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Opinion

Reducing Stigma Will Reduce the Spread of HIV/AIDS

Those of us working in HIV prevention have always believed that the spread of the virus was largely due to stigma around sex and sexuality, and that the only time we'd see any sort of progress in the fight against the epidemic, was when society started engaging on the matter more openly. But it wasn't until the 2009 report on the correlation between the spread of HIV and stigma in the Dominican Republic that we could claim it as a fact.

The implications of this report illustrated how social attitudes create an environment that propels the spread of HIV.

Researchers found that stigma affected treatment toward people living with HIV; this has consequences for access to sexual health services and the way they are administered by health professionals, or, in some cases, denied. Researchers also found that stigma consequently affected at-risk individuals' willingness to seek HIV-related services, including testing. Stigma, therefore, helps to drive the



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spread of this virus.

This is evident when observing the prevalence of HIV among African American women in the United States (U.S.). According to the Centers for Disease Control and Prevention (CDC), of all women diagnosed with HIV

“Stigma helps to drive the spread of HIV in the Black community

in 2014, most new infections were attributed to heterosexual sex and an estimated 62 percent of women diagnosed were African American.

CDC attributes this trend to the fact that “the greater number of people living with HIV (prevalence) in African American and Hispanic/Latino communities and the fact that people tend to have sex

with partners of the same race/ethnicity.” New infections among injectable drug users, both men and women, were relatively low.

This implies that, somewhere along the line, the men these women are having heterosexual sex with are also having unprotected sex with other men; because, if prevalence among African Americans increases the risk of HIV among Black women, and Black men who sleep with men remain most affected by the virus, then one can assume that some heterosexual

men are also sleeping with other men.

While the LGBTQ community has made massive legal strides in the U.S., in recent years, religious condemnation of same-sex relationships remains widespread. Religion continues to be a cornerstone in the African American community; it played a significant role in the liberation

of Black people. Faith-based leaders often cite the spread of HIV among the greater African American population to support anti-gay rhetoric.

Misinformation breeds stigma, creating an environment where people are afraid to engage the matter beyond the pulpit. The fact of the matter is, according to a 2005 study, sex with a partner who had a history of incarceration was a key driver of HIV infections among newly diagnosed African American women.

Infection among inmates in prisons is more than five times greater than the rate among people who are not incarcerated, according to the CDC. Yet, HIV-prevention interventions in prisons are limited to testing and treatment.

Those of us who believe that stigma around sex and sexuality drive the spread of HIV are right; that's what the facts show. Even with facts staring us in the face, we continue to let hysterics dictate our response to the pandemic.

Feb. 7 was National Black HIV/AIDS Awareness Day.

Neonatal Mortality: Quiet Crisis of the Black Community

In my years working in healthcare, I have been blessed to see patients celebrate happy moments, but I have also witnessed times of profound grief. The loss of a baby is one such example that deals a devastating blow to our families, healthcare providers, communities and nation as a whole.

Most newborns grow and thrive, but in the United States, almost six out of every 1,000 babies die during their first year, according to the Centers for Disease Control and Prevention. Many of these deaths occur in the neonatal phase of development — the critical period from birth to 28 days of life in which babies are more vulnerable to disease, infection and other complications.

No mother, family or community in our country should have to endure the pain of losing a child. It's all the more shocking to learn that African-American mothers lose a child before their first month of life at more than twice the rate of white women — the highest rate of any racial group, according to the CDC. In some states, the equity gaps are even wider.

These figures should sound the alarm for all Americans, especially African Americans, policy makers, healthcare providers and community leaders. This cannot be our quiet crisis any longer. There are real lives at stake.

It will take all of us, working together, to ensure Afri-



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can American babies born in America have every opportunity to thrive. Here are five steps we can take to get there:

Access

Increasing access to quality, timely and affordable healthcare is critical to our mission.

“It will take all of us, working together, to ensure African-American babies born in America have every opportunity to thrive

African-American mothers who lost an infant were 2.3 times more likely than White mothers to not begin prenatal care until the third trimester, or not receive prenatal care at all, according to the Department of Health and Human Services.

Culturally Competent Care

The factors that influence neonatal health are myriad and complex, but we must continue our efforts to build a culture of health in the Black community — one that competently serves the unique needs of mothers on their pregnancy journey and ensures they are at her healthiest even before they conceive. This work requires healthcare providers enhance our outreach to communities of color to forge bridges of un-

derstanding among medical professionals and the patients they serve — relationships we know lead to better health outcomes across the board.

Early Intervention

Caring for healthy Black babies begins before conception and continues throughout a mother's prenatal and post-partum experience. Early care interventions are critical if we are to address and prevent neonatal and infant mortality, because they allow us to address conditions that

could lead to poor birth outcomes. Hypertension — a disease that disproportionately affects African Americans and can cause serious birth complications — is one such disease that can be managed through a mother's ongoing relationship with her healthcare provider.

Self-Empowerment

Importantly, African American mothers must take full ownership of their healthcare experience. That means taking advantages of every opportunity to access proactive preconception, prenatal and post-partum care, and feeling empowered to ask questions. Understanding what's normal, when to be concerned and when to call a doctor is the No. 1 thing African American women can do to ensure

their babies are born and stay healthy.

Healthy Communities

Where you live has a significant impact on your health. Addressing environmental and social factors of health — such as nutrition, stress, substance abuse and domestic safety — will do more than improve the lives of mothers and babies. Its impacts will be felt throughout the community. Healthy Neighborhoods Detroit, an Ascension Michigan program, provides a powerful example of a community

building its capacity to address holistic health needs. By integrating healthcare, education, grocery access and affordable housing in some of the city's most blighted areas, the effort is creating nerve centers where all residents can access the services they need.

The health of our youngest citizens is the yardstick by which we measure the prosperity of our country and communities. Fortunately, we have made great gains in reducing high rates of neonatal mortality. But there is still more work to do to address equity gaps for African Americans. It will take a comprehensive, coordinated effort to eliminate this quiet crisis. By working together, we have reasons to hope for a future in which African American babies survive, thrive and lead our communities into the future.