



To: UNC Thomas Jefferson Award Committee
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From: Gail E. Henderson, PhD, Professor

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Gail E. Henderson

I am honored to submit a letter in support of Dr. Ada Adimora for the UNC Thomas Jefferson Award. I have known her as a valued colleague for almost 30 years. Dr. Adimora is a nationally and internationally recognized clinician-investigator in HIV and STD research. She is a leader in interdisciplinary research on the social determinants of the HIV epidemic. Her research and publications have focused on absolutely critical aspects of the epidemic: understanding the increasing burden for people of color, and for women with HIV in the South—a neglected topic until Dr. Adimora’s leadership (as documented in her CV). She has thus impacted the lives of people in North Carolina, and the US more broadly. Her contributions are featured in her almost 200 peer-reviewed publications, and 8 editorials and testimony, perhaps best exemplified by an editorial published in 2016 in the *New England Journal of Medicine*, “Preventing HIV among Women — A Step Forward, but Much Farther to Go.” She is known for her committee work, and testimony to Congress and other policy-making bodies on how to end the HIV epidemic. She has many, many awards, but perhaps the most prestigious is induction into the National Academy of Medicine in 2019. As documented in her materials, Dr. Adimora has been a mentor to dozens of US graduate students, postdoctoral fellows and junior faculty; she has directed a Fogarty program for training of scholars from China and Africa. Beginning in 2020, she will co-direct the NIH-funded UNC Center for AIDS Research.

While there are many contributions that could be featured in this letter, I want to describe a set of studies led by Dr. Adimora that have changed how we understand the causes of HIV disease in the US, in particular why HIV began increasing exponentially among African American women in the South. Utilizing the tools of epidemiology, demography, and community-based research, she and colleagues moved beyond merely studying individuals and their behaviors to identifying social network patterns that facilitate HIV transmission. They documented higher prevalence of concurrent sexual partnerships (sexual partnerships that overlap in time) among African-Americans than other Americans. Furthermore, and what was not previously recognized, they showed that this higher prevalence did not reflect racial differences toward partnerships; rather, they were largely a product of social and economic factors, such as group-level poverty and a low ratio of men to women (sex ratio), which discourages long-term monogamy. Simply stated, because of higher rates of mortality and incarceration compared to other races, African American men were not available for partnerships. Thus, rather than implicating individual factors associated with race, her work located the causes of higher rates of HIV in the social and economic contexts in which African Americans live. Dr. Adimora has continued to work on the association between concurrency and other neighborhood-level poverty and the low sex ratio. It is hard to overemphasize the importance of her work and the impact of these path-breaking findings on our understanding of the underlying causes of race differences in HIV disease, and the creation of evidence-based HIV prevention programs in these social and economic contexts. Even more impressive, Dr. Adimora has been working on this program of research for two decades, well before other scholarship about the meanings of race in society developed similar.

Lastly, while the values of Thomas Jefferson are laudable, his racism is not. It would be fitting indeed to select an African American woman whose scholarly contributions not only demonstrate the strength of her intellect but whose substance addresses the root causes of misunderstanding race and HIV in the South.