AIDS will be the greatest killer of women of childbearing age in New York (Kowalski, 1988, p. 3).

Just as recent research reveals that AIDS affects women, it also reveals that it affects African Americans. Studies show that when looking at AIDS, race has to be considered as well as gender because it affects the black population at disproportionate numbers. According to Gigen, Black women made up 50 percent of the women infected in 1985, and White and Latina women made up approximately 24 percent (Gigen, 1985, p. 3). This is more starkly seen in the nation's capital where Blacks make up 60 percent of the population. Irene Monroe in "This Era of Black Women and HIV/AIDS," writes that in Washington D.C., of the 3,269 people infected with HIV between 2001 and 2006, 9 out of 10 were African American. In 2004, 70 percent of teenagers that tested positive for HIV were black. One in ten African American teenage girls tested HIV positive (Monroe, 2008, p. 10).

Since AIDS has been established as a threat to women, especially African Americans, studies also have looked at some reasons for the disparity. Gigen suggests that a lack of social priority is given to women's health issues due historically to sexism. She also states that there is

not enough attention given to AIDS overall based on the lack of money that the government has reserved for researching the disease. Gigen's argument is furthered by Sheila Battle in her chapter in *The Gender Politics of HIV/AIDS in Women*. She found that in San Francisco during the early 1990s, only 5 percent of money for HIV programs went to women's programs (Battle, 1997, p. 282). Monroe echoes their argument of the lack of attention given to women's health stating, "The invisibility of African American women in this epidemic has much to do with how the absence of a gendered race analysis makes African American women invisible to the larger society" (Monroe 10). These authors conclude that more money needs to be spent on programs that educate women and especially women of color about the disease.

Once research began to show that women became infected with HIV at increasing rates, much of the research began to focus on the epidemiology of the disease. They studied how women became infected in a variety of settings. In her article, "Intimate Risk: Sexual Risk Behavior Among African American College Women," Faith E. Foreman focused on fifteen black women enrolled as college students in the Southeast Texas region. They were interviewed to understand why women engage in high risk behavior. Although these women knew how to practice safe sex, they based their sexual risk-taking behavior on the level of intimacy sought or expected from their partner or the desire to engage in a long-term relationship (Foreman, 2003). In the article, "Black Women and AIDS Prevention: A View Towards Understanding the Gender Rules," Mandy Thompson Fullilove, Robert E. Fullilove, Katherine Haynes, and Shirley Gross (1990) did a study that included 28 black teenage girls and women of lower income in San Francisco. They found that a major problem in relationships between men and women is the lack of effective communication about sexual practices, particularly the use of condoms when partners are not mutually monogamous. In *Women, Families, and HIV/AIDS*, Carole Campbell

writes a sociological analysis of how women's social and economic positions in relation to men affect their sexual decisions as well as their health practices. These put them at a higher risk of being infected with AIDS. She suggests that the relationship between injection drug use and sexual behavior is responsible for the AIDS epidemic in the U.S. Women who are either intravenous drug users or having sex with male intravenous drug users are at high risk of becoming infected. These women are more likely to prostitute themselves for drugs and are more likely to have unprotected sex. This is especially true if they are dependent on male intravenous drug users for financial and social support (Campbell, 1999).

Campbell (1999) also suggests that the reason why women and more specifically women of color, are becoming infected at higher rates is because there is limited access to health care. Once they do go to the doctor, they may be diagnosed at a later stage which explains the increase of HIV related deaths. Disparities in health care help to further the higher number of HIV cases among African American women. That leads to the spread of HIV and affects the quality of life of those infected with HIV (Monroe, 2008). The epidemiology of HIV helps to explain why women are being infected at higher rates by showing the high risk behavior they are engaging in and the lack of access to health care.

Another trend in the literature is to develop models of prevention, especially for women. After looking at the epidemiology of AIDS, prevention models have been developed to try to decrease the infection rates among women. Gigen believes women need to take their healthcare matters into their own hands. She writes, "Just as gay men have had to take primary responsibility in educating their own community, women need to become actively involved in learning about our relationship to AIDS" (Gigen, 1985, p. 3). Fullilove, et al. (1990) provides an example of a prevention model. "A woman who was able to protect herself from infection would

insist on condom use with her partners, reject the double standard as applied to herself or other women, and communicate clearly about sexual issues” (Fullilove, et al., 1990, p.61). They also suggest other preventative measures that can be taken such as, “teachers and parents would provide explicit information about sexuality, men would not base their behavior on the double standard, female-controlled barrier protection would be introduced, and condom/barrier protection use would be adopted as a community standard” (Fullilove, et al., 1990, p.61). These same authors assert that communication will empower women to negotiate with men safe sex practices. Once women take these measures, they assert that the rate of HIV/AIDS infections will significantly decrease (Fullilove, et al., 1990).

Once research in the literature revealed that AIDS affected gay men, women, and women of color, it began to study how people became infected and how to prevent the spread of the disease. However, the literature does not discuss how the disease impacted various demographic groups over time. For example, it does not explore whether one group is still dying from the disease at disproportionate rates, and whether this has changed since the outbreak of the disease. Questions about the differential impact of HIV/AIDS since its outbreak remain unanswered.

RESEARCH QUESTION

While previous research showed that HIV has impacted various communities, it did not systematically compare the incidence of the disease as a leading cause of death based on race and gender. It is important to look at HIV related deaths over time on a national level among Black women, Black men, White men, and White women. By looking at HIV deaths in this regard, it will allow us to gain an understanding of who is being affected the most by the disease. For example, “What does the incidence of HIV as a number one cause of death look like over time

for African American women compared to that of African American men, White men, and White women?” This would be helpful to know because we can then shift our focus to those who are the most affected and create methods to curb the death rates of those dying from the disease.

METHOD

Using the CDC top ten leading causes of death charts, I found the top ten leading causes of death charts for the years 1987-2005. By graphing the raw numbers and rankings of HIV deaths, I will compare the incidence of HIV as a top ten leading cause of death for four groups, Black women, Black men, White men, and White women. Although the first case of AIDS was discovered in 1981, it did not show up among the top ten leading causes of death in the Center for Disease Control and Prevention (CDC) cause-of-death charts until 1987. The most recent year for which this information is available is 2005.

I chose to use graphs in order to give visual representation to the raw numbers and rankings of HIV as a cause of death for the four groups between 1987 and 2005. I graphed the age groups 25-34 and 35-44 because HIV affects these age groups more than other age groups. First, I graphed the four groups separately to compare the raw number of HIV deaths for the two age groups within the demographic groups in order to understand the affect HIV has had on that particular group over the time period. I will also compare the HIV raw number of deaths of the four demographic groups to one another to show their comparative patterns. Second, I graphed HIV as it ranked in the top ten leading causes of death for all races and both sexes. This provides a necessary baseline to show how the four demographic groups HIV deaths compare to those on a national level. Finally, I graphed the disease as it ranked in the top ten leading causes of death charts for all four demographic groups onto two graphs for each age group for a comparison

between the four demographic groups. By looking at the graphs in terms of raw numbers and rankings, the results will reveal the pattern of AIDS related deaths in each group and the differential impact resulting from death rates on each group.

RESULTS

Based on death rates, we can see that the face of HIV/AIDS has changed. What once appeared as a gay man's disease, albeit briefly, morphed quickly into a scourge which more profoundly devastated the African American community, especially African American women. The results reveal that African American women aged 25-34 have a higher incidence of HIV as a leading cause of death than any other group. The only other group that has a high incidence of HIV deaths that rivals Black women are Black men aged 35-44.

The first four graphs will give visual representation to the raw number of HIV deaths for White men, Black men, White women, and Black women for the years 1987 through 2005 for two age groups, 25-34 and 35-44. The White males' graph is placed first because AIDS was first seen as being a gay white man's disease. The Black males' graph is placed second since the pattern of the disease over time is similar to that of White males. The trajectory shows the number of HIV deaths increasing, reaching its peak, and decreasing at the same rate for Black and White men. White females' and Black females' graphs are placed third and fourth, respectively because they too, have patterns that are quite similar to one another. The trajectory shows the number of HIV deaths increase, reach its peak, and decrease at the same rate for Black and White women.

White Men

For White males ages 25-34, HIV first entered in the top ten leading causes of death charts in 1987 with 3,087 deaths (See Graph I). Two years later, in 1989, HIV became the second leading cause of deaths with 4,752 deaths and remained that way until 1996. In 1993, HIV death rates reached its peak with a total of 6,498 deaths, and then the number began to decline in 1994. In 1996, the deaths decreased significantly to 3,750 deaths. In 2005, the number of HIV deaths dropped all the way to 337 to become the sixth leading cause of death. HIV never became the number one cause of death for this age group, whereas Unintentional Injury was the number one cause of death from 1987-2005.

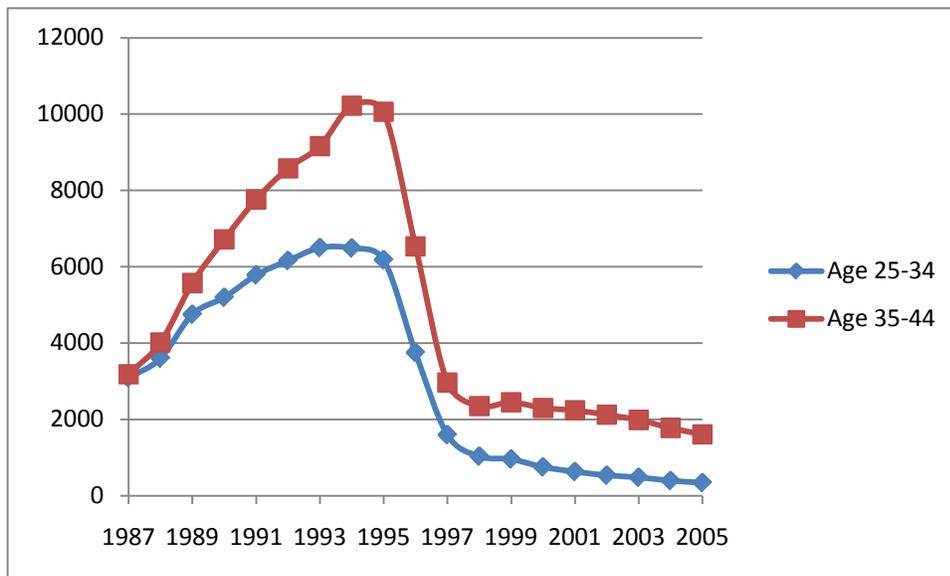
For White males ages 35-44, HIV first appeared as a top ten leading cause of death with 3,183 deaths in 1987 (See Graph I). In 1991, HIV became the number one cause of death with 7,765 deaths. In 1994, the number of deaths reached its peak at 10,220 deaths. Although HIV continued to be the number one cause of death for this age group from 1991 to 1995, the number slightly declined in 1995. In 1996, the numbers of deaths began to decline even more so with 6,534 deaths. In 2005, the number for HIV deaths for White males aged 35-44 dropped to 1,608 and became the fifth leading cause of death. Before HIV became the leading cause of death, Heart Disease and Unintentional Injury were the number one causes of death for this age group. Once HIV was no longer the leading cause of death, Unintentional Injury became the leading cause of death again.

There is a significant difference in HIV deaths between these two age groups. For each year, the death rate was always higher for age group 35-44. The difference in death rates grew even greater between the two age groups in 1990 until 1996. HIV was the leading cause of death for age group 35-44 for a total of five years. It was never the leading cause of death for age

group 25-34. In 1996, the HIV death rates for both age groups began to decrease significantly. There are still a greater number of HIV deaths among age group 35-44. However, during 1997 and 2005, the gap in HIV death rates narrowed considerably between both age groups. The rates have steadily decreased for both age groups.

When looking at these statistics, HIV/AIDS looks as if it was a major threat to White men when the disease emerged on the scene in the early 1980s. The figures do not say whether they are gay men, but the early research suggests so. That explains why the reports at the beginning of the epidemic, such as Shilts' *And the Band Played On*, focused on the disease and gay White men. However, in 1995, the number of deaths began to decrease. The disease is no longer nearly as much of a threat that it once was to this demographic group.

Graph I: Number of HIV Deaths, 1987-2005: White Men



Black Men

For Black males ages 25-34, HIV appeared in the top ten leading causes of death in 1987 with 1,326 deaths (See Graph II). Until 1993, Homicide was the number one cause of death. In 1993, HIV became the number one cause of death for Black men with a total of 3,033 deaths. HIV remained the number one cause of death until 1997. In 1994, the same year as for White men, the number of HIV deaths for this group reached its peak with a total of 3,408. Although HIV remained the number one cause of death for four years, the numbers began to decline in 1995 and continued to decline for the next ten years. In 2005, the number of deaths dropped to 458 and was the fourth leading cause of death.

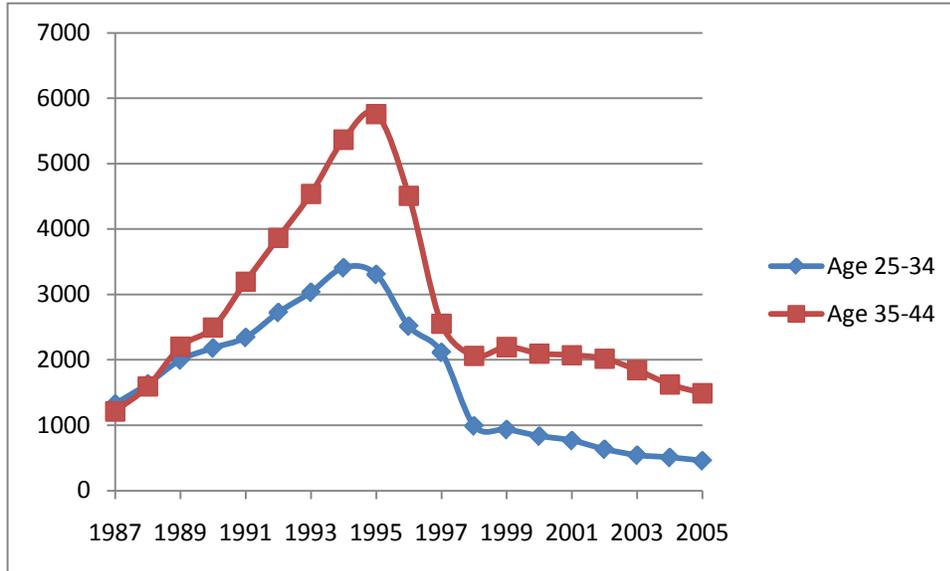
For Black men ages 35-44, HIV first appeared in the top ten causes of death in 1987 with 1,212 deaths (See Graph II). In only two years, HIV became the leading cause of death for group 35-44 in 1989 with a total of 1,997 deaths. It remained the number one cause of death for another eight years. In 1995, the number of HIV deaths reached its peak with a total of 5,758. In 1996, the number of HIV deaths began to decrease with heart disease returning as leading cause of death in 1998. In 1999, the number of HIV deaths increased to become the leading cause of death again. The number of HIV deaths decreased in 2000 but was still the leading cause of death. From 2001 to 2005, the number of HIV deaths declined. In 2005, HIV deaths dropped to 1,489 and became the third leading cause of death. Heart Disease became the leading cause of death again.

Again, similar to White men, HIV became the leading cause of death at a faster rate for age group 35-44 than it did for ages 25-34. Also, age group 35-44 had HIV as a leading cause of death for a longer period of time for a total of eleven years but was a leading cause of death for ages 25-34 for only four years. During 1993 to 1996, HIV was the leading cause of death for

both age groups. HIV affected the group 35-44 at a higher rate, and the difference can be seen during the years 1989 through 1996 and again in 1998 to 2005. Even though there is a difference in death rates, the numbers have decreased for both groups.

The pattern of the number of HIV deaths for Black men is similar to that of White men. When HIV became a top ten cause of death in 1987, there was not much of a difference between the two age groups in the number of deaths. In 1988 and 1989, the HIV deaths for ages 35-44 began to outnumber ages 25-34 where it continued to do so throughout this time period. The number of HIV deaths for White and Black men reached its peak around the same time, the mid 1990s. When the deaths reached their peak, however, there is a large difference in the number of deaths between the two age groups for both White and Black men. The number of deaths decreased dramatically in the late 1990s, and so does the difference in deaths between the two age groups. As with White men, once the number of deaths decreased, the deaths remained steady. The only difference between Black men and White men is the actual number of deaths. White men had higher raw numbers of deaths than Black men. However, there are more White men than Black men in the U.S. population.

Graph II: Number of HIV Deaths, 1987-2005: Black Men



White Women

We know that HIV was a threat to women, as demonstrated by Larua Gigen's article. But the threat of the disease was tiny for White women, given that their overall number of HIV deaths was much lower than White men and Black men's deaths. Even at its peak, less than 1,200 White women died, compared to over 10,000 White men or 88 percent fewer White women than men died. This was also substantially less than the number of deaths for Black men.

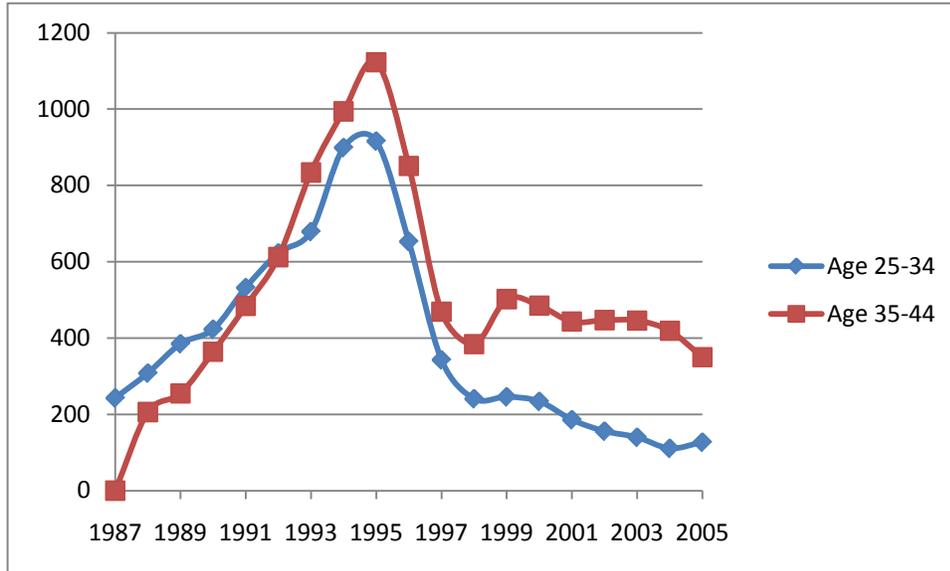
While there was a difference in HIV deaths between the age groups for White women when they both reached their peaks, it was not as significant as the difference for men, both White and Black. In fact, White women began to die much earlier first decades of the epidemic. When the numbers of deaths began to decrease and then became steady, the difference between

the age groups finally increased in HIV deaths for White women whereas it decreased for Black and White men.

Neither did HIV become the leading cause of death for White women ages 25-34. HIV entered in the top ten leading causes of deaths for White women ages 25-34 in 1987 with 243 deaths (See Graph III). From 1987 to 1995, the rates continued to increase. In 1995, the number of HIV deaths peaked at 916 to become the third leading cause of death. In 1996, the rate began to decrease and dropped to 111 by 2004. However, the number of deaths slightly increased to 127 in 2005 which placed it as the tenth leading cause of death. Unintentional Injury remained the leading cause of death from 1987 to 2005.

HIV never became the number one cause of death for White women ages 35-44. HIV did not appear as a top ten leading cause of death in 1987 for White women ages 35-44 (See Graph III). It did appear in 1988 as the tenth leading cause of death with 206 deaths. The number of deaths continued to increase, and in 1995, the HIV deaths peaked as the fifth leading cause of death with a total of 1,123. In 1996, the death rates began to decline. In 1998, the number dropped to 384 deaths. In 1999, the number increased again to 502 deaths. The HIV deaths decreased again in 2000 and 2001 and rose again in 2002, but only by 4 deaths. The number went down in 2003 and continued to decline. In 2005, HIV was the ninth leading cause of death with 350 deaths.

Graph III: Number of HIV Deaths, 1987-2005: White Women



Black Women

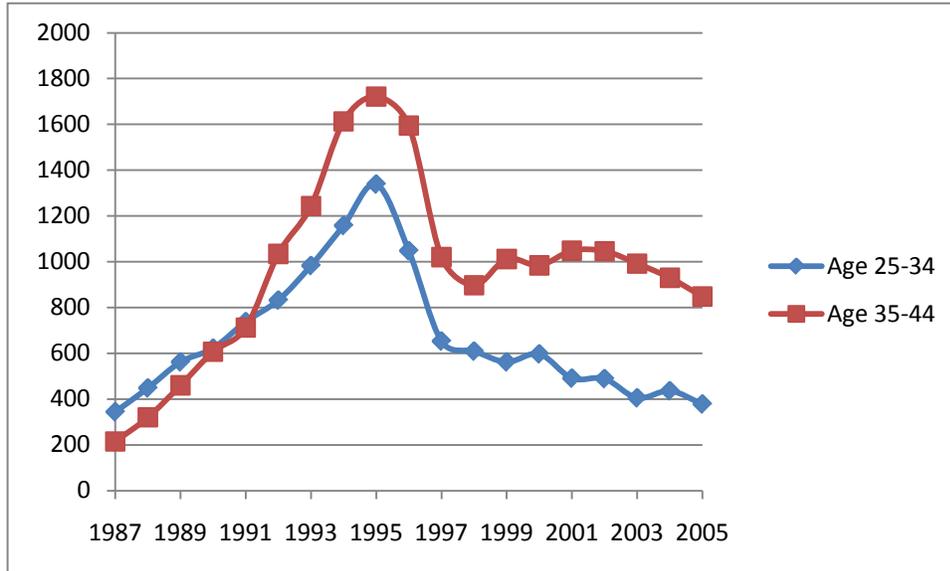
HIV first appeared in the top ten leading causes of deaths with 344 deaths in 1987 for Black women aged 25-34 (See Graph IV). Homicide was the leading cause of death from 1987 until 1992. In 1992, HIV became the leading cause of death and peaked in 1995 with 1,339 deaths. The number of HIV deaths began to decrease in 1996 up until 2000 when the numbers rose again. During 2001 to 2003, the number of HIV deaths decreased. HIV remained the leading cause of death until 2003. In 2003 and 2005, Unintentional Injury became the leading cause. In 2004, HIV returned as the leading cause of death with 436 deaths. In 2005, HIV was the third leading cause of death with 378 deaths.

The only year for which HIV was the number one cause of death for Black women ages 35-44 was 1995 with 1,721 deaths. HIV entered into the top ten causes of death in 1987 with 215 deaths for Black women ages 35-44 (See Graph IV). Cancer was the number one cause of death from 1987 through 1994. Cancer became the leading cause of death again in 1996 and remained

that way through 2005. The number of HIV deaths began to decrease in 1996. In 1998, the number dropped to 897. The number rose again in 1999 with 1,012 deaths and dropped again in 2000 to 984. The number of HIV deaths increased in 2001 to 1,048 deaths. From 2002 to 2005, the numbers decrease. In 2005, HIV became the third leading cause of death with 848 deaths. Cancer returned as the number one cause of death.

The increase, peak, and decrease in numbers of HIV deaths for Black women are similar to White women, except that Black women had higher absolute death rates. The death rates of those of Black and White women increased slower than Black and White men's. In 1995, HIV deaths for Black and White women reached their peak, but unlike Black and White men, the difference in deaths when they reached their peaks are small between the two age groups. Women, both Black and White, were dying sooner in their 20s and 30s, while men were dying in their 30s and 40s. The rates then decreased and became steady for both. Once the number of deaths became steady for White and Black women, the difference in deaths between the two age groups grew larger, whereas Black and White men's grew smaller.

Graph IV: Number of HIV Deaths, 1987-2005: Black Women



The four graphs of the absolute number of HIV deaths reveal a gendered factor. The pattern of the raw number deaths look alike for men, both Black and White. It also looks alike for women, both Black and White. Also, the absolute number graphs reveal that Black and White women are dying younger than men. Women of childbearing ages are the ones dying, whereas men in their 30s and 40s are dying. This implies that women may have a lack of access to health care which means they are being diagnosed at later stages, are not being diagnosed at all, and die sooner.

Comparative Rankings of HIV Deaths

Looking only at the absolute number of deaths does not tell the entire story. Each group contains a large or smaller total population. In order to compare the relative impact of the disease, we must look at how the disease ranked in overall causes of death for each group. The comparative rankings' graphs will show the impact of HIV deaths relative to the population. The

first graph, (See Graph V) simply shows HIV deaths as they ranked among the top ten leading causes of death for the entire U.S. population ages 25-34 and 35-44 from 1987 to 2005. This graph provides a baseline for the last two graphs, (See Graphs VI and VII) which compare HIV as it ranked among the top ten leading causes of death for all four demographic groups ages 25-34 and 35-44 from 1987 to 2005. These comparative graphs are placed last to compare the results of all of the groups together.

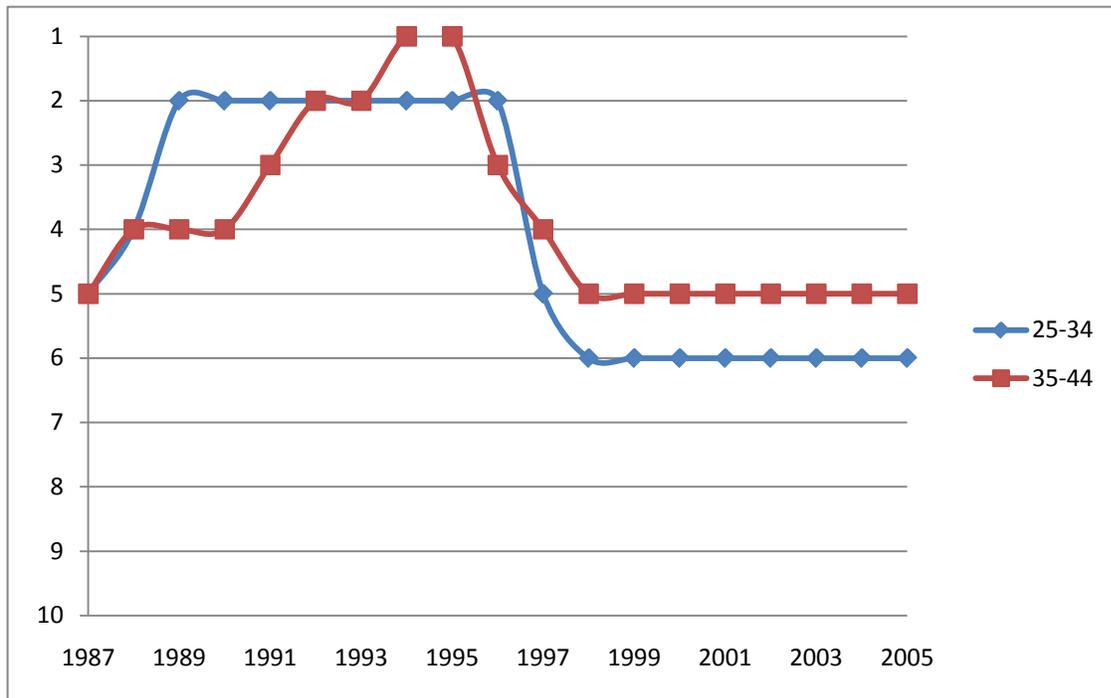
HIV as a cause of death for the entire population in the U.S. never ranked as the number one cause of death for ages 25-34 (See Graph V). HIV entered as the fifth leading cause of death in 1987 and continued to rise. It peaked as the number two cause of death from 1989 through 1996. The ranking in HIV deaths for ages 25-34 then declined and remained steady as the sixth leading cause of death. HIV entered as the fifth leading cause of death for ages 35-44 as well. However, unlike ages 25-34, HIV does rank as the number one cause of death. It was the leading cause of death for two years, 1994 and 1995. The ranking of HIV deaths declined and became the fifth leading cause of death. Once HIV entered into the top ten leading causes of death charts, it remained there.

By looking at the graph of all HIV deaths in the U.S. along with the other comparative graphs of the four demographic groups (See Graphs VI and VII), we can see that Black men and Black women have HIV death rankings significantly higher than the national rankings. White men's rankings are similar to the national rankings, while White women's rankings are lower than the national rankings.

The impact of HIV death by comparative rankings is similar by race, while the pattern of the raw numbers in HIV deaths is similar by gender. HIV death rankings for Black men look the same as for Black women, and HIV death rankings for White men look similar to White women.

Therefore, race is the key factor in the relative impact of HIV/AIDS on each community, whereas the pattern of onset, age of death, and incidence of HIV/AIDS varied by gender.

Graph V: Decile Ranking of All HIV Deaths, 1987-2005



White Men, Age 25-34

HIV never became the number one cause of death for White men ages 25-34 (See Graph VI). HIV entered as the third leading cause of death in 1987 for White men ages 25-34. Two years later, in 1989, HIV became the second leading cause of death and remained there for seven years. In 1996, HIV became the third leading cause of death again. The ranking of HIV as a leading cause of death continued to drop for White men. In 1998, HIV was the sixth leading cause of death and remained there through 2005. Therefore, White men’s HIV death rankings

were very similar to that of the national HIV death rankings. One could argue that the HIV/AIDS pattern indeed was set by White and probably gay men.

Black Men, Age 25-34

HIV first appeared as the third leading cause of death in 1987 for Black men ages 25-34 as it did for White men in this same age group. Black and White men had the same HIV death rankings for six years. Unlike White men, however, HIV became the number one cause of death for Black men ages 25-34 in 1993 (See Graph VI). Once it entered into the top ten leading cause of death, it took only six years for HIV to meet the gruesome standard of becoming the number one cause of death for Black men ages 25-34. HIV remained Black men's number one cause of death for four years. This places Black men's HIV death rankings above the national average because HIV never became the number one cause of death for the U.S. population ages 25-34 as a whole. In 2003, HIV dropped to become the fourth leading cause of death for Black men where it remained through 2005. From 1993 through 2005, Black men had a higher incidence in the ranking of HIV deaths than White men.

White Women, Age 25-34

Overall, HIV deaths had the least impact for White women based on the top ten leading causes of death. HIV appeared as the seventh leading cause of death in 1987 for White women ages 25-34, the lowest ranking out of all the demographic groups (See Graph VI). In 1995, HIV ranked at its peak to become the third leading cause of death. That was the only year for which it was ranked that high in deaths for White women. After that, the ranking of HIV as a cause of death began to drop. In 1997, HIV became the sixth leading cause of death and that ranking was

held for four years. In 2004 and 2005, it was the tenth leading cause of death, the lowest ranking of the four demographic groups. White women, ages 25-34, are the only demographic group to have HIV ranked as the tenth leading cause of death, the lowest of all the groups. White women's HIV death rankings fell below the national rankings. Like White men, HIV never became a leading cause of death for White women ages 25-34. The sharp decline of deaths was true for White men and White women, a pattern very different from Black men and Black women.

Black Women, Age 25-34

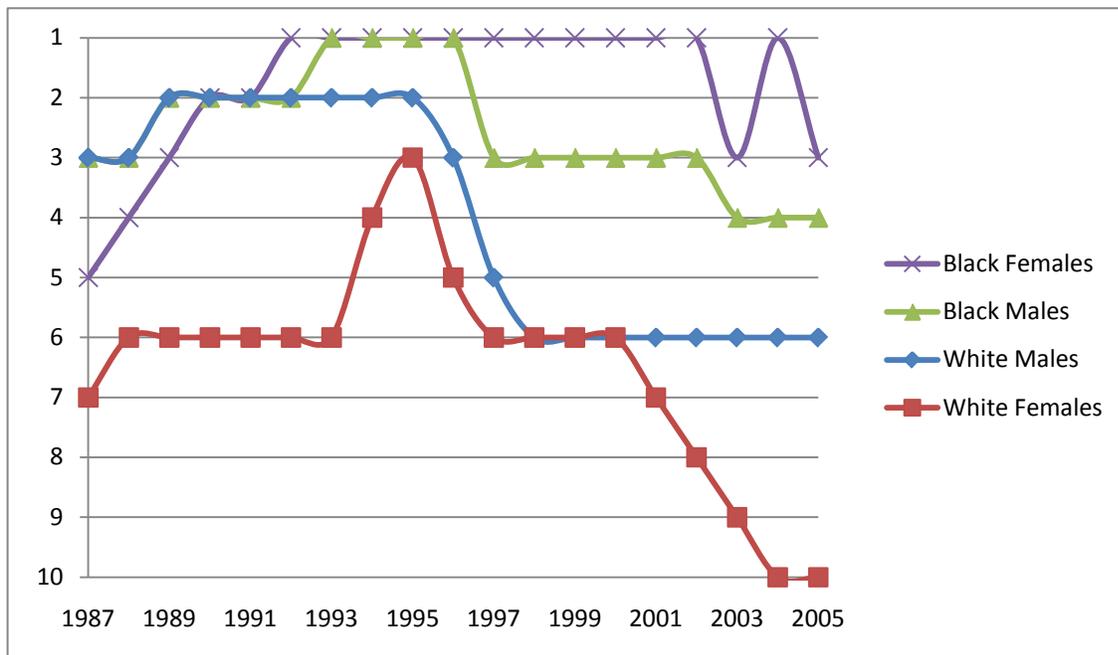
Like Black men, HIV became the leading cause of death for Black women in this age group, but the time period of this horrible statistic lasted much longer for Black women. HIV was the number one cause of death for Black women for a total of 12 years, the longest out of all the demographic groups (See Graph VI). Therefore, Black women ages 25-34, had the highest incidence of HIV as the number one cause of death. The only other group to have HIV as the number one cause of death in this age group is Black men for a total of four years. It becomes glaringly obvious that race plays an unfortunate factor in HIV death rankings.

HIV entered as the fifth leading cause of death for Black women ages 25-34 in 1987, the second lowest ranking out of the four demographic group. In 1990, it became the second leading cause of death and remained there in 1991. In 1992, HIV became the number one cause of death. It took five years for HIV to become the number one cause of death for Black women once it entered as a top ten leading cause of death whereas it took six years for Black men. HIV remained the number one cause of death for Black women for the next ten years, which is well above the national rankings, especially for this age group. HIV became the third leading cause of

death in 2003 and became the number one cause of death again in 2004. Finally, in 2005, HIV dropped again to become the third leading cause of death.

Between the ages 25-34, White men had HIV death rankings similar to, and White women had HIV death rankings lower than the national rankings respectively. Black men and Black women had HIV death rankings much higher than that of the national rankings. The HIV death rankings dropped off drastically for White men and White women but remained steady for Black men and Black women. The only similarity in the HIV death rankings is that of Black men and White men having the same rankings for the first six years that HIV appeared in the top ten leading causes of death. This racial pattern of deaths remains the same for the older age group as well.

Graph VI: Comparison of HIV Deaths by Decile Ranking, Age 25-34



White Men, Age 35-44

HIV entered as the fifth leading cause of death for White men ages 35-44 in 1987 (See Graph VII). This demographic group was second only to Black men in HIV ranking when it first entered into the top ten leading causes of death. In 1991, HIV became the number one cause of death for White males ages 35-44. It took four years for the disease to become the number one cause of death from when it first entered in the top ten causes of death categories. HIV remained the number one cause of death for five years for White men. HIV deaths then dropped in rankings, and in 1997, it became the fifth leading cause of death through 2005. White men ages 35-44 had HIV as the number one cause of death for five years. That is three years more than it was for the national rankings in this age category. However, in 1996, White men ages 35-44 HIV death rankings became similar to that of the national rankings.

Black Men, Age 35-44

HIV entered as the fourth leading cause of death for Black men ages 35-44, the highest entrance of HIV deaths ranking for this age group in 1987 (See Graph VII). In only two years, HIV became the number one cause of death which is the fastest rate of all the demographic groups for HIV to become the number one cause of death. HIV remained the number one cause of death for nine years. Then it dropped to become the second leading cause of death in 1998. In 1999 and 2000, HIV returned as the number one cause of death. In 2001, HIV dropped again to become the second leading cause of death and remained there for four years. In 2005, HIV was the third leading cause of death for Black men ages 35-44. For a total of eleven years, HIV was the number one cause of death for Black men ages 35-44. That is six more years than it was the number one cause of death for White men ages 35-44. Therefore, after 1995, Black men ages

35-44 had a much higher incidence of HIV as the number one cause of death than White men in the same age group. Unlike the comparison of actual numbers of death, in terms of the ranking of HIV as a cause of death, White men and Black men do not look alike.

White Women, Age 35-44

HIV did not enter as a top ten leading cause of death for White women ages 35-44 (See Graph VII) in 1987. This is the only demographic group for which this is the case. In 1988, HIV first appeared as the tenth leading cause of death. This is the lowest ranking for which HIV has entered into the top ten charts for any of the groups. In 1991, the ranking of HIV deaths began to increase. In 1993, it peaked as the fifth leading cause of death and remained there for four years. White women had the lowest ranking of HIV deaths when it reached its peak in the top ten. The other three groups peaked at number one with HIV as a cause of death in this age group, but White women never saw HIV as their number one killer. In 1997, HIV as a cause of death in rankings dropped significantly to become the ninth leading cause of death. In 1998, HIV dropped to become the tenth leading cause of death. White women are the only demographic group to have HIV as the tenth leading cause of death, the lowest of all of the groups. In 1999, HIV became the ninth leading cause of death and remained there through 2005. There is no difference between the raw numbers pattern and the rankings pattern for White women because they both fall below the other three demographic groups in raw numbers and rankings.

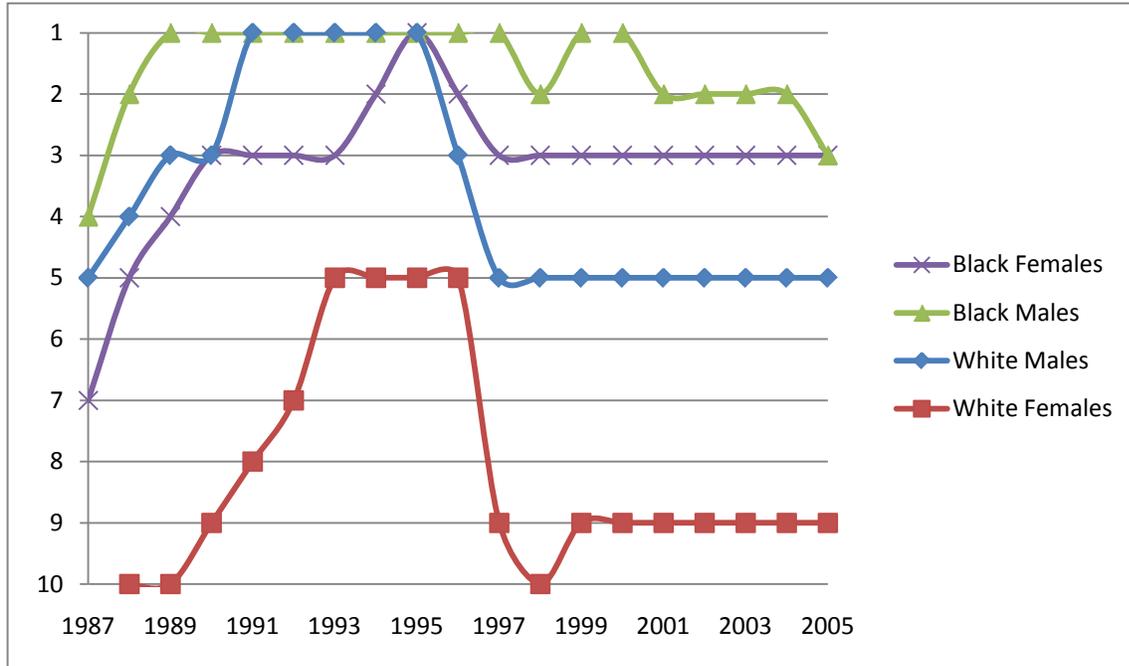
Black Women, Age 35-44

HIV appeared as the seventh leading cause of death in 1987 for Black women ages 35-44, the second lowest in ranking (See Graph VII). However, the ranking continued to rise. In 1992,

HIV became the third leading cause of death where it remained for four years. In 1995, HIV became the number one cause of death for Black women ages 35-44. In fact, during 1995, HIV was the number one cause of death for Black women, Black men, and White men. Although HIV was the number one cause of death only for that one year, Black women had the second highest incidence in rankings of HIV deaths for this age group. The ranking of HIV deaths dropped, and in 1997, HIV became the third leading cause of death. It remained in that position through 2005. As Black women's HIV death rankings remained steady, Black men's and White men's continued to decline.

From 1996 through 2004, the HIV death rankings were highest for Black men, with Black women, White men, and White women following in that order. By 2005, it was the third leading cause of death for both Black men and women. Here, it becomes apparent that race is the primary factor by looking at the patterns for Black men and Black women are similar. Although Black men ages 35-44 had HIV deaths ranked at number one for eleven years, the highest incidence for this age group, Black women ages 25-34 had HIV deaths ranked at number one for twelve years. Therefore, younger Black women had the highest incidence of HIV as the number one cause of death.

Graph VII: Comparison of HIV Deaths by Decile Ranking, Age 35-44



CONCLUSION

Randy Shilts’ book, *And the Band Played On*, helped to further the belief that AIDS was primarily a gay White man’s disease. While the disease did have a significant impact on White men, especially in the early to mid 1990s, it had more of an impact on Blacks during the same time given the difference in population size. As the disease moved through the early 1990s through the rest of the time period in this study, the rankings of HIV as the number one cause of death revealed that HIV/AIDS has become a “Black” disease instead. But, the impact was greatest on Black women, especially young Black women ages 25-34. They died earlier and in greater percentage numbers than did men or White women.

When looking at the graphs that focus on the raw numbers of HIV deaths over time, it looks as if the pattern of White men’s deaths is similar to that of Black men. It also looks as if

the pattern of White women's and Black women's deaths looks similar. The four raw numbers' graphs made it appear as if gender was the primary factor. Overall, men had higher numbers of HIV deaths than women, but women died earlier than men. This may have to do with Campbell's suggestion, that women have a lack of access to health care and are being diagnosed at later stages.

While the absolute numbers suggest that White men had higher death rates than all the other groups, we must keep in mind that Blacks only make up 13 percent of the U.S. population. Therefore, White men were not dying from the disease at a disproportionate rate to that of Black men and Black women. Black women's death rates become that much more disproportionate to that of White women. There are more White women than there are Black women, and yet, Black women were still dying at higher numbers. The ranking of HIV deaths as they appeared in the top ten leading causes of death charts reveal that race is the primary factor.

Earlier, I posed the question, "What does the incidence of HIV as a number one cause of death look like over time for African American women compared to that of African American men, White men, and White women?" The ranking of HIV deaths revealed that African American women had the highest incidence of HIV deaths as the number one cause of death with Black men coming in second.

As suggested by the early statistics in regards to HIV infections given by Gigen, we now know that AIDS is a major threat to women of color. This study shows that race is a primary factor and supports Monroe's study about AIDS and the high infection rates among the Black population in Washington D.C. This study also partially supports the prediction made in B.J. Kowalski's article that by 1991, AIDS will be the greatest killer of women of childbearing ages in New York. One year later, in 1992, HIV became the greatest killer of Black women of

childbearing ages in the U.S. Thus, the prediction was true for Black women but not White women.

What was interesting is that Black men and Black women had HIV death rates and rankings that were similar to one another, except for age. Since Black men and Black women have high incidences of HIV deaths, I would like to focus further research on why African Americans are being infected and dying from HIV/AIDS at disproportionate rates. It could be due to the lack of access to healthcare as Carole Campbell suggested in, *Women, Families, and HIV/AIDS*. Once we learn how African Americans are being affected, we could then develop ways to significantly decrease and maybe prevent HIV infections in this community in the future.

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