SHOW HER THE MONEY

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I am a professional black woman, which I say with pride and even a little flair. I have multiple degrees, work in a corporate environment, contribute biweekly into retirement funds and quickly plan a “girls weekend” to Jamaica if someone is heartbroken over an ex-boyfriend.

We are the newest subculture of black women who create community service projects around our sisters — those fighting the urge to relapse, those who dropped out of high school and young unwed mothers, because we consider it our civic duty to reach back to those who are striving to overcome barriers that we somehow bypassed on our way up the social ladder. On Saturday mornings, we go through multiple closets and gather our worn designer suits, handbags and shoes, pack them neatly in bags, and post on Facebook our good deed of taking our used clothes to the shelter to ensure women who make an escape in the middle of the night will have the basic necessities that have become a nuisance to our closets.

This is where the invisible class line is drawn, and we have become disconnected. We have entered into a new promised land that our mothers and grandmothers never even knew existed, and somehow we differentiate ourselves from the women we serve. However, it is imperative to understand that when statistics are released addressing the rise of HIV/AIDS among black women, there is no distinction, and an invisible line has not been drawn between the women who have incomes in excess of $50,000 and those who earn less. We are classified as one group, and we are being infected at the same rate. Unfortunately, professional black women are the least likely to be tested, diagnosed and treated.

According to Debra Y. Fraser-Howze, president and chief executive officer of the National Black Leadership Commission on AIDS (NBLCA) and current senior vice president of Government and External Affairs at OraSure Technologies, there are several barriers that result in women opting not to be tested. She says some have the idea they avoid high-risk behaviors, others are too embarrassed to confess to their long-time physician that they engaged in high-risk behaviors in the past, many are married or in monogamous relationships and refuse to visit a clinic.

Overall, most women are too vested in their lives to consider the possible disruption of an HIV diagnosis. And, women within this demographic who are diagnosed are the ones who are least likely to discuss it out of fear of being rejected, exposed and the probability of losing their social status. In one case, when asked about testing, one woman shared that her methodology of ensuring that she was not HIV positive was to make annual phone calls to ex-boyfriends to check on them to ensure they were still alive and healthy.

I will never forget how stunned I was when I saw a family member in his last stages of AIDS. This once tall, 200-pound, handsome young man with a voice that could challenge any platinum award-winning artist had become so ill that he was subjected to wearing a size 4 in women’s jeans and his voice became a struggled whisper.

As women, we owe it to ourselves to be tested, and it is critical we step over the perceived line that separates us and understand that we are being infected at alarming rates. According to the Centers for Disease Control (CDC), despite African Americans representing only 14 percent of the U.S. population, they account for approximately 44 percent of all new HIV infections. And, the CDC reports there are some 1.2 million people in the U.S. who have HIV and about 240,000 of them are unaware of their status.

In 2012, a new, FDA-approved at-home HIV test was introduced. Requiring only an oral swab, it is completely private, and the company provides a comprehensive support system, including a 24/7 customer support line that walks a person through the testing and serves as a connector with a variety of local resources regardless of the results of the test. No one in your circle will ever know.

Beginning at the onset of the HIV/AIDS epidemic in the early 80s, we marched, donated money and proudly donned our red ribbons to show solidarity in the fight against this epidemic. However, in recent years the movement has become fatigued and leaders have moved on to other diseases, while HIV/AIDS continues to claim lives in our community.

We now have a generation that never knew a world with the absence of this disease and have never felt the shock and panic of a disease that knows no boundaries.

As women, we must understand that, even if we are monogamous, we aren’t guaranteed our partner always has been. I challenge women to erase the invisible line and, at the next “roundtable discussion” with your girlfriends, become engaged in conversations about the need to be tested, perhaps even making it part of a girl’s night out.

Be as aggressive with your health as you are when receiving a new project at work or the newest community service project. You owe it to yourself far more than a new designer bag.

Monifa Drayton is the administrator and community relations manager at Carolinas Medical Center-Huntersville.

Editor’s note: The OraQuick at-home HIV test is an oral swab that takes 20 minutes has been approved by the FDA or over-the-counter sale. It costs $39.99 online and at many local retailers. Find out more at OraQuick.com and learn about new U.S. technology that is endorsed by Earvin “Magic” Johnson.