

Washington DC: Over 3 percent infected with HIV or AIDS

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According to a new report, the HIV rate in Washington DC is the highest in the country. With nearly 3 percent of residents of the nation's capital living with HIV/AIDS, the rate is higher than in some West African countries.

DC Mayor Adrian M. Fenty released the city's Annual HIV/AIDS Epidemiology Report at a press conference last week. The report found that at least 15,120 city residents—about 3,000 out of every 100,000 residents over the age of 12—have HIV or AIDS. While the mayor tried to explain that there was some good news—HIV-positive births are down and more people with AIDS are living longer and better—the fact remains that Washington DC is mired in an AIDS epidemic.

Acquired immune deficiency syndrome (AIDS) is a condition caused by the human immunodeficiency virus (HIV). HIV inhibits the body's ability to protect itself from hostile microorganisms. At a certain point after contracting HIV, the number of CD4+ T cells in a person's bloodstream becomes so low that the body cannot fend off otherwise mild diseases. This process can take up to a decade. People suffering from this stage of infection are said to have AIDS and typically die within several months. The World Health Organization estimates that over 33 million people suffer from HIV worldwide.

A demographic breakdown of the epidemic reveals a high frequency of infection in DC residents between the ages of 30 to 59. Among 30 to 39-year-olds, 3.4 percent are infected with HIV or AIDS, as are 5.3 percent between ages 50 and 59. A staggering 7.2 percent of residents between the ages of 40 and 49 are infected with HIV or AIDS.

By ethnicity and gender, black males were by far the most frequently infected group, with a 6.5 percent rate

of infection. Hispanic males followed at 3.0 percent. In the white male and black female population, 2.6 percent of residents were infected. Hispanic females were infected at a rate of 0.7 percent and white females at 0.2 percent.

Officials explain that the 3 percent infection rate actually underestimates the number of cases of HIV/AIDS in the city. Shanon Hader, director of the city's HIV/AIDS Administration, told the *Washington Post* regarding the recent report, "It's not the whole story." Health workers can only record as infected those who are willing to undergo HIV/AIDS testing, meaning there are likely many residents who are unaware they are infected.

There are also known cases of infection that were not counted in the most recent study. Donald Blanchon, operator of the Whitman-Walker Clinic, a large provider of AIDS-related care, stated that two clinics he operates in Washington DC and another in northern Virginia reported 541 new HIV cases last year alone. Blanchon told the *Post* that more people had been coming in for testing following the mayor's press conference. Forty-four people came in last Monday alone, with three testing positive for HIV.

The District of Columbia provides some funding to distribute condoms and clean IV needles. Recent efforts focus on encouraging the public to get tested for HIV.

Predictably, some politicians and health officials are trying to downplay the seriousness of the epidemic, portraying it as essentially a question of individual behavior. David A. Catania, a DC city council member, lectured, "We have to, as individuals ... love ourselves more and ask important questions about our own relationships." He added, "We cannot protect you if you're not willing to protect yourself."

Mayor Fenty, a Democrat, spoke along the same

lines: "We know we have a lot of work to do as a government to educate and get the information out, and as a community to step up and realize how dangerous we are with our sexual behavior."

The revelations of the DC Annual HIV/AIDS Epidemiology Report underscore the fact that workers in the United States confront the same social catastrophe faced by workers in all countries. Infant mortality, child poverty, and unemployment are all on the rise in America. Recently, modern Hooverilles have formed in several major US cities, a product of the deepening economic crisis.

At the root of the AIDS crisis in the US lies enormous social inequality. The District of Columbia will soon release new information on the correlation of AIDS and poverty. It should confirm what is already obvious: that HIV preys heavily on growing sections of the working class who have diminishing prospects for employment, and quality housing and health care.



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