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## Racial Disparities in HIV clinical trials and their Consequences Nicole Camacho and Marc Nahmani

Economic, social, and racial disparities ravage the American health care system, and these issues are as prevalent today as ever. Among these healthcare disparities are those present within HIV clinical trials, particularly the striking underrepresentation of minority groups. More specifically, although Black Americans represent 43% of HIV positive patients in the United States, they account for about 5% of patients in HIV clinical trials. In order to understand why there are racial disparities within HIV clinical trials, I explored HIV transmission and biological processes, and discussed the disparities that HIV positive Black Americans face. Literature on the biological process of HIV transmission definitively demonstrates that HIV is transmitted primarily through the spread of bodily fluids (e.g., blood, semen, vaginal fluid, or breast milk) from person to person, or from mother to child. Therefore, since HIV is spread through bodily fluids, which every human being has, a person's race is an irrelevant factor in the pathobiology of HIV transmission. However, these findings directly conflict with the data that shows that HIVpositive Black Americans are a small percentage in HIV clinical trials, resulting in increased risk of HIV transmission amongst Black Americans and increased rates of mortality. The underrepresentation of HIV Positive Black Americans in HIV clinical trials is not only detrimental in the medical field, but also socioeconomically. Studies show that HIV transmission and risks are high in Black Americans due to the American justice system arresting a high population of Black Americans. The prevalence of HIV/AIDS in Black Americans is about 3-5 times that of the general population, imprisoned Black Men are 6.6 times more likely to be infected with HIV than White Men and imprisoned Black Women are 3.8 times more likely to be infected with HIV than White Women. HIV transmission is high amongst incarcerated folks, in large part, because substance abuse is prevalent amongst the incarcerated population. Suggestions for improving the high mortality rates amongst HIV positive Black Americans are to create programs that focus on targeting predominantly Black neighborhoods about HIV clinical trials, and offering free medical services to affected HIV positive populations in those HIV-impacted neighborhoods. Furthermore, to reduce the prevalence of substance abuse, it is essential to establish drug policies that protect drug users, rather than criminalize them to aid in their rehabilitation. In addition, 50 year-old policies for drug offenses should be abolished in favor of rehabilitating drug users. These changes would aid in the decrease of mortality rates amongst HIV positive Black Americans.