

Artigo original

Same script, different viruses: HIV and COVID-19 in US Black communities

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Vol 397 March 20, 2021 Published **Online** February 19, 2021 [https://doi.org/10.1016/S0140-6736\(20\)32522-8](https://doi.org/10.1016/S0140-6736(20)32522-8)

Os comentários saíram na Lancet Vol.398 Number 10295 | Jul 10, 2021. p 93-184

Comentário Surviving syndemics

In their Comment on the double burden of HIV and COVID-19 in US Black communities, Errol Fields and colleagues¹ focus only on vulnerabilities as an alleged attribute of subpopulations, instead of stressing the importance of communities' agencies, resources, and strengths. Despite the authors' reflective analysis of structural inequalities and the intersectional character of systems of oppression, the vulnerability accent—although benevolent—is inevitably alienating the groups that they are intending to prioritise. For example, the implication that being at risk for HIV is an inherent part of being gay created an artificial boundary between gay men, other members of the LGBTQ community, and larger society.² More importantly, disproportionately affected communities are uniquely resilient when it comes to survivorship, fighting stigma, dealing with loss, and living with health risks. An intersectionality of resilience³ framework allows an analysis of paths to community empowerment in the face of oppression and to develop survivorship-based community health interventions. So far, experiences of survivorship do not translate into research. There is a substantial gap in addressing resilience: HIV research rarely identifies resilience at the community level, concerning itself only with resilience at individual or interpersonal levels.⁴ In the case of HIV/AIDS in US Black communities, tales of community resilience are generously shared in art. This immense resource and the knowledge base should be used by scientific and professional communities. Commitment to what could be called community literacy, on the side of scientific and professional communities, would thus help to restore a gravely missed learning opportunity.

We declare no competing interests. *Yudit Namer, Oliver Razum yudit.namer@uni-bielefeld.de Department of Epidemiology and International Public Health, School of Public Health, Bielefeld University, 33501 Bielefeld, Germany

1 Fields EL, Copeland R, Hopkins E. Same script, different viruses: HIV and COVID-19 in US Black communities. *Lancet* 2021; 397: 1040–42

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Authors' reply

In a response to our Comment,¹ Yudit Namer and Oliver Razum argue that focusing on the vulnerabilities of populations disproportionately affected by HIV rather than their resilience serves to only further marginalise already disadvantaged groups. They posit that an intersectionality of resilience framework would generate the development of more strengths-based community health interventions. Although we agree that there is evidence of great resilience in Black communities, our Comment focused on the social inequities that have required Black communities to be more resilient than other communities to survive. Highlighting resilience without impugning the inequities that necessitate resilience creates a solutions framework centred on coping with, rather than eliminating, inequities. The aspiration to overcome oppression and structural racism has been a common theme in the Black American experience since Black people were brought to the Americas as slaves.² This reverie has been articulated in art, literature, and music; indeed, *We Shall Overcome* was the key anthem of the civil rights movement.³ Examples of the strength and resilience of Black communities resound throughout history along-side the social inequities, structural oppression, and resulting health disparities delineated in our Comment. John Henryism is a useful analogy here. First described by epidemiologist Sherman James to explain racial disparities in hypertension,⁴ John Henryism is a behavioural predisposition characterised by active coping against persistent, enduring social disadvantages (eg, racial discrimination and inequity) resulting in long-term negative health outcomes. As James notes, John Henryism illustrates that survival in the face of disadvantage is possible but not without cost. Rather than focusing on dismantling the systems of oppression that debilitate Black communities, the solutions espoused by Namer and Razum place the responsibility for managing anti-Black oppression on Black communities. By emphasising structural inequities and intersecting systems of oppression, we do not argue against or diminish the resilience of communities. Rather, we decry the cost of that resilience—the persistent HIV disparities weighing on gay and bisexual men, cisgender and transgender women, and adolescents and young adults in Black communities.

ELF has served on HIV prevention and treatment advisory boards for Gilead Sciences. RC has served on community advisory boards for ViiV Healthcare and Merck and has received grant funding from Gilead Sciences. DJM has served on a pre-exposure prophylaxis speakers' bureau for Gilead Sciences and an advisory board for ViiV Healthcare.

EH and RAS declare no competing interests.

Support for this Correspondence and the Lancet HIV in the USA Series was provided, in part, by amfAR, The Foundation for AIDS Research, The US National Institute on Drug Abuse, and The Desmond M Tutu Professorship in Public Health and Human Rights at Johns Hopkins University.*Errol L Fields, Raniyah Copeland, Ernest Hopkins, Renata Arrington Sanders, David J Malebranch eerol.fields@jhmi.edu Division of Adolescent/Young Adult Medicine, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD 21287, USA (E

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