

WORLD & NATION

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The Deep South continues to struggle in war against HIV

BY AIPERI IUSUPOVA
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The United States has always been divided into geographical fractions based on race and socioeconomic status. Today, the fragmented character of American history has led to a new life-threatening problem — the growing prevalence of HIV/AIDS infection in the Deep South.

“There is a synergy of plagues that put people at risk for HIV,” said Dr. Laurie Dill, director of Medical AIDS Outreach of Alabama, in an interview for Al Jazeera America. “One of them is racism. One is poverty. One is poor education. One is domestic violence. One is rural access. One is stigma.”

A recent study at Duke University, University of North Carolina at Chapel Hill and the Centers for Disease Control disclosed that the increasing numbers in statistics on HIV diagnoses, prevalence, and case fatality rates in the Deep South — including North Carolina — are related to poor health care access and insufficiencies in the national health insurance system.

“People living with HIV in the South may experience greater difficulty accessing health care, as previous research has identified that a lower proportion of individuals living with HIV are covered by Medicaid in the South,” said Dr. Susan Reif, a lead author of the study and principal investigator at Duke University Global Health Institute. “Medicaid tends to cover fewer services for individuals in the South, and the South has received less Ryan White Care Act funding per capita than other regions, although that gap has narrowed over time. In addition, none of the Deep South states have chosen to expand Medicaid, so gaps in health care access and access to other critical services such as HIV case management, mental health care, and transportation between the Deep South and other regions may continue to widen.”

Moreover, there are other solid factors that influence the casualties of HIV epidemics in the Deep South. In 2010, the Centers for Disease Control reported that blacks experience the most severe burden of HIV, which has remained unchanged for the past four years according to the national statistics.

“There obviously isn’t just one cause or explanation for these disproportionate numbers, but I’d say that HIV-related stigma is a big factor,” said sophomore Nellie Vinograd, majoring in sociology and anthropology. “Not only were the number of HIV diagnoses higher in the South than in other regions, but the number of deaths related to HIV were higher as well. (This) makes me think that people are possibly not seeking proper treatment because they feel shame or fear concerning their disease.”

In fact, the research suggests that social stigma, fear, stereotypes, poverty, low levels of education and disparities in the health care system have become the most contributing elements of HIV epidemics in the South.

“The Deep South has struggled to keep up with the rest of America in the fight against HIV/AIDS because of a lack of education among young minorities,” said senior Kahlil Perine. “Many youth may feel that being at risk for contracting HIV means having sex with someone they don’t or barely know. With this mindset at work, unprotected sex becomes all the more prevalent in their small towns, as healthy partners are perceived as those whose past relationships are known. In reality, one cannot diagnose STDs in another by simply looking at them and considering their sexual history.”

Now that Reif’s research team has revealed the dire truth about HIV in America, we should be working on strategies that can better solve HIV/AIDS issue in the South.

“I think, at this point, we need to be looking at this issue with more of a lens on an inside perspective,” said sophomore Jocelyn Foshay. “We should be more open to the feedback and experiences that come with being afflicted by HIV/AIDS from those directly involved.”

A more focused investment in education, fighting stigmas and stereotypes, addressing poverty and improving the health care system is needed to lower the number of HIV cases.

“The cause of the observed outcomes (higher incidence, lower survival rates) lies in higher rates of poverty and unemployment in the Deep South,” said Natalya Shelkova, assistant professor of economics. “Until the states come up with the solution for providing the poor with adequate health insurance, we will not see an improvement in the health outcomes for the HIV/AIDS patients.”

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KAHLIL PERINE, SENIOR

Allison making NC history as first trans party chair candidate



Janice Covington Allison breaks new ground through her campaign for North Carolina Democratic Party chair.

BY BRIANNA PARKER
STAFF WRITER

Janice Covington Allison is making history as the first transgender candidate for the North Carolina Democratic Party chair, but the journey is not without roadblocks.

Allison made waves in 2012 when she became the first transgender delegate to attend the Democratic National Convention. By announcing her candidacy for the party chair position on Jan. 5, she is yet again leading the charge for the transgender community. Elections will be held on Saturday, Feb. 7, in Raleigh. If elected, one of Allison’s main goals is to negotiate a statewide employment nondiscrimination act that is inclusive of the whole LGBTQA community.

Nondiscrimination laws are important because, even in progressive circles, members of the trans community still face discrimination.

At a candidate forum on Jan. 20, Allison’s opposition, former Rep. Patsy Keever, was captured on an audio recording calling Allison a man, according to QNotes, an LGBT news source based in Charlotte. The comment was made during Allison’s forum address, in which she spoke of the identities she claimed during the 2012 DNC delegate elections.

“I ran as a senior citizen ... I ran as a disabled vet ... I ran as a woman ... I ran as LGBT. And what did I leave out? There’s one more,” Allison said during the address. Keever then responded “a man.”

Regarding the incident, Allison told The Guilfordian, “I don’t know whether she meant it or whether it was a slip, or whether it was just ignorance. I don’t know.”

Allison and Keever have since made amends. “Water under the bridge,” said Allison. “That’s the way I thought and that’s why I hugged (Keever) at the forum last weekend. I’m not excusing her for doing it, but I just kind of felt sorry because people

were beating up on her.”

Many North Carolina LGBTQA leaders continue to endorse Keever. Allison said, “Well, you know, it’s their privilege to support anybody they desire. That’s what democracy is about. But I do feel kind of hurt.”

She added that many gay people, men in particular, do not support trans people.

“They think of us as gay men who dress like women, and that’s not what we’re about,” said Allison. “You know, hey, if we’re going to be with you and part of the acronym, we’ve got to be accepted by all.”

Despite the controversial nature of Allison’s candidacy, a win for her would be important for many people.

“I think it is very important to include trans individuals within leadership and political positions,” said junior Cara Messina. “Visibility is important and it is necessary to start larger conversations about inclusivity and acceptance.”

This view is echoed by other Guilford College students.

“(A trans party chair) would honestly be the greatest thing to actually happen,” said sophomore Taylor Brown, who describes himself as transmasculine and gender-fluid.

“It would be a big change for our state’s history but not only the state’s history but for the LGBT community as well,” said Brown. “It would also show, within our LGBT community, that trans people can also make a difference and not just lesbians or gay members.”

For Brown and other young members of the trans community, Allison has some advice.

“Don’t be afraid of the world,” said Allison. “Go out there and just grab it by the tail and shake it and find out what falls out. Just be you. Don’t be afraid. I used to walk in the shadows on the sidewalks and hide. It’s not like that anymore ... things are changing for the good.”