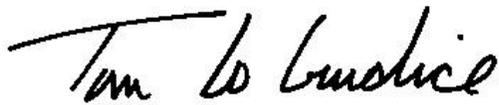


ADDRESSING HIV/AIDS IN MILWAUKEE'S AFRICAN AMERICAN COMMUNITY

Approved:

A handwritten signature in black ink that reads "Tom Lo Giudice". The signature is written in a cursive style with a long horizontal stroke at the beginning.

April 7.2014

ADDRESSING HIV/AIDS IN MILWAUKEE'S AFRICAN AMERICAN COMMUNITY

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A Seminar Paper

Presented to

The Graduate Faculty

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by

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## Abstract

Despite the array of services geared to HIV prevention, intervention and testing, in Milwaukee, the HIV infection rate among blacks continues to be disproportionately higher compared to whites and other ethnic minorities. Through interviews, literature reviews and a media resource, this paper examines how the African-American community and culture impact the HIV infection rate among African Americans who reside in Milwaukee.

The findings reported in this paper suggest the following factors contribute to the HIV infection rate among blacks residing in Milwaukee; violence, high incarceration rate of black men, poverty, and substance abuse. Due to these factors, there is a shortage of available black men which leads blacks to engage in concurrent sexual relationships increasing STDs and HIV transmission. Another significant factor is black men on the "down-low", i.e. black men who live a dual life wherein they give the appearance of being heterosexual yet they have sex with men and women thereby contributing to the HIV infection rate of black heterosexual women.

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## **Chapter One: Introduction**

### **CHAPTER 1**

#### **INTRODUCTION**

Despite the vast array of services being provided by organizations and agencies for those who are infected with the Human Immune Virus/Acquired Immune Deficiency Syndrome also known as (HIV/AIDS), the infection rate of HIV/AIDS continues to grow among African Americans (Wisconsin Department of Health Services [DHS] n.d.). In fact, in Milwaukee County the HIV/AIDS infection rate is higher among African Americans compared to other race and ethnic groups (DHS, n.d.). Also, because of the stigmas that are attached with being infected with HIV/AIDS, many African Americans who have contracted HIV/AIDS have little or no support because they are alienated from their families and community and sometimes even the black church. Those infected withdraw from their families and community out of shame and refuse to reach out and seek services that would improve their quality of life. Some give up totally and begin engaging in unprotected sex and drug abuse more heavily than ever before which increases the spread of HIV/AIDS.

#### **Purpose of the Study**

The review of literature was conducted to obtain an understanding of the views of HIV/AIDS in the Milwaukee African-American community. A second purpose of the work was to collect together in one document the many agencies providing services.

## **Significance of the Study**

There is a need to use informal literature and media, as well as standard scholarly sources to understand the nature of and services offered for HIV/AIDS in the Milwaukee African-American community.

## **Statement of the Problem**

The problems to be addressed are as follows;

- What are the dynamics of the African American culture and community that explain the nature of HIV /AIDS
- What services are available to address HIV/AIDS in the Black community in Milwaukee Wisconsin?

## **Definition of Terms**

Black Church- is a Christian congregation consisting of black men, black women, white women and children of mixed race (Black Church).

HIV - either of two retroviruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS —called also *AIDS virus, human immunodeficiency virus* (HIV, 2013).

AIDS- a disease of the human immune system that is characterized cytologically especially by reduction in the numbers of CD4-bearing helper T cells to 20 percent or less of normal thereby rendering the subject highly vulnerable to life-threatening conditions (as *Pneumocystis carinii* pneumonia) and to some (as Kaposi's sarcoma) that become life-threatening and that is caused by infection with HIV commonly transmitted in infected blood especially during illicit intravenous drug use and in bodily secretions (as semen) during sexual intercourse (AIDS, 2013).

Down-low- Black community slang for black men's secret homosexual activity (down-low, 2013).

### **Delimitations of Research**

Data will be collected on HIV/AIDS in Milwaukee's African American community. Data will focus specifically on African Americans residing in Milwaukee, Wisconsin and the availability of HIV/AIDS services. Other ethnic and racial groups are likely to be generalized.

### **Method of Approach**

A brief review of the history of HIV/AIDS among African Americans was conducted. A review of literature relating to research, studies, and anecdotal evidence of the impact of HIV/AIDS among African Americans residing in Milwaukee, County (1980s-present) was conducted using informal literature, media and formal standard scholarly search engines. Also, a review of Milwaukee's available HIV services was conducted.

## **Chapter Two: Review of Related Literature**

According to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report, from the very beginning, African Americans have suffered disproportionately from HIV (Laffoon, Johnson, Cohen, & Shouse, 2011). Though African Americans make up under 14 % of the US population, they made up 50 % of adolescents and adults diagnosed with HIV in 37 states during 2005—2008 (Laffoon et al, 2011). This report indicated during 2005—2008, there was no other group that was diagnosed with HIV as frequently as were African Americans (Laffoon et al, 2011). Two other significant points made in the report is during 2008, African American females and males were diagnosed with HIV at eight and 19 times the rates of white females and males and four times the rates of Hispanic/Latina female and males (Laffoon et al, 2011). Lastly, during 2005—2008, the number of HIV diagnoses increased yearly among African American males (Laffoon et al, 2011).

Davidson (2011) cites several risk factors that impact the African American community and fuels the spread of HIV among African Americans which include; sexually transmitted diseases, drug use, stigma and archaic belief systems regarding the disease, and incarceration. Davidson (2011) states African Americans are more likely to acquire STDs than the general population and STDs create portals through which the disease can enter, increasing the chances of the person getting the disease “three- to five-fold”. The second leading cause of HIV in the African American community is drug use (Davidson, 2011). Risk is increased by sharing needles and engaging in unprotected sex and drug use increases the likelihood that infected persons will not adhere to their medication regimens which are designed to treat the disease (Davidson, 2011). The third risk factor cited by Davidson (2011) is the archaic belief systems about the disease which feeds a powerful HIV/AIDS-related stigma. Davidson (2011) states the archaic

beliefs that the disease can be spread by casual contact and that the disease is immoral (God's punishment) lead to debilitating fear of the ramifications of disclosure, that is so powerful that individuals forgo treatment and testing, which results in the spread of the disease. The final risk factor cited by Davidson (2011) is the mass incarceration of African American males who are incarcerated at a rate higher than any other group. Prisons and jails expose individuals to an environment where high risk behaviors are common such as tattooing, unprotected sex and substance abuse (Davidson, 2011). As individuals who contracted the disease while incarcerated are released they return to their communities where they spread the HIV infection (Davidson, 2011). Johnson and Raphael (2009) provide a more in depth discussion on how the incarceration of African American males affects the spread of HIV among African Americans. Johnson and Raphael (2009) concluded mass incarceration of African American males is a factor that greatly impacts the HIV infection rate in the African American community. Johnson and Raphael (2009) list four dynamics of male incarceration that impact HIV/AIDS infection rates among African American women and men. The first dynamic is the HIV rate is higher in prison than in the community, and though African Americans make up 12% of the US population, African American males make up 50% of those who are incarcerated. The second dynamic is that because prisons don't allow condoms, men who have sex while incarcerated, willingly or unwillingly, do so with no protection. Johnson and Raphael (2009) make the point that men who engage in unprotected sex with other men are at the highest risk of infection. The third dynamic is that the prison environment provides a setting wherein a small number of high-risk individuals engage in repeated sexual relationships with a large number of partners which speeds the transmission of the infection. The final dynamic that Johnson and Raphael (2009) identify is the likelihood of concurrency in a prisoner's lifetime sexual relationships. Prisoners, who engaged in

sexual relationships while incarcerated, return to their communities where they engage in sexual relationships with former and/or new partners thereby increase the transmission of the infection (Johnson & Raphael, 2009). The last risk factor cited by Davidson (2011) is the archaic belief systems about the disease which feeds a powerful HIV/AIDS-related stigma. Davidson (2011) states the archaic beliefs that the disease can be spread by casual contact and that the disease is immoral (God's punishment) lead to debilitating fear of the ramifications of disclosure, that is so powerful that individuals forgo treatment and testing, which results in the spread of the disease.

African American men on the down-low is another sexual dynamic unique to the Black community which favors the spread of HIV/AIDS is "brothers on the down low." According to Stokes the Director of HIV/AIDS Prevention Services at the AIDS Resource Center of Wisconsin service providers are primarily focused on addressing HIV/AIDS in the gay community and fail to consider that there are black men who have sex with men yet don't identify themselves as being gay or bisexual. He stated further that these men adamantly deny that they are gay or bisexual and refer to their lifestyle as being "on the down low." Stokes said these men have sex with women who do not know that they have sex with men. The down low is a phenomenon driven by the stigma of being Black and gay or bisexual. Men on the down low go all out to give the appearance of being heterosexual. They say they are not gay or bisexual and that they are men who enjoy having sex with other men sometimes. This may be a major contributing factor as to why heterosexual black women have such a high rate of HIV/AIDS infection. In the documentary *Primetime Live*, Peter Jennings interviewed a group of Black men who described themselves as being on the down low or DL. The men interviewed by Peter Jennings admitted that they had sex with men and did not tell their girlfriends and wives and some of them admitted that they gave HIV/AIDS to their girlfriends and wives. Wyatt (2009)

explains this duality in his article called Enhancing Cultural and Contextual Interventions to Reduce HIV/AIDS among African Americans. According to Wyatt, an “adaptive duality or "role flexing," is a coping strategy whereby African American speech, behavior, and dress frequently shift and change dynamics to appear acceptable to the group with whom they are interacting. Historically, in the presence of the oppressors, it was not uncommon for African Americans to display verbal patterns, submissive behaviors, and an identity required by authority figures. These characteristics were distinct from other coping strategies, were sanctioned by African American culture, and guided their own culturally sanctioned personal relationships, family ties, and cultural beliefs. An example of role flexing is the masculinity adopted by African American males -- often characterized by the swagger in their walk, physical agility and posturing, being "tough," and having sexual confidence with women -- which is encouraged in early childhood and throughout life. Men are also expected to provide for, protect, and nurture immediate and extended family members, especially in the absence of other men. When men have sex with men, however, an adaptive duality is often required in order to conform to culture-bound role expectations of heterosexuality and family responsibilities versus the roles assumed in sexual relationships with men. The contradictions in these roles may subsequently cause African American men to increase their HIV-related risk behaviors with both male and female partners. (p. 1941)

### **Community Description**

The Project target geographic area is Milwaukee County, Wisconsin. According to the United States Census Bureau, the population of Milwaukee County is 959,521 (51.8% female and 48.2 male). The median household income is \$45,902. Milwaukee County is 68.3% Caucasian, 25.7% African American, 12.2% Hispanic, 3.2% Asian, and 0.9% Native American.

Twenty-seven percent of the population of Milwaukee lives at or below poverty level, putting Milwaukee at the 4<sup>th</sup> poorest city nationally. (Milwaukee Courier, October, 2010). Milwaukee's black community has more than its share of social ills. The poverty rate in Milwaukee is highest among African Americans. It is 43% compared to Whites 24%; Milwaukee's unemployment rate is highest among African Americans at 22.5% compared to Whites 7.1 % (milwaukeecourieronline.com).

According to an article printed in the Milwaukee Journal Sentinel (Dresang, Oct 12, 2008), 51.1% of African American males between the ages of 16 to 64 were unemployed in 2007. In the very same article, it was said by a doctoral student that Milwaukee area employers are less inclined to hire an African American man who had a clean criminal record than a comparably qualified white man who had a criminal record. Milwaukee is also a community where the incarceration rate is higher among African Americans compared to whites and other racial and ethnic groups. University Wisconsin of Madison Sociology Professor Pamela Oliver stated in an article that appeared in Wisconsin State Journal May 26, 2002 that in state of Wisconsin a black person is 11.6 times more likely than a white person to be incarcerated. Professor Pamela Oliver also indicated in the very same article that because 76% of Wisconsin's black residents live in Milwaukee County, most of Wisconsin's black prisoners are from Milwaukee County (Oliver, 2002).

Researchers studying African Americans Slesinger, Grigsby, & Taeuber, (2006) highlighted the following information in their study African Americans in Wisconsin;

- African Americans are the largest minority in Wisconsin with about 304,000 persons in 2000, constituting 5.7 percent of the state's population
- Wisconsin's African American population numbered only 2,500 persons in 1900 and 28,000 in 1950. Since then, African American population has grown by about 50,000 in each decade.

- More than half (56 %) of Wisconsin's African American residents were born in the state.
- African Americans are an urban population, with most living in the heavily urbanized southeastern sector of the state.
- Wisconsin's African American population is young. In 2000 about 40 percent were under 18 years of age, while only 5 percent were 65 years or older. For all Wisconsinites, 13 percent were less than 18 years old and another 13 percent were 65 years or older.
- The proportion of families headed by women has increased since 1970 for African Americans and the total Wisconsin population. In 2000, 56 percent of all African American families were headed by women, compared to 14 percent of all families in the state.
- Despite steady improvement in educational attainment, the proportion of African Americans age 25 and older with high school diplomas remains substantially lower than among the total population.
- The proportion of African Americans who are college graduates more than doubled between 1970 and 2000, from 4 percent to 10 percent, but the corresponding figures for the total population are 10 percent in 1970 and 22 percent in 2000.
- In the University of Wisconsin System, African Americans composed 2.5 percent of the faculty in 2004.
- The number of African American graduates from the Wisconsin Technical College System doubled from 1994 to 2004. Of all WTCS graduates in 2004, four percent were African Americans.
- The median income of African American families in 1999 was about \$27,000, just over half that of all Wisconsin families (\$53,000).
- The poverty rate of African American families in 1999 was more than four times that of all families in Wisconsin (28% compared to 6%).
- Unemployment for African Americans in 2000 was significantly higher (15.8%) than for Wisconsin's total population (4.6%). Females in both groups were less likely than males to be unemployed.

- African Americans, compared to the total population, are more likely to work in production, transportation, and service jobs, and less likely to hold professional, managerial, and construction jobs.
- African Americans constitute nearly half (47%) of all inmates in the state's adult correctional institutions. The most frequent offenses committed by African American male and female inmates were drug violations. The top offense committed by White male inmates was child sexual assault, while the top offense for White female inmates was forgery.
- One-third of Wisconsin's African American residents owned their home in 2000 while two thirds rented. The reverse is true for the total population of the state: two-thirds owned and one-third rented.
- Fertility rates for both African American and all Wisconsin females declined significantly from 1970 to 2000.
- The proportion of births to unmarried mothers was 83 percent for African Americans in 2003, compared to 31 percent for total Wisconsin births.
- African American women who gave birth in Wisconsin in 2003 were less likely than all women to have received prenatal care and more likely to have a low birth weight baby. The infant death rate for African Americans in 2003 was more than twice the rate for the total population (15.3 compared to 6.5 deaths per 1,000 live births).
- For the population under 45 years of age, death rates for African Americans in 2000 were about twice the rates for the total Wisconsin population. For both groups, the three leading causes of death were heart disease, cancer, and stroke.
- African Americans fared better than the total Wisconsin population in some behavioral risk factors related to health (smoking, binge drinking, and chronic drinking), but scored worse on being overweight and leisure-time physical activity.

The aforementioned information indicates, compared to whites residing in Wisconsin, African Americans suffer disproportionately from infant mortality, unemployment, lack of health care, poverty, under-education, substance abuse, incarceration, segregation, and single parent families. Most of these social ills are concentrated in Milwaukee. Matthew Rothschild in his article May 2013, The Battle of Milwaukee, stated "Milwaukee today is a city in decay. And for African Americans, it is

a city in despair. It ranks worst in the nation for black joblessness and illiteracy. And it is the most segregated city in the country.”

## **The Impact of STDs, HIV/AIDS among African Americans**

According to the CDC fact sheet (CDC, 2012) African Americans and Sexually Transmitted Diseases, STDs take an especially heavy toll on African Americans, especially young African American women and men. Blacks represent 14 percent of the U.S. population, yet account for one-third of all reported Chlamydia cases, almost half of all syphilis cases, and two-thirds of all reported gonorrhea cases (CDC, 2012). This is a particularly serious factor in that the rate of Chlamydia among African Americans is 7 times that of whites and 3 times that of Hispanics. The rate of Gonorrhea among African Americans is 17 times that of whites and 8 times that of Hispanics. Moreover, overall, the syphilis rate has decreased among women and has increased among men. Still, African Americans make up almost half of all reported cases of Syphilis, 43.8% or 6,119 cases (CDC, 2012). According to physician Dr. Adaora Adimor of the UNC Chapel Hill School of Medicine, blacks contract STDS i.e. (syphilis, gonorrhea, Chlamydia and herpes) at rates higher than all other groups. Dr. Anthony C. Fauci of the National Institute of Health stated that sexually transmitted diseases make it easier to give or get HIV/AIDS. Dr. Anthony C. Fauci stated with an imbalance of men and women, men have a less of an incentive to stay in relationships and they have more options to have multiple relationships and that this favors the transmission of HIV/AIDS. The sex ratio in black populations is strikingly low, owing to a variety of factors, including higher mortality rates among black male infants, children, and adults because of disease and violence (Adimora and Schoenbach, 2005).

In the United States, the first reported cases of HIV infection occurred in 1981. From 1981 through 2007, more than 576,000 people died in the US from AIDS (CDC, 2008).

Annually, more than 18,000 people die from AIDS in the US. The CDC estimates, more than one million people are living with HIV in the United States and one in five 21% of those living with HIV are totally unaware of their infection (CDC, 2008). Even though far more people than ever before are living with HIV/AIDS today, approximately 56,300 Americans become infected with HIV annually.

Gay, bisexual, and men who have sex with men (MSM) of all races continue to be the population that HIV/AIDS impacts more than any other. Men who have sex with men MSM make up more than half 53% of all the new infections in the US annually, and they also make up almost half 48% of those living with HIV according to Center for Disease Control (CDC). Men who have sex with men make up only 4% of the US male population aged 13 and older, yet the rate of new HIV diagnoses among this population in the United States is more than 44 times that of older men and more than 40 times that of women (CDC, 2008).

The greatest number of new annual HIV infections of any group in the US, is white MSM, and running a close second is black MSM. The only group in the US that has experienced a constant increase since the early 1990s is MSM. Those individuals who were infected through heterosexual encounters represent 31% of annual new HIV infections and 28% of those living with HIV.

Women represent 27% of annual new HIV infections and 25% of those living with HIV. Injection drug users account for 12% of annual new HIV infections and 19% of those living with HIV (CDC, 2008).

African Americans face the greatest burden of all racial/ethnic groups in the US. Blacks make up approximately 12% of the US population, yet they represent nearly half 46% of those

living with HIV in the US (CDC, 2008). Blacks also represent nearly half 45% of annual new infections.

Black men have a rate of new infections that is six times greater than that of white men, almost three times that of Hispanic/Latino men and more than double that of black women. Black women have a rate of HIV infections that is almost 15 times as high of white women, and almost four times that of Hispanic/Latino women.

To date, over 230,000 African Americans have died of AIDS. The following information gives “thumbnail” picture: *Statistical Facts from Avert.Org*

- Nearly 40 percent of total deaths
- Of the more than 1 million people living with HIV in the United States of America today, around half are black
- As a racial group, African Americans represent just 13 percent of the US population

The estimated lifetime risk of becoming infected with HIV is:

- 1 in 16 for black males
- 1 in 30 for black females
- 1 in 104 for white males
- 1 in 588 for white females

Perhaps illustrative of this of the problem is Washington D.C. Washington D.C. has the nation’s highest district HIV prevalence (3 percent); three-quarters of those infected with HIV are African American. According to the National HIV/AIDS Strategy, African Americans "comprise the greatest proportion of HIV/AIDS cases across many transmission categories, including among women, heterosexual men, injection drug users, and infants (avert.org).

Compared to those who do not have an STD, people who have an STD are at least two to five times more likely to become infected with HIV, if exposed to a partner who has HIV. This is another reason the HIV/AIDS infection rate continues to increase among African Americans.

According to the CDC fact sheet (CDC, 2012) African Americans and Sexually Transmitted

Diseases, STDs take an especially heavy toll on African Americans, especially young African American women and men. Blacks represent 14 percent of the U.S. population, yet account for one-third of all reported chlamydia cases, almost half of all syphilis cases, and two-thirds of all reported gonorrhea cases (CDC, 2012). This is a particularly serious factor in that the rate of Chlamydia among African Americans is 7 times that of whites and 3 times that of Hispanics. The rate of Gonorrhea among African Americans is 17 times that of whites and 8 times that of Hispanics. Moreover, overall, the syphilis rate has decreased among women and has increased among men. Still, African Americans make up almost half of all reported cases of Syphilis (43.8% or 6,119 cases).

### **HIV in Milwaukee**

As of 2014, the entire state of Wisconsin has 10,765 reported cases of HIV infection and more than half those cases are in Milwaukee (CDC, 2008). In 2009, there were 443 new cases of HIV infection, which is an 11% (391) increase compared to 2008 and a 32% increase compared to 2001 (dhs.wisconsin.gov). Over the last decade, there was a 162% increase in cases reported among younger men who have sex with men (MSM) ages 13-29. In 2009, of the number of cases reported among younger men, 58% were from the Milwaukee Metropolitan Statistical Area (MSA) and 27% were from other metropolitan counties. In fact, over the last decade there has been a 170% increase of reported cases among younger MSM in the Milwaukee MSA and an increase of 247% in other metropolitan counties (dhs.wisconsin.gov). For younger White, African American, and Hispanic MSM in Milwaukee and other metropolitan counties, the number of cases reported doubled over the last ten years. Females who contracted HIV through heterosexual encounters made up 16% of cases reported in 2009. Even more alarming were the

cases reported among heterosexual females in the Milwaukee MSA, which accounted for 60% of the cases reported among heterosexual females in 2009 and was an increase of 113% in recent years. The majority (74%) of the cases reported in 2009 among heterosexual females in the Milwaukee MSA were African American females. (dhs.wisconsin.gov)

In 2009 there were 180 new cases of HIV infection reported in the city of Milwaukee. This was a 12% increase compared to the number of cases reported in 2008. The total number of cases reported in the city of Milwaukee since 1984 (the first year cases were reported in Milwaukee) is 4,732 which is 41% of all cases reported for the entire state of Wisconsin in 2009. Minority populations have been impacted disproportionately in that racial/ethnic minorities make up 53% of Milwaukee's population but 77% of HIV cases reported in 2009. Moreover, in 2009, 69% of the males reported with HIV infection in Milwaukee were racial/ethnic minorities. In 2009, the rate of HIV infection among Milwaukee's African American males was five-fold greater compared to white males (dhs.wisconsin.gov). Even worse, was the disproportionate impact of HIV infection among Milwaukee's African American women who in 2009, had a reported HIV infection rate that was 21-fold greater than that of Milwaukee's white females (dhs.milwaukee.gov).

### **Community Resources**

An exploration of available services reveals that in the city and county of Milwaukee, numerous organizations and agencies provide a broad array of services that address STD and HIV related services. It is clear from the list of Community Resources for Sexually Transmitted Disease (STD) and HIV related services listed below that the problem is not the lack of resources addressing this issue. Listed below are organizations and agencies located in the city and county

of Milwaukee who provide HIV related services. This list is categorized by agencies and the service(s) they provide.

### **Sexually Transmitted Disease Testing**

#### **City of Milwaukee Health Department**

##### **Keenan Central Health Clinic - STD / HIV Clinic**

3200 North 36th Street

(414) 286-3631

Monday and Thursday: 11:00 am to 3:00 pm & 4:15 pm to 7:15 pm

Tuesday, Wednesday, Friday: 8:00 am to 11:15 pm & 12:30 pm to 4:15 pm

Services will be provided on a first-come, first-served basis and registration will continue until clinic capacity for the day is reached. All services are provided at no cost to the client.

##### **Walker's Point Community Clinic**

611 West National Avenue, Suite 400

(414) 384-1400

Monday - Friday: 8:00am to 5:00pm

sliding fee scale is available.

##### **STD Specialties' Clinic, Inc.**

3251 North Holton Street

(414) 264-8800

**Monday, Wednesday, and Thursday:** 8:00am - 4:00pm

**Tuesday:** 8:00 am - 3:00 pm

**Saturday:** 9:00am - Noon (Walk-in clinic directed to gay and bisexual clients only.)

Cost: STD \$40.00; HIV and Syphilis only are free.

##### **Brady East STD (BESTD) Clinic**

1240 East Brady Street

(414) 272-2144

**Monday and Tuesday:** 6:00pm - 8:30pm

STD testing for men.

##### **Children's Hospital Downtown Health Center (Ages 18 and under only)**

1020 North 12th Street, First Floor

(414) 277-8900

**Monday - Thursday:** 8:30am - 5:30pm

**Friday:** 9:30am - 4:30pm

##### **Planned Parenthood of Wisconsin Clinics (PPWI)**

Sliding fee scale available at all Planned Parenthood clinics.

- **PPWI - Capitol Drive Health Center**  
 801 E. Capitol Drive  
 (414) 967-4945  
**Monday and Thursday:** 11:00am - 7:00pm  
**Tuesday:** Closed  
**Wednesday and Friday:** 9:00am - 5:00pm  
**Saturday:** 10:00am to 2:00pm
- **PPWI - Wisconsin Avenue Health Center**  
 2207 West Wisconsin Avenue  
 (414) 931-8181  
**Monday - Tuesday:** noon - 8:00pm  
**Wednesday:** 8:00am - 4:00pm  
**Thursday - Friday:** 9:00am to 5:00pm  
**Saturday:** 10:00am to 2:00pm
- **PPWI - Mitchell Street Health Center**  
 1710 South 7th Street, Suite 300  
 (414) 645-8383  
**Monday and Wednesday:** 10:00am - 6:00pm  
**Tuesday and Thursday:** 11:00am - 7:00pm  
**Friday:** 9:00am - 5:00pm  
**Saturday:** 9:00am to 3:00pm
- **PPWI - Northwest**  
 5380 West Fond du Lac Avenue  
 (414) 536-6690  
**By appointment:**  
**Monday:** 11:00 - 7:00pm  
**Tuesday and Thursday:** Closed  
**Wednesday and Friday:** 9:00am - 5:00pm  
**Saturday:** 10:00 am - 2:00 pm (1st and 3rd Sat.)
- **PPWI – West Allis**  
 2239 S 108th Street  
 West Allis, Wisconsin 53227  
 (414) 541-2772  
**Monday and Thursday:** 11:00 am – 7:00 pm  
**Tuesday:** 9:00 am – 4:00 pm

**Wednesday:** 12:00 pm – 5:00 pm  
**Saturday:** 10:00 am – 2:00 pm (1st & 3rd Sat)

***Anonymous and Confidential HIV Testing in Milwaukee***

**City of Milwaukee Health Department  
Keenan Central Health Clinic - STD / HIV Clinic**

3200 North 36th Street  
(414) 286-3631

**Monday and Thursday:** 11:00 am to 3:00 pm & 4:15 pm to 7:15 pm

**Tuesday, Wednesday, Friday:** 8:00 am to 11:15 pm & 12:30 pm to 4:15 pm

Services will be provided on a first-come, first-served basis and registration will continue until clinic capacity for the day is reached. All services are provided at no cost to the client.

**AIDS Resource Center of Wisconsin (ARCW)**

820 North Plankinton Avenue  
(414) 273-1991  
800-359-9272

ARCW offers free and anonymous or confidential HIV testing by appointment. ARCW's Milwaukee office serves Milwaukee, Ozaukee, Washington and Waukesha counties.

**Brady East STD (BESTD) Clinic**

1240 East Brady Street  
(414) 272-2144

**Monday and Tuesday:** 6:00pm - 8:30pm

**Healthcare for the Homeless**

**Recovery Health Services**

210 W. Capitol Dr.  
(414) 727-6320

**Thursday:** 8:00 am - 7:00 pm

**All other weekdays:** 8:00 am - 4:30 pm

Outpatient Behavioral Health, Primary Care, HIV Rapid Testing

**STD Specialities Clinic, Inc.**

3251 North Holton Street  
(414) 264-8800

**Monday, Wednesday, and Thursday:** 8:00am - 4:00pm

Cost: STD \$40.00; HIV and Syphilis only is free.

**Saturday:** 9:00am - Noon (Walk-in clinic directed to gay and bisexual clients only.)

**Sixteenth Street Community Health Center**

1337 South Cesar E. Chavez Dr. (16th St. - lower level)

(414) 385-3748 x 322

**Monday through Friday:** 9 AM through 4:30 PM (walk-in hours only)

HIV testing and counseling is free and confidential.

**UMOS Latina Resource Center**

802 West Historic Mitchell St.

Milwaukee, WI 53204

(414) 389-6500

Leave a message and intake specialist will contact you within 24 hours.

***HIV Early Intervention Programs***

Early intervention programs are for people newly diagnosed with HIV or who are seeking HIV-related medical care for the first time.

**AIDS Resource Center of Wisconsin (ARCW)**

820 North Plankinton Avenue

(414) 273-1991

800-359-9272

ARCW offers free and anonymous or confidential HIV testing by appointment. ARCW's Milwaukee office serves Milwaukee, Ozaukee, Washington and Waukesha counties.

**Sixteenth Street Community Health Center**

1337 South Cesar E. Chavez Dr. (16th St. - lower level)

(414) 385-3748

**Monday - Friday:** 8:30 am - 4:30 pm

HIV testing and counseling is free and confidential.

**Milwaukee Health Services**

**Martin Luther King Heritage Health Center**

2555 North Martin Luther King Jr. Drive

(414) 267-3700

(414) 372-7425 Fax

**Monday - Friday:** 7:00 am - 10:00 pm

**Saturdays: Pediatrics:** 11:00 am - 5:00 pm; **Family Medicine:** 1:00 pm - 5:00 pm

**STD Specialties' Clinic, Inc.**

3251 North Holton Street

(414) 264-8800

**Monday, Wednesday and Thursday:** 8:00 am - 4:00 pm

**Saturday:** 9:00 am - Noon (Walk-in clinic directed to gay and bisexual clients only.)  
Cost: STD \$40.00; HIV and Syphilis only are free.

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### ***Case Management for People Living with HIV***

#### **AIDS Resource Center of Wisconsin (ARCW)**

820 North Plankinton Avenue

(414) 273-1991

800-359-9272

#### **Healthcare for the Homeless**

**Recovery Health Services**

210 W. Capitol Dr.

(414) 727-6320

**Thursday:** 8:00 am - 7:00 pm

**All other weekdays:** 8:00 am - 4:30 pm

Outpatient Behavioral Health, Primary Care, HIV Rapid Testing

**Healthcare for the Homeless****Recovery Health Services**

711 W. Capitol Dr.

(414) 374-2400

**Weekdays:** 8:30 am - 4:30 pm

Offers substance abuse services, case management programs, community services, outreach, pre-natal care, HIV services and housing programs

**Wisconsin HIV Primary Care Support Network**

(414) 225-1562

Offers case management services for women, children, and youth.

**Sixteenth Street Community Health Center**

1337 South Cesar E. Chavez Dr. (16th St. - lower level)

(414) 385-3748

**Monday - Friday:** 8:30 am - 4:30 pm

HIV testing and counseling is free and confidential.

***Prevention Case Management***

Prevention Case Management includes concentrated services for HIV infected persons who need help with behavior change, risk reduction, medication compliance, disclosure issues and other identified needs.

**AIDS Resource Center of Wisconsin (ARCW)**

820 North Plankinton Avenue

(414) 273-1991

800-359-9272

**ARCW Prevention Center**

3716 W. Wisconsin Ave.

Milwaukee, WI 53208

414-225-1680

**UMOS Latina Resource Center**

802 West Historic Mitchell Street

Milwaukee, WI 53204

(414) 389-6500

Leave a message and an intake specialist will contact you within 24 hours.

**New Concepts Self-Development Center**

*Main Office - Central City*

4828 West Fond du Lac Avenue

Milwaukee, WI 53216

(414) 444-1952

fax: 414-444-5557

**Monday - Friday:** 8:00 am - 5:00 pm

*Satellite Site*

Dr. Martin Luther King, Jr. Center

1531 W. Vliet Street

Milwaukee, WI 53205

(414) 344-5788

fax: 414-344-0423

**Monday - Friday:** 8:00 am - 5:00 pm

*George M. Sanders Father's Family Resource Center*

Dr. Martin Luther King, Jr. Center

1531 W. Vliet Street

Milwaukee, WI 53205

(414) 344-0146

fax: 414-344-0423

**Evening and weekend hours, program specific**

**Sixteenth Street Community Health Center**

1337 South Cesar E. Chavez Dr. (16th St. - lower level)

(414) 385-3748

**Monday - Friday:** 8:30 am - 4:30 pm

HIV testing and counseling is free and confidential.

***Medical Care for People Living with HIV***

**AIDS Resource Center of Wisconsin (ARCW)**

820 N Plankinton Ave

(414) 273-1991

800-359-9272

**Froedtert Infectious Disease Clinic**

9200 W. Wisconsin Ave.  
Wauwatosa, WI 53226  
(414) 805-6444  
fax: 414-805-6440

**St. Luke's Infectious Disease Clinic**

2900 W. Oklahoma Ave.  
Milwaukee, WI 53215  
(414) 649-3577

**St. Joseph's Hospital**

5000 W. Chambers St.  
Milwaukee, WI 53210  
(414) 447-2000

**Milwaukee Health Services**

**Isaac Cogs Community Health Center**

8200 West Silver Spring Drive  
Milwaukee, WI 53218  
(414) 760-3900  
fax: (414) 760-3910

**Monday:** 8:30 am - 7:30 pm

**Tuesday - Friday:** 8:30 am - 5:30 pm

**Milwaukee Health Services**

**Martin Luther King Heritage Health Center**

2555 North Martin Luther King Jr. Drive  
(414) 267-3700  
fax: (414) 372-7425

**Monday - Friday:** 7:00 am - 10:00 pm

**Saturdays: Pediatrics:** 11:00 am - 5:00 pm; **Family Medicine:** 1:00 pm - 5:00 pm

**Sixteenth Street Community Health Center**

1337 South Cesar E. Chavez Dr. (16th St. - lower level)  
(414) 385-3748

**Monday - Friday:** 8:30 am - 4:30 pm

HIV testing and counseling is free and confidential.

**<http://city.milwaukee.gov/Community-Resources.htm#HIVearly>**

## **Keenan Central Health Clinic**

Keenan Central Health Clinic provides HIV counseling, testing, prevention, intervention and outreach services. Though African Americans from various socioeconomic backgrounds seek and access services throughout the Milwaukee area, the Keenan Central Health Clinic provides services that are geared more specifically to Blacks. Located in Milwaukee's central city, The Keenan Central Health Clinic (KCHC) is best known for serving African Americans. According to Vanessa Vann, who works for KCHC as a Communicable Disease Intervention Specialist, their mission is to treat those who have contracted a sexually transmitted disease and stop the spread of sexually transmitted diseases in the city of Milwaukee and to provide said services to a population that is uninsured and/or underinsured. (V. Vann, personal communication, July 26, 2013). KCHC is a branch of the Milwaukee Health Department whose mission is to promote, enhance, and ensure the health of Milwaukee residents. According to Ms. Vann, (2013), the program at the KCHC serves mostly African Americans. Ms. Vann stated "hardly a week goes by that I don't have to tell at least one African American male that he is positive for HIV." Ms. Vann indicated she has been working for KCHC for 8 years and that she is responsible for conducting STD and HIV testing, in addition to locating those who have engaged in sexual intercourse with those who have tested positive for an STD and/or HIV. Ms. Vann said she has to inform the individual she is able to locate, that he/she has been exposed to an STD or HIV. Ms. Vann, who is an African American, said it is difficult to engage African Americans because "they don't trust the system and they see us as being a part of the system." Ms. Vann said in order to work effectively with African Americans one has to be both knowledgeable and respectful of the African American experience and worldview. Ms. Vann said her ability to connect with an individual during her initial contact with them is crucial

because oftentimes, she doesn't have much time to develop a rapport with this person who, in many cases, she has just given bad news to. Ms. Vann indicated that her goal is to make a person feel as comfortable as possible while talking to them about something that they find both private and shameful. KCHC mostly serves individuals who are poor and/or can't afford to pay the out of pocket because they health insurance. Many African Americans don't have health insurance and even those that do, tend to use medical services less often than whites because they have a distrust of the medical profession. Ms. Vann said that African Americans seem to feel more comfortable at KCHC because people are served by those who look like them and who are very sensitive to their problems and needs. Ms. Vann said she and her co-workers have training and experience on how to approach and communicate with African Americans seeking their services. Ms. Vann said another reason most of their patients are black is because many of them do not have health insurance and cannot afford to pay out pocket cost for health services. The cost of services provided by KCHC is free to anyone who is at least 12 years old.

### **AIDS Resource Center of Wisconsin**

The website of the AIDS Resource Center of Wisconsin (ARCW) ([www.arcw.org](http://www.arcw.org)) shows that, ARCW provides the vastest array of comprehensive services than any other agency servicing those living with HIV/AIDS in Wisconsin. Their medical, dental, and mental health services are available to any one who has HIV regardless of their ability to pay. ARCW provides the following social services; housing, rent assistance, case management, benefits advocacy, and alcohol and other drug abuse treatment. They also provide AIDS prevention programs that include the following; a needle exchange program that operates in 11 Wisconsin cities, risk reduction counseling, condom distribution, and HIV testing. Moreover, they provide a food pantry which serves people throughout the state who are living with HIV/AIDS. They even have

a legal services program that specializes in addressing the legal issues associated with HIV. They have a total of 9 locations. They have offices located in the following cities; Milwaukee, Madison, Green Bay, Kenosha, Eau Claire, Lacrosse, Superior, Schofield, and Appleton. In fact, in Milwaukee, Green Bay, and Kenosha they have what are referred to as their Behavioral Health and Wellness Clinics which meet the bio-psychosocial needs of over 400 HIV patients. Their vision is “The AIDS Resource Center of Wisconsin envisions a world without AIDS and strives to assure that everyone with AIDS disease will live a long and healthy life.” The mission of ARCW is “at the forefront of HIV prevention, care and treatment and is dedicated to providing quality, medical, dental, and mental health and social services for all people with HIV disease.” ARCW provides more services to those with the AIDS disease than any other program in the state and it is considered to be one of the largest and most comprehensive AIDS services agencies in the country.

### **Brady East STD Clinic**

Brady East STD (BESTD) Clinic is a well known agency that provides STD and HIV testing. ([www.Bestd.org](http://www.Bestd.org)). The BESTD opened in 1974. According to their website, in the early 1970s, a group of caring and concerned citizens began having discussions about the rising incidence of STDs, and the lack of sensitive and assessable resources. Their discussions with the Milwaukee Health Department and the Wisconsin Division of Health led them to found what was known at that time as the Gay People’s Union Venereal Disease Clinic (GPU VD Clinic) in October of 1974. What’s unique about BESTD Clinic is that it is staffed solely by volunteers. During the period of 1983 through 1984, these volunteers responded to what had become known at that time as the “growing epidemic” by forming a committee that they called the Milwaukee AIDS Project. BESTD is known as being one of the early pioneers of HIV antibody testing and it

is known today as being one of Wisconsin's most active and assessable sites. The volunteers at BESTD expanded their services by initiating off-site testing, one of which sites was a collaboration with the Milwaukee Health Department. The collaboration between BESTD and the Milwaukee Health Department offered counseling and testing for those at risk for both HIV infection and tuberculosis. The BESTD Clinic's mission statement states the following "The mission of BESTD Clinic is to provide quality, professional sexually transmitted disease diagnosis and treatment as well as HIV/AIDS prevention counseling and testing in a manner that is sensitive to the orientation and gender identity of our clients. BESTD Clinic provides its services at no cost."

### **The Role of the Church**

The African American HIV/AIDS Program, which started in 2003, is the only program in Wisconsin that is funded to train clergy to address HIV/AIDS education/prevention and intervention among their congregations. On August 16, 2013, Mr. Jim Addison, who is employed by the Milwaukee Black Health Coalition, Inc. as the Coordinator of the African American HIV/AIDS Program, provided the following information; this program is called the Pastoral Ministry Leaders Workshop. As of 2014, Mr. Addison has provided 80 or more trainings to clergy leaders who reside in Milwaukee, Racine, Kenosha, Madison and Beloit. Mr. Addison said his program objective is to prepare individuals to go back to their places of worship to start ministries that provide HIV/AIDS education/prevention and address the problems and needs of those who are currently living with HIV/AIDS. The first of three workshops is called One on One: Dispelling the Myths. This workshop provides HIV/AIDS education and prevention services. The second workshop is called HIV/AIDS African American Experiences: Wraparound Services. This workshop prepares participants to address the problems and needs of those living

with HIV/AIDS. The last of the three workshops is called Reducing the Stigma: Faith Based Strategies. The focus of this workshop is to reduce the stigma among clergy and identify strategies the church can use to address the problem/needs of those suffering with HIV/AIDS.

Upon completion of the third workshop, participants receive a certificate of completion.

Mr. Addison also serves as a church Associate Elder, says that fearing that they might be viewed as condoning or supporting the gay lifestyle and intravenous drug use, some churches chose to not become involved in the fight against HIV/AIDS. Mr. Addison said he recalls several incidents wherein he approached a Pastor who did not show any interest in the program, yet sometime later called him seeking his services. Mr. Addison indicated in such instances, initially, a Pastor may not show any interest in his training program but later his/her interest is sparked by a friend, relative or someone close to her/him was diagnosed with HIV (J. Addison, personal communication, August 16, 2013). Mr. Addison said his own personal view is that Pastors are leaders and they are use to being the expert, yet HIV/AIDS is an issue wherein most Pastors have very little or no expertise. Mr. Addison said that some Pastors appear to find their lack knowledge and expertise on the subject of HIV/AIDS intimidating. Mr. Addison said, nonetheless, other Pastors admit their lack of expertise and are hungry to learn. The black church is considered a mainstay in the African American community, and for many years, has served as a platform to fight countless social ills plaguing the black community. Yet HIV/AIDS has proven to be such a challenge to the black experience and community that even some black churches and religious leaders are hesitant to take on the fight against HIV/AIDS. ABC News (2006)

Primetime Live, Out of Control: America AIDS in Black and White addressed why the black church is not doing more to address HIV/AIDS. Terry Moran, the interviewer, asked Bishop T.D. Jakes why his conference, which was attended by over 100,000 of blacks, did not spend one

moment addressing HIV/AIDS. Bishop T.D. Jakes indicated that HIV/AIDS is not in the bible and that black Pastors have so many things to deal with that they don't have the luxury of addressing one particular issue. Making an excuse that HIV/AIDS was not mentioned during his conference because it is not in the bible is a ridiculous response because the black church has dealt with and continues to deal with many issues that are not in the bible. Mr. Moran also interviewed Reverend Jesse Jackson and he could not give an answer as to why he had not addressed the problem of HIV/AIDS among the black community. Moran interviewed other reputable Pastors whose congregations were mostly African American, and he asked them the same question. The conclusion was that to talk about HIV/AIDS one has to talk about homosexuality, promiscuity, and drug addiction and that some clergy didn't want to address these issues because they are afraid that to deal with HIV/AIDS some might perceive it to mean they are condoning or supporting homosexuality, promiscuity and drug addiction. Mr. Addison said that one of the many reasons his program exist is to reduce the stigma, educate, train and prepare the church to more adequately "minister to the needs of those suffering from HIV."

Another significant factor of HIV/AIDS in African Americans is that the rates are disproportionate because of sexual patterns that are unique to African Americans. According to the Primetime documentary, Terry Moran reported that research conducted at the universities of Chicago and North Carolina concluded that multiple sexual relationships are almost twice as common among blacks, than among whites, and among blacks, more common for men than for women. Terry Moran further stated that this may be one of the most significant reasons why the HIV/AIDS infection rate is so high among African Americans. According to physician Dr. Adaora Adimor of the UNC Chapel Hill School of Medicine, blacks contract STDS i.e. (syphilis, gonorrhea, Chlamydia and herpes) at rates higher than all other groups. Dr. Anthony C. Fauci

of the National Institute of Health stated that sexually transmitted diseases make it easier to give or get HIV/AIDS. Furthermore, Mr. Moran reported that this pattern of sexual behavior is driven by demographics. He stated that because of the infant mortality rate, violence, and disease, there are only 85 black men for every 100 women of marriageable age. Dr. Anthony C. Fauci stated that with an imbalance of men and women, men have a less of an incentive to stay in relationships and they have more options to have multiple relationships and that this favors the transmission of HIV/AIDS.

Adimora and Schoenbach (2002) discuss more evidence of these phenomena in how the adverse social and economic environment in which most African Americans live promotes transmission of HIV due to unstable relationships and by increasing participation in concurrent sexual relationships. The low sex ratio among blacks arises from a constellation of factors, including higher mortality rates among black male infants, children, and adults attributable to disease and violence. For example, in the United States during 1989-1991, the probability of survival from age 15 to age 65 was 0.62 among black men, compared with 0.77 among black women, 0.77 among white men, and 0.87 among white women. Black men are also disproportionately incarcerated. Although African-Americans comprise only about 13% of the U.S. population, they comprise 50% of the nation's prison population. At any one time, almost one-third of African-American men between the ages of 20 and 29 are in criminal justice supervision (jail, prison, probation, or parole), and it has been estimated that as of the year 2000 roughly 10% of all African-American men were imprisoned. Disproportionate incarceration rates alone could be an important cause of concurrency, because this removal of males from society disrupts established partnerships and decreases the pool of available men. Other than postwar male shortages of experienced by various countries, African-Americans have undergone the most persistent and severe shortage of men of any subculture since documentation of modern censuses. (p. 709-710)

Professor Jim Thomas of UNC Chapel Hill School of Public Health describes what he calls "the perfect storm for AIDS and STDs". He reports that as a direct result of America declaring a war on drugs, blacks make up half of the prison population. Furthermore, Terry Moran stated the following; 41% of men who are in prison have sex with other men while

incarcerated, in the US condoms are forbidden in all federal prisons most state prisons, being tested for HIV/AIDS while in prison is voluntary because prisons don't want to pay the cost of medical care for those who infected with HIV/AIDS, and that most of the men who have sex with other men while in prison will resume relationships with women once they return to society.

### **Summary**

In summary, based on the research presented, HIV/AIDS remains a significant issue in Milwaukee's African American community. Despite the vast array of services offered by agencies and programs throughout Milwaukee, the HIV infection rate among African Americans living in Milwaukee continues to be disproportionate compared to whites and other minorities. There are a constellation of factors that contribute to the HIV infection rate among African-Americans residing in Milwaukee. There are dynamics unique to Milwaukee's African-American community and culture that explain the HIV infection rate among African-Americans residing in Milwaukee. From the very beginning, the media portrayed HIV as being a white gay men disease. Black Americans were given few reasons to believe that AIDS could affect them, when in fact, black men made up a large proportion of the early cases of AIDS in the gay and bisexual community, and from the outset, black heterosexual adults and children were significantly more likely to be infected than white heterosexuals. One of the many reasons for the disparity between HIV infection rates among black Americans is the sexual patterns that are unique to black Americans. Because of infant mortality, disease, violence, poverty and the incarceration of black males, the low sex ratio for black Americans, black Americans are more likely to engage in concurrent sexual relationships, which put them at a greater risk of STDs and HIV. The literature reviewed in this paper indicates an individual who has an STD is more likely to contract HIV and black Americans have a higher incidence of STDs than do whites and other ethnic minorities.

Moreover, black American males who live the down-low lifestyle, men who have sex with men and women while portraying the image of being heterosexual, are at a greater risk of contracting and transmitting HIV. Black American men who live the down-low lifestyle may be a major contributing factor to the high rate of HIV infection among black American heterosexual women.

Lastly, those services geared specifically to black Americans who reside in Milwaukee appear to be more culturally relevant compared to services for the general public. Keenan Central Health Clinic and the Black Health Coalitions African American HIV/AIDS Program are examples of programs that are culturally relevant. These programs train their employees to provide culturally relevant services. These programs are located in the black community and are easy to access. Black Americans residing in Milwaukee seem to be more trusting and comfortable with a staff that looks like them, is knowledgeable of their world-view and have a sincere desire to service them.

## **Chapter Three: Conclusions and Recommendations**

### **Conclusions**

Based on the evidence presented in this paper, I have come to three significant conclusions. First, despite the plethora of HIV/AIDS services provided by agencies throughout Milwaukee, the HIV/AIDS infection rate continues to grow at a disproportionate rate among African-Americans residing in Milwaukee. Secondly, very few of the Milwaukee agencies that provide HIV/AIDS gear their services to address the problems and needs unique to Milwaukee's African-American community. Lastly, there are cultural dynamics that are unique to Milwaukee's African-American community that contribute to the transmission of HIV/AIDS and hinder HIV/AIDS testing, prevention, and treatment.

### **Recommendations**

Going forward, it is pertinent that all HIV/AIDS services and programming reach beyond the general public. In order to be most effective, services providers must take into account the individuality of the person being served as well as one's culture and sub-cultural nuances. A generic or general approach fails to address the multiple needs and problems presented by many individuals whose belief system has been impacted by their religion and/or culture. Therefore, it is recommended that agencies that provide HIV/AIDS services and programming assure that those they employ are able to provide culturally competent services.

Based on the information provided in this paper, a study on what impact "down-low" has on the HIV/AIDS infection rate among African-Americans residing in Milwaukee is warranted. Further exploration of "brothers on the down-low" would answer the question of is down-low the primary reason that the HIV/AIDS infection rate is growing so rapidly among African-American heterosexuals.

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