

Cleo Manago Addresses Black AIDS in the Age of Obama

Los Angeles, CA – Activist, social architect and boundary breaking, Cleo Manago has never run from controversy. His stance on Proposition 8 and the Black community had tongues wagging and heads turning. Always one to ‘keep it real’ even when it hurts, his is a rising voice in not only the Black and “same gender loving” communities, but the mainstream community at large as his vision pinpoints not only the issues, but the answers as well.

Recognized as one of the “Leading Men in 2008” and titled “The Uniter,” by Instinct Magazine, Manago has been at the forefront of the movement to liberate the masses from stereotypes and ingrained cultural perceptions since 1989. His message and vision of love and acceptance is ensconced in the context of cultural affirmation and transformation.

With the era of change upon us, Manago presents an insightful dialogue about the issue of AIDS in the Black community in the Age of Obama. Read it, think about it and then talk about. Change starts within.

Black AIDS in the Age of Obama

Will We Resolve A Legacy of Brilliant Incompetence?

From the Mind of Cleo Manago

President Obama enters the latest stage of HIV/AIDS in America with a pending national strategy goal: a novel concept before an audience suffering from a long history of program failures and unscientific prevention methodologies. Yet, the carrots of funding, pretenses of power, and notoriety attract the same tired pool of leadership that has besieged the Black community for 20 years now.

Constantly repackaging themselves, they step in front of the line to assume control of our nation's most HIV vulnerable population. Yet, when you ask these self proclaimed leaders, "Why have two decades of HIV/AIDS programs failed for Black people in America, worsening the epidemic?" they recite the same circular confusion that has beset them from the beginning. Isn't it just more intelligent to say, "I do not know; but, I still want to be famous?"

Before one can inform the "national strategy" for AIDS, they first must understand the roots of its prevalence on the frontline of the disease. Blacks fall victim to HIV at a rate that is 400% of their population size, accounting for 50% of all new cases nationally. After \$200 billion in spending, what are the major factors that contributed to these results; and, what changes must be employed before allocating more funds?[i]

Unbeknownst to many, the designated "community leadership" on HIV/AIDS has been a major factor in the poor implementation of programs for Black people. In many cities across America, these leaders are funded and placed center stage with the most minimal qualifications: in the vein of be Black, gay, or having AIDS. Making someone a poster child for having AIDS is a gross blunder as a strategy for "prevention". If someone boasts, "I have lots of cavities; I know what its like!" that doesn't qualify them as a dentist. Yet, to the detriment of so many unnecessarily suffering Black people, this has been the "scientific" approach of many health departments. Consequently, these Gatekeepers are provided opportunities to utilize the epidemic for income and fame, creating careers out of our social paralysis.

While these leaders or peers may have the best of intentions, historically, they've provided no answers or guidance. As some bolster an image of "proudly living with HIV", I regret to inform America that the PR shtick of "I have AIDS" has not worked as a prevention paradigm. Living with AIDS is not an option for the Black community. Maintaining health or

accessing quality care is a privilege out of reach for most.

These Gatekeepers were architects in the predominant approach implemented thus far. Originally designed after the White gay rights movement, it is limited and not dimensional enough to be of transformative benefit to Black people. Over 20 years ago, I forewarned the nation to no avail that bundling a disease prevention approach with a gay rights identity platform instead of a professional, Black population-based Public Health methodology would be detrimental.

Since funding for HIV/AIDS programs was dispersed based on lobbying and politics rather than high-risk populations, and since the gay rights agenda was one of the most powerful tools to gain political authority in the 80's, this funding policy forced an "inter-racialist" union between Black and White gay identified leadership that under represented Black women and other Black males. Evidenced in many task forces, this lobby was incentivized to hijack the AIDS epidemic, holding the Black community hostage in a defenseless posture of continued competition with White men for access to health resources and financial support. Accordingly, this resulted in funding solely to gay identity-based organizations, without proportionate funding allocations to the Black community for medically planned epidemiological methods of primary prevention – a logical framework to reduce disease.

At a CDC meeting this month, when I started to talk about primary prevention, many participants looked at me as if I were speaking a foreign language! Why? For many agencies, primary prevention in the Black community was supplanted with a focus on treatment. Nationally, these treatment campaigns advocate medication without resolution, which is a typical, pharmaceuticals agenda – likened to the commercial promotion of alcohol, tobacco, poor diet, and overpriced paycheck companies in the Black community. Aligning pharmaceuticals with prevention is an irreconcilable conflict of interest since drug companies employ their own "national strategy" of perpetual marketing as

a commercial model to address AIDS – engendering an HIV transmission “friendly” environment.

Further, without a standard primary prevention methodology in place, the CDC is still looking towards the same Gatekeepers to represent as the AIDS Czars for the Black community – pouring butane onto the fire. While Caucus members exposed the incapacity of Abstinence-Only programs, why didn’t they evaluate the other programs? They would have discovered the equal failure of such Gatekeeper programs and others to adhere to basic science. For example, the CDC’s SISTA project targets young Black women specifically. Yet, we cannot reduce the transmission of HIV for Black women without effectively targeting Black men who are positive or at-risk.

Isn’t it logical science to competently address the disease at its source? Wouldn’t targeting Black men have been the best defense of prevention for Black women (and other men)? Obviously Black women contracted HIV predominantly from men because heterosexual and formerly incarcerated Black men were overlooked as a preceding target.

Why did the nation abort standard epidemiological practice and quantitative analysis, and its role in developing population-based health management frameworks? This would have included: converting risk factors, prevalence and mortality statistics into management metrics to inform health systems and guide responses to the health issues of our most vulnerable population. White, Asian, and La Raza lobbies would never have tolerated such community disempowerment through government endorsement and funding of clearly failed leadership. Why then has the Black community?

Collectively, the Black community is suffering from Logic Displacement and Behavioral Disorientation (LDBD) – a multi-generational coping mechanism and cultural stress disorder caused by chronic exposure to structural violence – a significant factor in treatment adherence, disease recurrence,

and health behavior modification. LDBD operates as a barrier to critical thinking and self-determination and is a major obstacle to building community capacity to address HIV, demonstrating the importance of employing mental wellness resources to prevent transmission.

In invite Obama's national strategist to consider that Black people need more than prevention "messages". Unlike the CDC's mandate of "We fund prevention, not mental health", mental health resources are an essential component of a successful prevention course to achieve behavior modification. To effectively address AIDS as a society, Blacks must first address their experiences of cultural disruption and embark upon an "unlearning" and restoration process that includes wellness.

I look forward to the proposed priorities of the Obama Administration of accountability and transparency, and their employment regarding HIV/AIDS. The silence around the past 20 years of breakdown is staggering and deadly. Such a successful orchestration of national failure could only be termed "brilliant incompetence". Yet, until the proper causal factors are addressed, it is virtually impossible to assign accountability for the escalation of the epidemic in the Black community, or better invest the nation's next billions.

Much like the financial meltdown, our nation must properly evaluate the root of the breakdown to move forward, while comprehending that the same people who brought us to this point, shouldn't be the ones paid to rescue. Otherwise, the economic crisis will worsen health outcomes for Black people beyond imagination. Already, an urban Black boy of 15 years old has only a 33% chance of living to the age of 65.[iii]

The United States can no longer afford to pay people to maintain the status quo of illness and death.