

## Trotter Review

---

Volume 9  
Issue 1 *Public Health and Communities of  
Color: Challenges and Strategies*

---

Article 11

6-21-1995

### Coalition Building: Moving Toward Effective Coalitional Strategies of HIV/AIDS Prevention in Communities of Color

Lisa Roland  
*Family Health Center of Newburgh, Inc.*

Follow this and additional works at: [https://scholarworks.umb.edu/trotter\\_review](https://scholarworks.umb.edu/trotter_review)



Part of the [Civic and Community Engagement Commons](#), [Health Policy Commons](#), [Medicine and Health Commons](#), [Public Health Commons](#), and the [Race and Ethnicity Commons](#)

---

#### Recommended Citation

Roland, Lisa (1995) "Coalition Building: Moving Toward Effective Coalitional Strategies of HIV/AIDS Prevention in Communities of Color," *Trotter Review*: Vol. 9: Iss. 1, Article 11.  
Available at: [https://scholarworks.umb.edu/trotter\\_review/vol9/iss1/11](https://scholarworks.umb.edu/trotter_review/vol9/iss1/11)

This Article is brought to you for free and open access by the William Monroe Trotter Institute at ScholarWorks at UMass Boston. It has been accepted for inclusion in Trotter Review by an authorized editor of ScholarWorks at UMass Boston. For more information, please contact [scholarworks@umb.edu](mailto:scholarworks@umb.edu).

# Coalition Building: Moving Toward Effective Coalitional Strategies of HIV/AIDS Prevention in Communities of Color

by Lisa Roland

Black and Latino communities have been disproportionately affected by HIV/AIDS in the United States and abroad. According to the HIV/AIDS Surveillance Report:

- Out of a total of 401,749 reported AIDS cases in the United States, 130,384 (32%) and 68,903 (17%) cases were reported among African Americans and Latinos respectively. It is important to note that African Americans make up 12% of the total U.S. population, and Latinos make up 8%. AIDS cases reported in the Asian/Pacific Islander and Native American/Alaskan Native communities were 2,706 and 944 respectively.
- The total number of pediatric AIDS cases attributed to communities of color is as follows: 3,199 among African Americans, 1,396 among Latinos, 30 among Asian Pacific Islanders, and 17 American Indian/Alaskan Native, together making up 4,642 of the 5,734 reported AIDS cases, or approximately 81% of all pediatric cases.
- Women of color account for 75% of the total female AIDS cases in the United States, and men of color account for nearly 50% of cases among males.<sup>1</sup>

Despite the overwhelming burden carried by blacks and Latinos in terms of AIDS, it has become evident that in keeping with the general and historical pattern of discrimination reflected in funding, allocation of resources, policies etc., communities of color have received insufficient support to effectively address the problem at hand. Further compounding this dilemma, communities of color have fought against each other to secure funding for particular community programs. While looking at our individual, immediate, and entirely valid needs, many of us have at times failed to see the impact of our individual actions and attitudes on a broader picture.

We cannot afford to fall into the trap of confusion because ultimately it will cost us the lives of our brothers and sisters, and our own lives. Because of the nature of the HIV virus and the rapidly increasing rates of infection in communities of color, some kind of action is warranted by us. The overall slow and grossly inadequate response by the United States government, the health care system,



and pharmaceutical industry to the AIDS epidemic is indicative of the continued racism, sexism, homophobia, classism, and other biases that have been perpetuated throughout the history of this country. We, as people of color, have been systematically excluded from funding, clinical trials, and access to resources.

Our response to being relegated, once again, to a position of low priority, needs to be immediate and collective. We need to initiate dialogues between ourselves with the hopes of creating relationships. HIV/AIDS has presented us with yet another devastating crisis around which we must rally. We need to address the problem of HIV/AIDS in communities of color on two levels: 1) As individual communities of color we must define the specifics of HIV/AIDS in our communities and create appropriate programs responsive to unique ethnic, cultural, linguistic and other characteristics; 2) Communities of color need to come together to respond to HIV/AIDS by developing a collective cross-cultural voice and setting an agenda reflective of and responsive to us all.

There are a number of steps that we might begin to take in order to develop coalitions among and within communities of color.

- Before communities of color can even sit down to the table together, we need to be **committed** to the process and ultimately to the development of a collective agenda.
- Once we have a commitment to each other and our respective communities, we can begin to learn about each other, listen to each other, tell our experiences, and with this, we can increase our understanding of each other. **Understanding** and **respect** are critical to the building of coalitions. In addition, it is important for coalitions to build upon and celebrate the diversity both within and between communities of color. Our strengths as a coalition will come in part from our strengths as distinct communities working toward a



collective goal. We should all be well-versed in issues confronting various communities of color, because when one of our communities is under attack, all may soon be targeted.

- Together we must openly **discuss** issues related to the impact of HIV/AIDS in our communities. There is great deal of work that needs to be done even within communities of color to develop and strengthen coalitions within communities. We are not monolithic, and it is important that our diversities be recognized and addressed. Sitting down at the table and talking, (even having disagreements), about strategies, or our collective agenda is not an easy task; however, if each community represented at the table is committed to progress toward collective struggle, this task is attainable. We will not all agree on all issues discussed, and that is O.K., however, we have to “agree to disagree” on some issues, while remaining focused/maintaining focus on establishing and implementing collective goals that respond to community needs.
- Beyond discussion we must be committed to collective action, and an unified voice. We need to continue to meet, to network, and to support each other.

The idea of working together is simple and certainly not an original one to this essay. Coalitions between distinct communities of color have been successfully developed in the past; however, the unfortunate tendency seems to be a focus on differences that separate communities. Coalition building is essential for all communities of color if we intend to literally “survive” the AIDS epidemic. With collective action, our voice will be louder, stronger and consequently more difficult to ignore or silence. We have to be cognizant and skillful at recognizing distractions and attempts to divide, and in fact, encourages fighting amongst ourselves. We have to recognize the tremendous power communities of color hold, particularly if we have developed strong coalitions with other communities of color.

Successful coalitions of communities of color have developed around HIV/AIDS related work, as well as coalitions with broad health agendas which have addressed HIV/AIDS related issues. The National Minority AIDS Council (NMAC), for example, was created in 1987 with the objective of developing leadership in communities of color to fight effectively against HIV in our communities. Since that time, NMAC has developed into an agency with an annual budget of over 1 million dollars and a membership of approximately 600 minority community-based organizations. NMAC works in areas such as policy, strategic planning, skills building, and technical assistance. Among NMAC’s notable accomplishments, they have consolidated the knowledge and expertise representative of communities of color into useful manuals for service providers and communities at large, and they hold an annual skills building conference which last year brought together over 2,000 individuals from diverse communities across the country. (NMAC is the only national organization that is solely dedicated to working with people of color on issues related to AIDS.)

In New York state, a recently formed coalition, AIDS Coalition for Community Empowerment (ACCE), is demonstrating the importance and possibilities of coalition building for communities of color. This coalition is composed of 24 Multiple Service Agencies (MSA) and 13 Community Development Initiatives (CDI) serving New York state’s people of color related to HIV/AIDS. The goals of this coalition include the following: to provide technical assistance and disseminate HIV-related policy information; to coordinate local efforts; to collaborate with policymakers for effective responses to HIV/AIDS in communities of color; and, to enlist the support of other organizations in the development of comprehensive state and local HIV/AIDS funding agendas. MSA programs provide comprehensive direct services to people living with HIV/AIDS along with risk reduction and prevention interventions. CDI organizations focus on developing local AIDS leadership to foster broad community support and participation in HIV/AIDS throughout our communities. Thus far, ACCE has been instrumental in advocating for funding initiatives delivered by and targeting communities of color, and ACCE organizations are demonstrating that their program models are most effective in reaching communities of color, a premise that many are working to disprove. ACCE has come under attack, particularly by Community Service Provider agencies, who doubt the ability of communities of color to most effectively serve their own communities. Despite both external and internal strategies to fracture the coalition, members continue to meet regularly, as a means of reaching common goals and developing understanding among diverse communities of color.

Although there are individuals and organizations working to prevent the spread of HIV/AIDS utilizing coalitions as a framework, such efforts seem few and far between. Any collective actions such as those proposed in this essay need to take place on multiple levels and at the same time, so that as we work on a community based level, we are also working on statewide, regional, national and even international levels. Building coalitions around AIDS-related issues does not, by any means, suggest that we ignore or deny our differences in the process. A significant part of the challenge we face is to work toward the same goals and to acknowledge our differences as we explore our commonalities as oppressed people. All communities of color, African American, Latino/Hispanic, Asian and Pacific Islander, Native American, Arab America/Caldean have to participate in bridging the gaps created to divide and weaken our responses.

Given this very critical moment in our history, we need to be prepared to challenge ourselves and each other about the AIDS virus, so we can move towards developing a common and concrete agenda to resolve this problem.

## Notes

<sup>1</sup>Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Mid-year Addition, Vol. 6, No. 1, (June 1994).

Lisa Roland, M.P.H. is director of the HIV Department at the Family Health Center of Newburgh, Inc. in Newburgh, New York.