

## **The “Wear and Tear” of African Americans in Louisiana with HIV/AIDs: More Than HIV**

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### **1. Abstract**

This article examines the results of a 2010 sample of HIV+ African Americans in Louisiana within the larger context of health, educational, economic and incarceration disparities in the state. Similarities and differences between the sample and the general population of African Americans in the state were noted with the numbers incarcerated in the sample being the most dramatic difference. Over half of the sample had been incarcerated in a state recognized for its penchant for using the police and incarceration to control African Americans. The article concluded with attempts to connect the dots between vulnerability to HIV due to childhood trauma, a weathering from racism from an early age, educational deprivation, and policy choices such as abstinence-only sex education that raise the risks for young African Americans in Louisiana.

**2. Keywords:** HIV/AIDS; Racial Disparities; African-Americans in Louisiana.

### **3. Introduction**

In 1946, after the beating and blinding by police in South Carolina of Isaac Woodward, a World War II decorated veteran, Orson Welles asked his radio audience: What does it cost to be a Negro? Still

today in Louisiana the cost remains high, particularly for those with HIV/AIDS. African Americans comprise 32.8% of the population in Louisiana but represent approximately 70% of the new cases of HIV and AIDS [1].

This article is a follow-up to a recent publication on religious beliefs among HIV+ individuals in the Baton Rouge metropolitan area in Louisiana, 2000-2010 [2]. There are two key objectives of this paper: first to place the disease and population in the context of the location – Louisiana; and, second, to consider the 2010 data in a more in-depth manner to provide more insight about the characteristics of the respondents. The broad goal of this paper is to raise awareness that HIV among African Americans in Louisiana does not exist in a vacuum separate from the amassed burdens of stress and weathering [3,4] of life as an African American in Louisiana. The constant fears of racial discrimination and hyper-vigilance, the burden of numerous disadvantaged statuses [3] and chronic stress of HIV stigma take a tremendous toll on this group of individuals.

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The results of the 2000-2010 comparison revealed that the belief that HIV was a punishment from God had not diminished in a decade [2]. Thus, the punishment of guilt, shame and fear of God's judgement is joined with a bombardment of "multiple marginalization and multifactorial discrimination" [5] burdens of racial bias in daily life, impoverishment, and powerlessness [6]. Too often, those with HIV also experience the stacked stigma of homophobia/transphobia, and/or childhood trauma [7,8]. Religion, laws and mores about sexuality and sin are only partially responsible for the stagnant beliefs about HIV, in my opinion. The third word of title of my article *Fear of Punishment in Another World: A Follow up Examination of the Religious Beliefs – A Decade of Progress?* provides a clue that living in the Deep South with HIV is more than HIV. The disproportionate burden of disabilities and diseases including HIV and AIDS in the Black community in Louisiana is one more penance

The resilient and systemic remnants of Jim Crow have captured Blacks in Louisiana in a net of health disparities, poor education, economic disadvantages, and criminal justice. Add to that mix a historic neglect of prevention and public health, and Louisiana is ripe for a host of disorders and diseases among minorities and the poor. The following discussion presents information on untapped results of the 2010 survey of African Americans with HIV/AIDS in the Baton Rouge metropolitan area within the context of the racial disparities in health, education, economics and criminal justice among African Americans in Louisiana. As stated, HIV does not exist in a vacuum apart from the racial inequality in the state.

#### 4. Health

"Health is an exquisitely sensitive mirror of our social conditions and political arrangements" [9]. African Americans in Louisiana have higher

morbidity and mortality in almost every disease category with the life expectancy of black males 65.62 years compared to 72.71 for white males and 78.37 years for white females compared to 73.34 for black females [10]. African-Americans comprise 70% of the Covid-19 deaths in Louisiana [11]. Infant mortality is particularly high among African-American infants in Louisiana – double the death rate of infants born to white women and 2.5 times higher than infants of Hispanic women 2013-2015 [12]. Louisiana had the third highest HIV disease death rate in the US, and African Americans represented 72.5% of the deaths of individuals with HIV in 2016 [13,14].

At the time of the data collection, 2010, Baton Rouge metropolitan area ranked first in estimated AIDS case rates while the state ranked fifth in AIDS case rates [15]. Of the 2010 sample, 44.4% of the women and 52.3% of the men had tested positive for an STD. In 2018, Louisiana ranked third in the nation in the rate of syphilis, [16] second in the states for Chlamydia and first in the nation for Gonorrhea in 2015 [17]. The rate of Chlamydia is five times higher among African-American women than white women [18]. Even more startling, in 2016 Louisiana ranked first among the states for congenital syphilis rates [19]. Consider the large gaps in a health care safety net that allow these cases of congenital syphilis to occur.

The rates of behavioral health disorders appear to not statistically vary by race in Louisiana, but African Americans have significantly less access to substance abuse and mental health treatment [20]. A dated study of mental health treatment disparities in Louisiana discovered that although African-American clients remained in outpatient treatment longer than whites, they received fewer public outpatient services than white clients in almost all categories, controlling for diagnosis and geographical variation [21].

Of the 172 HIV+ African-American respondents in the 2010 study, 44% reported that they were never, rarely or only sometimes happy. Nearly 40% of the HIV+ respondents in the 2010 survey doubted that they had control over what happened in their lives. Fifteen percent reported needing mental health treatment but were unable to receive it and 14% reported receiving some mental health care but needing more. Eight percent reported substance abuse treatment as an unmet need, and 7% reported getting some substance abuse treatment but needing more. A larger percentage (36%) reported emotional problems and high blood pressure (37%), compared to other health problems such as cancer (9%), diabetes (11%), lung (14%), liver (16%) and high cholesterol (22%). Twenty-nine percent rated their physical health as poor.

Of the 2010 respondents, approximately 17% reported drug use as a risk factor while 54.4% reported sex with men as a risk factor; within gender, 34.1% of the males and 78.8% of the females reported sex with men as a risk factor. Nineteen percent of the females and 14.3% of the males reported drug use as a major risk factor (respondents could select multiple risk categories). In 2009-2010, the state-wide imputed IDU AIDS transmission rate was 17.5% [27].

## 5. Education

Black children face racial discrimination from an early age in school. Black children are suspended and expelled at greater rates for the same behaviors of white children, [22] due in part to the anti-Black biases of teachers [23]. The miseducation of African Americans in Louisiana is apparent in the disparities between majority white and majority Black schools in the state. Education for Black children in the state remains separate and unequal [24]. Schools serving predominately minority students were more likely than majority white schools to receive less funding, have a larger student to teacher ratio, provide fewer

curriculum offerings and poorer quality of materials, and employ fewer qualified teachers [25]. Currently, African-American children in Louisiana are disproportionately poor, and access to quality public education and higher education too often depends on the color of a student's skin [26]. African-American children in the state perform at 20 points below white children in reading and math and finish high school approximately 10 points behind their white counterparts [27]. In 2010-2011, the high school graduation rate for white children was 78% and 65% for African-American children [28]. The rate of Louisiana college graduates in 2013 was 32.74% for white graduates and 18.38% for African Americans [29].

African Americans in the 2010 sample closely resembled the general population of Blacks in the state, in some respects. Among African Americans with HIV in the 2010 sample, 35% did not graduate from high school, approximately the same overall graduation rate of African Americans in the state the year the data were collected. However, the college graduation rates of those with HIV was only half (9.5%) the general population of African Americans in Louisiana. Of the few with some college or a two- or four-year degree, 50% were employed. The males in the sample, compared to the females, were almost twice as likely to have attended or graduated from college. Studies indicate that individual educational level and neighborhood characteristics, such as communities with low educational attainment, poor quality-built environments and racial segregation matter to risk factors and HIV [30,31].

## 6. Economics

African Americans in the state disproportionately live in poverty with nearly 50% of Black children living below the poverty line [32]. Before Covid-19, African Americans in Louisiana had the fifth-highest unemployment rate in the nation (7.9%,

compared to 3.1% for whites) [33]. Nationally, African Americans are more likely to be employed in lower-paid occupations, and using the data on one parish in Louisiana, the brunt of job decline in the coming years will be borne by Black workers [34]. The unemployment of minorities is approximately three times that of whites in Baton Rouge Parish and minorities in the parish are underrepresented in managerial/professional occupations and sales/administration and overrepresented in-service industries [35].

African Americans are more likely to live in substandard housing, pay more of their income on housing, live in concentrated housing, and be denied mortgages/experience discriminatory mortgage lending [36,37]. Neighborhoods in Louisiana and particularly Baton Rouge are highly segregated, with African Americans comprising the majority of the renter-occupied housing [38]. Baton Rouge applicants are almost three times as likely to be denied a conventional home mortgage as whites who apply [38]. Most studies on employment of people living with HIV/AIDS (PLWHA) examine populations from other countries, [39 - 41] with unemployment rates ranging from 45% to 65% [42]. Interestingly, Maruthappu, Zhou, Zeltner and Atun [43] found that rises in unemployment were associated with higher HIV mortality in Organisation for Economic Co-operation and Development (OECD) countries. Most (64%) of the 2010 sample were unemployed. It may be a quirk and the small numbers in the data, but those in the sample possessing a high school degree or GED were less likely to be employed than those who did not finish high school, with the exception of those who dropped out of school before or at the eighth grade (only 2 of 12 of those were employed).

Although nearly 65% of the 2010 sample reported having their own housing, life was fairly transient for at least half of the participants with 31% moving

once and 20% moving two or more times in the past year. An estimated 3.4% of the homeless population were HIV+ in 2006 according to the National Alliance to End Homelessness [44]. Twenty-five percent of homeless PLWHA in the United States are considered to be chronically homeless with incarceration a major contributor to the rate of homelessness among PLWHA [45].

## 7. Incarceration

There is much that is remarkable in the 2010 data set, but the most startling was the percentage that had been incarcerated. Louisiana has been noted for its school to prison pipeline, and the 2010 data show a group practically cannoned into the criminal justice system. Of those responding (154), 42% of the women and 61.4% of the men in the sample had been incarcerated, and of those incarcerated, less than half of the women (45.9%) and over half of the men (62.7%) reported being HIV+ at the time of incarceration. Of those reporting incarcerations, 76% checked IDU drugs as a risk factor. However, incarceration was a common- thread across all risk factors.

Nationally, 17,150 state and federal prisoners were known to be living with HIV in 2015 and of those 527 were incarcerated in Louisiana (3.4% of the custody population – representing the highest percent of custody population among the states) [46]. However, HIV testing among those incarcerated in Louisiana is not mandatory and general consent is required; [46] therefore, the HIV+ count is likely higher than recorded. Although the rate of incarceration of those in the sample of HIV+ individuals is higher than the general incarceration rate of African Americans in the state, the risk factor of the color of their skin is the same.

It would be impossible to understand the incarceration of African Americans in Louisiana or in any of the Deep South states today without the more punishment, less justice historical context.

Incarceration of African Americans was a purposeful strategy of oppression as referenced in remarks by a Mississippi official in 1865 that “emancipation will require a system of prisons”, [47] and slave patrols were replaced by police and vigilante groups to suppress Blacks [48, 49]. Louisiana was a short-lived model in implementing Reconstruction policies, post-Civil-War, but in 1868 a massacre over voter suppression set the precedent for waves of lynchings in Louisiana continuing into the 20<sup>th</sup> Century [50]. Over 400 lynchings occurred in Louisiana from 1878 and 1930 with most lynchings after 1900 occurring in the northern part of Louisiana [51]. Lynchings were used both by working-class whites to maintain the racial hierarchy and as a tool of informal police power by white planters in Louisiana’s northwestern and north-central cotton parishes [51]. The legal system of justice that observed some semblance of due process punished African Americans in Louisiana harshly for crimes, particularly against white individuals thus reinforcing “black deviancy and the prerogatives of white power” while being lenient with whites accused of the same crimes [51].

The 20<sup>th</sup> and 21<sup>st</sup> centuries continued that legacy of oppression by the police and inequality in the criminal justice system in Louisiana. Nationally, black men are 2.5 times more likely than white men to be killed by the police [52]. Police brutality of African Americans not only causes fatal injuries but also produces severe physiological responses, stress, disempowerment, incarceration and financial strain [53]. In 2011, Louisiana passed its first racial profiling law requiring the collection and reporting of statistical information on traffic stops ([LA Rev Stat § 32:398.10](#)) under the premise of racial equality under the law; however, this law did not cover or require documentation of daily conduct [54]. Blacks are more likely than white residents to be stopped on the streets, have multiple contacts

with police, and be threatened with force or have force used [55, 56]. Louisiana has continued to promote laws targeting African Americans; for example, the “sagging pants” law in Shreveport, leading to the death of a Black man in a police shooting and the abolishment of the law 12 years after it was enacted [57].

Stereotypes and racial profiling are a major factor in the high rate of African Americans incarcerated in Louisiana [58]. The incarceration rate of African Americans in Louisiana is more than five times the rate of whites and twice the rate of Hispanics in the state [59]. Among those sent to prison, the top reasons are for nonviolent offenses, such as drug possession. African Americans in Louisiana are three times as likely to be arrested for marijuana possession as white residents [60]. Drug offenses and other non-violent offenses are a part of the web woven into race-based policies and prosecutions rooted in slavery and antebellum racial codes carried into the 20<sup>th</sup> and 21<sup>st</sup> centuries. As an example, laws criminalizing marijuana are rooted in the stereotypes and hysteria about African Americans and (Mexican) immigrants; thus, criminalizing marijuana was just one more tool to criminalize African Americans [61].

Currently, considering the national protests over police brutality of African Americans, law enforcement officers remain more interested in the potential threat of protestors while providing more protection to white supremacists and downplaying those white power groups [62]. Racial biases are common among police officers – associating African Americans with threat [63 - 66]. Disproportionate use of lethal force is influenced by regional racial biases, [67] and considering the entrenched racial biases in Louisiana, this may be one region in which officers, black and white, have similar biases about African Americans. Stereotypes of African-American males in the media



further reinforce racial prejudices, unblinkingly using the negative term “thug” – shorthand for the earlier stereotyped term of “brute” [68, 69]. The term thug has been used by public officials, including the Black former mayor of Baton Rouge in terms of those from New Orleans being sheltered after Hurricane Katrina, [70] and the Attorney General in reference to being soft on crime in the fatal shooting Alton Sterling by the police in Baton Rouge [71].

Louisiana has made recent strides in ending the Jim Crow Jury [72] with other criminal justice reform laws, [73] but such changes, although absolutely necessary, will likely do little to change the “persistent presumption of guilt and dangerousness assigned to African Americans”. [47] in a system purposely designed to suppress and intimidate Black citizens. These strides will not end the dubious legal representation of the poor and minorities, unequal application of the law, [74] the bail system, the pre-trial holding of defendants not convicted or even charged with a crime, the profit motive of private and sheriffs’ jail systems, the plea bargains, the exclusion of Blacks on juries, [75] and policing in Louisiana steeped in the view of African Americans as thugs and criminals. While each of those factors is instrumental in racial disparities in criminal justice, the discretion at the point of arrest, [76] is particularly a tool of suppression of African American males.

## 8. Conclusion

The 2010 HIV+ African Americans surveyed in the Baton Rouge metro area had much in common with the general population of African Americans in the metro area and state. High school graduation rates were comparable, but the similarity ended at post-high school education. The unemployment rate of African Americans in Louisiana is high and very few of the 2010 HIV+ respondents were employed. It was beyond the scope of the survey questions to

decipher the reasons for the few employed in the sample. Was HIV/AIDS the reason for the unemployment, given concerns about stigma and the demands of medical care, or would this group be likely unemployed because of prior incarceration, poverty, education, neighborhood or other factors? Most of the racial differentials in AIDS infection rates are attributable to racial differences in incarceration trends [77]. The high percentage of prior incarceration in the sample should be considered a major driver of unemployment and racial inequality in the labor market, [78] particularly for formerly incarcerated African Americans. [79]. One cannot understand HIV in an adult without understanding the life leading up to the infection. Life for too many African-American children in Louisiana is one primed as a feeder for diseases, disorders and incarceration. From an early age, the weathering of racial discrimination begins and accumulates in a system designed to maintain a historic caste system. The fast-track to incarceration starts with personal and neighborhood educational deserts associated with poverty, childhood and adulthood trauma, and, in my opinion, to a lesser degree – substance abuse. Yes, illicit drugs are criminalized (and a tool of suppression of African Americans) but the use of drugs is often a symptom of and reaction to trauma. Early trauma can create PTSD, depression/anxiety and substance abuse comorbidity [80]. PTSD and HIV, rather than co-exist in a person, are more likely to interact and have the capability of changing treatment responses [81]. A medical records review of women with HIV in Baton Rouge in 2002 provided a glimpse of hardships early in the lives of many HIV+ women. It was not uncommon for women in that review to appear in the emergency room, at the age of 16 or younger, with their first or second STD prior to an HIV diagnosis. Childhood trauma, including sexual abuse, is regrettably not uncommon and sets the

stage for high-risk behaviors, STDs and HIV [82 - 85]. Parental incarceration is another risk factor for PTSD, poorer mental health and academic outcomes, [86] and is associated with greater risk behaviors related to HIV. The absence of fathers and the presence of father surrogates increases the risk of maltreatment of children [87].

PTSD and the weathering from racial discrimination are both potent priming factors for HIV of African Americans in Louisiana. PTSD is higher in African Americans than other racial/ethnic groups [88] and is more common in persons with HIV [89]. A study of African Americans in Louisiana found that discrimination, by number or occurrence, was associated with sexual risk-taking and increased vulnerability to HIV [90].

In conclusion, the goal of this study was simply to raise awareness about those with HIV within the larger context of life as African Americans in Louisiana. In the search for information for this study, there were many publications raising alarms about the conditions of African Americans in Louisiana, including those with HIV/AIDS, so policymakers in the state have access to an abundance of information to guide public policy. Progress has been made in criminal justice, and one major lesson from this study and the literature is that interventions must happen early in those children at risk: the educational gap, parental incarceration and a neglect of the safety and welfare of children.

As stated, one contrast between the African-American HIV+ sample and the population of African Americans in the state was the gap in college education within a racial gap of college graduation. There has been major educational reform in Louisiana in terms of K-12 teacher preparation, early childhood, and K-12 academics with heightened expectations for graduation and pathways to college and work [91]. It may be too early to gauge the success of educational reform in

Louisiana on college admission and retention, [92] but what will these reforms do to address the holistic “missing links” to academic disparities of vulnerable children – lack of support and positive environment [93] and physical and emotional health barriers? [94, 95]. There are models in other states on how to keep students in school and encourage college entrance, and each model relies on relationship building and outreach, including home visits by teachers and administrators. In another model, the use of a comprehensive program of tutoring and student-parent support workers has been successful in dramatically increasing high school graduation and college enrollment of at-risk students [96]. It is recommended that such a pilot program be developed in Louisiana.

Moreover, the first-line barriers to college completion are high school drop-out and the use of punishments, such as suspensions and expulsions, which pave the path to incarceration of Louisiana youth [97]. As noted earlier, African-American students are disproportionately punished for school offenses [98,99] and racial biases of teachers are, in large part, behind the disproportionate punishment [100]. Just as racial disparities in school discipline are associated with county-level rates of racial bias, [101] teacher attitudes likely reflect those area beliefs. Both teacher racial biases and student concerns about stereotype threat increase negative teacher-pupil relations and make minority students more vulnerable to disengagement, discounting negative feedback and alienation from education [102].

Teacher bias is not only a reflection of regional beliefs but, in my opinion, is heightened by reduced teacher emotional well-being. One mechanism that can increase racial bias among other professionals is burnout [103]. Amid the educational reforms in Louisiana, what are the plans to address teacher burnout – considering that the teacher turnover rate

in Louisiana is over 20% annually? [104] What are educational administrators in Louisiana doing to promote teacher-pupil relationships – a casualty of burnout [105 – 107] and prejudice? [108-110]. Possibly, the same models of relationship building and mentoring to support college entrance could help create better relationships with students and parents as well as leading to better educational outcomes [111]. Last, it is not known how many of the 2010 respondents, as children, had a family history with a child protective services agency or had parents incarcerated, thus, qualitative research is recommended for future studies. The literature is clear about the association of childhood and adult trauma and risk factors for HIV, but we lack that essential information currently for Louisiana. A 2006 study of the prevalence of childhood sexual abuse and physical trauma in a HIV+ population in the Deep South found that one in four of the males and females had been sexually abused before the age of 13 and over half of the sample had experienced sexual or severe physical abuse prior to the study [112]. Childhood sexual and/or physical abuse was related to parental substance abuse and/or depression, removal from the family, and harm or threats to the respondent's mother/stepmother by the male "guardian" [112].

A 2016 collaborative report addressed childhood risk in Louisiana using an analysis of 12 indicators of early childhood wellbeing. Parishes in the state were assessed on those indicators and placed in one of four risk groups based on factors such as child poverty, birth to single mothers, teen birth rate, and mother's educational level (less than high school) [113]. The risk factor of parental incarceration rates was missing from the list, although likely parish-level incarceration rates would be just a matching overlay of those 12 risk factors. Identification of risk indicators is an important step; however, the starvation budget of the Louisiana Department of

Children and Family Services, 2010-2019, exacerbated the limited organizational capacity, turnover rate, large caseloads and overstretched workers which placed children in the state at greater risk. [113 - 117].

Last, Whetten et al [112] concluded that those with HIV in the Deep South are more likely to have difficult living situations as children compared to the general population; therefore, HIV prevention messages are too little, too late. Nationally, nearly one in five 9<sup>th</sup> graders and 37.7% of 10<sup>th</sup> graders reported having sex, [118] and 33% of the chlamydia diagnoses in Louisiana were reported in persons under the age of 20 [119]. African-American women represented half and Non-Hispanic white women under 20 years of age represented 41% of all births within each racial group in Louisiana in 2016 [120]. Obviously, school-based abstinence-only education in Louisiana is a failed policy that does not delay sexual intercourse or change other sexual risk behaviors and can actually be harmful to young people [121- 125].

Nonetheless, state legislators, primarily representing the culturally and religiously more conservative north Louisiana, continue to defeat measures to mandate realistic, age-appropriate comprehensive sex education in schools. Abstinence-only sexuality education (AOSE) in the Deep South is a part of morality policymaking rooted in segregationists' reaction to school integration, appealing to the preservation of the virtue of white girls and exploiting the stereotypes of blacks as hypersexual and morally inferior [126, 27]. AOSE is one more cost of being a young African American in Louisiana and teen pregnancy, STDs and HIV are the lifetime penance [128, 129].

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