

# **AT THE CROSSROADS**

A man in a dark blue pinstripe suit is seen from behind, standing at a fork in a paved road. The landscape is a dry, desert-like environment with sparse green and brown shrubs. In the background, there are rugged mountains under a bright blue sky with a few wispy clouds. The overall mood is contemplative and symbolic of a choice or a path forward.

**THE STATE OF AIDS  
IN BLACK AMERICA, 2010**

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*At the Crossroads:*

*The State of AIDS in Black America, 2010*

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FROM THE CEO

# Our Right and Our Responsibility

**When the Black AIDS Institute released its annual State of AIDS Report in 2009, there was something new in the air. America had elected its first Black President, one who came to Washington promising to change the political tone and to tackle problems that had long been kicked down the road.**

A year later, the newness has worn off. As a country, it often seems as if we are now more divided than ever. Many Americans have forgotten what condition the country was in when President Obama assumed office and for every new problem addressed, it appears as if yet another one arises. Americans' discontent was most vividly reflected in the November elections.

But now that we are well into this new era in Washington, it is worth taking a moment to reflect on the changes that have occurred in our country's fight against one of the most significant of all health threats—the AIDS epidemic.

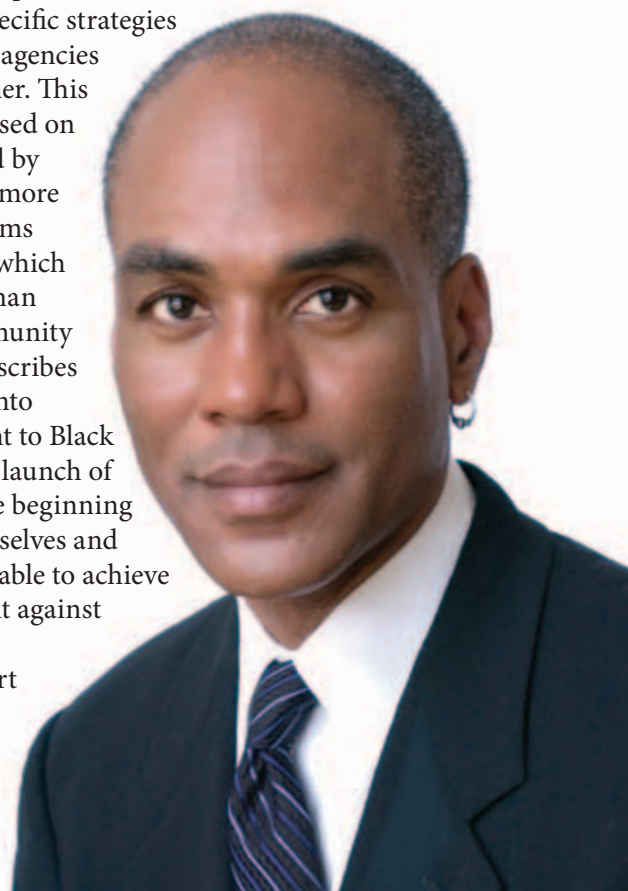
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## Important Advances in the National AIDS Response

In less than two years, extraordinary advances have taken place in our country's response to its own AIDS epidemic.

For the first time, our country has a national strategy to guide our fight against HIV/AIDS. The National HIV/AIDS Strategy (NHAS) is a national blueprint, with meaningful goals and specific strategies for ensuring that federal agencies coordinate with each other. This strategy, which was released on July 13, 2010, is informed by public input provided at more than 14 community forums held across the country, which were attended by more than 4,000 activists and community members. This report describes how this strategy came into being, why it is important to Black Americans, and why the launch of a new strategy is only the beginning of our efforts to hold ourselves and our government accountable to achieve greater results in the fight against HIV/AIDS.

After decades of effort and frustration, health



care reform is now a reality, although its more important provisions will not be fully implemented for several years. As a result of this landmark legislation—the most significant expansion of the social safety net in nearly 50 years—more than 30 million uninsured Americans will obtain health care coverage. Discriminatory policies that have exacted a particular high price on people living with HIV will come to an end. And the Medicare program—the program that pays more for HIV care than any other—will be significantly expanded. This new legislation will offer major new dividends to Black people living with and affected by HIV, many of whom have more difficulty than most groups in obtaining the care they need to survive.

Some of thorniest policy questions that have long undermined our national fight against HIV/AIDS were finally tackled over the last year. The indefensible and deadly ban on federal funding for life-saving needle exchange programs was finally repealed. And the country removed another stain on its AIDS record by eliminating the irrational and counterproductive restriction on the ability of people living with HIV to travel to the United States. As a result of this change, in 2012 the U.S. will host its first International AIDS Conference in more than two decades.

The Obama administration also took a number of other steps to beef up the federal commitment to AIDS, launching the Act Against AIDS Initiative, reviving both the White House Office of National AIDS Policy and the Presidential Advisory Council on HIV/AIDS.

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## Still, Much Work to be Done

These changes are real. And they are heartening.

But the epidemic's burdens on our communities are all too real, too. And, in many cases, they are growing.

Every year, an estimated 56,000 Americans become newly infected with HIV. Black people account for nearly one out of two of these new infections. Black Americans are seven times more likely to contract HIV as whites and three times more vulnerable to infection than Latinos.

And while treatments now exist that can extend life, often for decades, Black Americans too frequently don't obtain them. Black men are eight times more likely to die of AIDS as white men. And the risk that a Black woman will die of AIDS is 19 times greater than for a white woman.

These effects are happening at a time when many Black communities are being devastated by the continuing economic crisis. Home foreclosures in Black communities are at record levels, and unemployment among Black Americans is dramatically higher than the national average.

Despite these challenges, I know progress on AIDS when I see it. Having been a part of the fight against AIDS for most of my adult life, I can say with certainty that what we have seen in terms of AIDS policy the past year is progress.

But this progress is only partial. And it is only a beginning. True progress will only occur when we are able to report that these heartbreaking statistics I just cited are a thing of the past.

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## Holding Our Government—and Ourselves—Accountable for Results

To see this fight through to ultimate victory, we will need to hold our government leaders accountable. Despite all the many advances that have occurred in the AIDS fight over the past year, discretionary federal funding for AIDS is barely keeping pace with inflation. Many states have begun to cap enrollment in their AIDS Drug Assistance Programs, effectively telling low-





income Americans who urgently need HIV treatment that they will simply have to wait. As a nation, even in tough economic times, we can do much better.

And in Black America, we also need to hold ourselves accountable if we are going to reverse the disheartening AIDS trends in our communities. The Institute is aiming to do its part to ensure that communities have the resources they need to fight the epidemic. This year, the Institute is re-launching its Black Treatment Advocates Network, with the goal of creating a vibrant, motivated army of activists in Black communities throughout the country to build HIV treatment literacy, help friends and neighbors adhere to treatment, and increase Black enrollment in HIV clinical research. And the Institute is also strengthening its Science and Treatment component of its flagship program, the African American HIV University.

We live in an age of immediate gratification. Every time we turn on the television, we're told we can get quick results—if we only buy a particular product.

There are no quick results in the world of

AIDS. Winning this fight will require years of hard effort and determination.

But the fight *is* winnable. And the best part about this fight is that whether we win is entirely up to us.

Yours in the Struggle,

Phill Wilson  
CEO, The Black AIDS Institute

EXIT





# America has Voted

## An analysis of the 2010 Mid-Term Elections

By Phill Wilson

**The 2010 mid-term elections redrew America's political map. The results also have far-reaching implications for the nation's response to AIDS in Black America, underscoring the urgent need to renew and reinvigorate educational and advocacy efforts to compel the nation's decision-makers to address a health crisis that isn't going away.**

Riding a wave of anger and anxiety, Republicans swamped Democrats in Congressional races, winning more than 60 races and retaking the House of Representatives for the first time since 2006. The Democratic majority in the Senate was also sharply reduced; with Democrats accounting for 24 of the 33 seats that will be up for election two years from now, signs point toward a possible G.O.P takeover of the Senate in 2012. At the state level, Republicans now control a majority of governor's offices in advance of the redrawing of Congressional districts that occurs every decade following a new national census.

According to historical trends, the party controlling the White House almost invariably loses ground in off-year Congressional elections. In 2010, the desire to punish incumbents was especially pronounced. The country continues to grapple with the aftermath of the most severe and protracted economic downturn since the Great Depression. Although the Great Recession is

technically over, unemployment remains near 10%, economic growth is tepid, and the foreclosure crisis continues to spread. Anger over bailouts of banks and auto manufacturers combined with concerns regarding the federal deficit to turn a flood into a tsunami against the Democrats.

The national media has understandably focused a great deal of attention on the "Tea Party" movement, which contributed to the so-called "enthusiasm gap" between the two parties this year. However, tea partiers account for a minority of Republican voters, and most Republicans elected to Congress this year are mainstream conservatives. Regardless of whether winning Republicans wear the "Tea Party" banner, many share a common political platform of deficit reduction, extension of the Bush-era tax cuts, and hostility toward the signature legislative achievement of President Obama's first two years, the health care reform bill.

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## What Election Results Mean for the National AIDS Response

The 2010 mid-term election results present at least three major challenges to those of us who are committed to a stronger, more vigorous national fight against AIDS.

First, many of the strongest Congressional AIDS champions will no longer occupy key leadership positions to advance an AIDS-friendly agenda. At the top of the list is House Speaker Nancy Pelosi, who will be replaced as Speaker by Rep. John Boehner of Ohio.

The retirement of Rep. David Obey of Wisconsin also represents another loss for AIDS advocates. As chair of the House Committee on Appropriations—and especially as the leader of the Appropriations Subcommittee on Labor, Health and Human Services and Education—Obey played a key role in preserving and strengthening federal support for vital AIDS programs.

The elections also signal an important loss of influence for the Congressional Black Caucus. The CBC has been instrumental in increasing federal support for AIDS programs in Black communities, establishing the Minority AIDS Initiative and working to increase funding for essential AIDS services. As just one example of how this transition will diminish the CBC's ability to support a robust AIDS response for Black America, longtime AIDS champion Rep. Barbara Lee will no longer be a member of the majority in the House Appropriations Committee.

Second, the focus on deficit reduction will make it increasingly difficult to argue for the funding increases needed to combat AIDS in Black communities. In particular, the new Republican majority campaigned on a platform of reducing federal spending on discretionary programs, such as the Ryan White CARE Act, the HIV prevention program at CDC, and substance abuse and mental health services for people living with HIV.

Those of us who have been involved in AIDS advocacy since the epidemic's early days have long known that federal money can't solve every problem. But it's hard to tackle a threat as big as AIDS without the energetic support of the federal government.

We know, for example, that HIV prevention has long been under-prioritized. Real federal funding for prevention services has declined over the last decade, and today prevention programs account for only three cents of every dollar the federal government spends on AIDS. Each year, more than 56,000 Americans (nearly half of them African American) become newly infected with HIV—compelling proof that you get what you pay for (or that you don't get what you fail to pay for). We simply won't be able to turn the epidemic around in Black communities without stronger federal support for HIV prevention. President Obama has proposed one of the first increases in HIV prevention spending in the last decade, but the fate of this proposal remains unclear as Congress returns for a special "lame duck" session.

Additional funding is also needed to keep low-income Americans living with HIV alive and well. As of October 2010, eight states had established waiting lists for their AIDS Drug Assistance Programs (ADAPs), 20 had imposed restrictions to contain costs, and 13 were considering new cost containment measures. As a result of funding shortfalls, nearly 3,600 Americans who need AIDS drugs are currently unable to obtain them. Every forecast suggests that this problem is certain to grow unless additional federal support is forthcoming. Given changes in governorships and state houses, it is highly unlikely that state legislatures will do much to address the needs of ADAP programs. For thousands of Americans living with HIV, Congressional willingness to appropriate additional funds for this discretionary program could mean the difference between life and death.

Third, the new Republican majority in the House will enter power with a commitment to repeal the health care reform legis-



lation enacted earlier this year. Although it is unlikely that Republicans will be able to muster the votes needed to repeal the bill so long as a Democrat occupies the White House and control the senate, G.O.P. critics of health care reform may well seek to withhold the funding needed to implement key provisions of the legislation.

Health care reform has the potential to dramatically broaden and strengthen the safety net for low-income Black people living with HIV. Studies show that Black Americans are far more likely than other Americans to lack health coverage and that associated access barriers are a major reason why HIV-positive Blacks are less likely to receive life-preserving antiretroviral treatments. By expanding Medicaid, establishing new mechanisms to broaden private coverage, and prohibiting discriminatory practices by the private insurance industry, the health care reform bill will enable many currently uninsured Black people living with HIV to obtain the coverage they need.

The legislation contains additional provisions that of particular value to the AIDS response in Black America. The bill authorizes community transformation grants to build capacity in underserved communities to address AIDS and other health priorities. And the legislation also establishes a major new public health fund that will train and deploy community health workers to address key health care gaps, such as inadequate HIV testing rates, insufficient linkage to care for people who test HIV-positive, and support services to help patients adhere to treatment.

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## Where Do We Go?

These new challenges are disheartening for many HIV/AIDS advocates. But AIDS advocates have never given up the fight, even in the face of long odds.

The new political landscape merely underscores the need for focused investments in efforts to educate the new Congressional majority about the urgency of the AIDS fight.

The truth is that America's health shouldn't be a political football. Americans of all political persuasions—Democrat, Republican, independent, Tea Party—should be able to unite around the conviction that all people deserve a fighting chance to live and to contribute to their community. It is the job of advocates to lead that effort.

It is vital that advocates avoid making assumptions about members of the new majority in the House. Those of us who have been around for a while have crossed this bridge before. After the 1994 elections, when Republicans swept away a Democratic majority in Congress, AIDS advocates took to work and helped educate the new Congressional majority and made the AIDS crisis a bi-partisan issue. Some of the most enduring successes of the AIDS movement occurred when a Democrat occupied the Oval Office and Republicans controlled Congress.

Indeed, Tuesday's election results point the way toward opportunities to educate the new Republican majority. For example, the South is a region where Republicans made some of their greatest gains in the 2010 elections. The South also happens to be the region where HIV/AIDS rates among Black people are rising the fastest. It is vital that we help new members of Congress and new Congressional leaders from the South understand what the epidemic is doing to their districts and work together to devise new solutions to these challenges.

In short, the work of advocates has never been more important. The challenges appear daunting at first glance, but HIV/AIDS transcends political divisions. I remember the days of emergency rooms full of people with AIDS, death beds and weekly memorial services. And no matter what happened in November, I'm not going back. It is time for all of us to roll up our sleeves, get to work, and insist on national solidarity to address the needs of the most vulnerable among us.





## EXECUTIVE SUMMARY

# At the Crossroads

**AIDS represents one of the most serious challenges facing Black America. Black people account for nearly half of all people living with HIV and are nine times more likely to become infected than whites. AIDS is one of the leading causes of death of young Black adults, with Blacks disproportionately more likely to die of AIDS than other racial or ethnic groups.**

With the AIDS epidemic approaching the end of its third decade, the last year witnessed important developments on the national AIDS response and in efforts to address the epidemic in Black America. This report notes the highlights of what proved to be an eventful year, placing particular emphasis on the key challenges that remain for the AIDS response in Black America.

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### **Making a Plan: Progress on Our National AIDS Strategy**

Although the U.S. government will only contribute foreign AIDS assistance to countries that have a national strategic AIDS plan, America has never had a strategic plan to fight its domestic epidemic. As this report was going to press, that changed. On July 13, 2010, President Obama released his National HIV/AIDS Strategy for the United States and

the Strategy's federal Implementation plan. Development of a national AIDS strategy makes good on a promise then-candidate Obama made when he was running for President in 2008.

The Black AIDS Institute was an early advocate for a strategic plan to guide the national AIDS response, joining more than 500 organizations in the Coalition for a National AIDS Strategy. In our 2008 report, *We Demand Accountability: The 2008 Presidential Elections and the Black AIDS Epidemic*, the Institute called on all 16 declared Republican and Democratic presidential candidates to commit to developing a National HIV/AIDS strategic plan. Six Democrats committed to drafting a national strategy. One Republican did. Lacking clear targets, the country's AIDS efforts have too often been unaccountable, fragmented and insufficiently strategic. Without a clear roadmap, multiple federal agencies have frequently failed to coordinate with each other, unnecessarily duplicating effort and missing critical opportunities.

In 2009, the White House Office of National AIDS Policy consulted widely with affected communities, soliciting written suggestions and holding more than 14 community discussions that attracted more than 4,500 community attendees. The administration shared a draft of the strategy with the Presidential Advisory Council on HIV/AIDS and met numerous times with the Institute and other members of the Coalition for a National AIDS Strategy.

The release of the strategy is not the end of the road, but rather only the beginning. Black Americans have a greater stake than any other group in a successful national AIDS response, and it is critical that Black advocates and stakeholders remain engaged as the new strategy is released, implemented and monitored. At the end of the day, the strategy will be meaningful only if it leads to concrete positive change in the national fight against AIDS, including reductions in new HIV infections and AIDS deaths.

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## **Building New Leadership: An Update on CDC's Act Against AIDS**

With the strong support of the Black AIDS Institute, the Centers for Disease Control and Prevention in April 2009 launched Act Against AIDS, a five-year, multi-faceted communication campaign to reduce new infections and refocus attention on the domestic epidemic. Remarkably, it is the federal government's first national HIV/AIDS social marketing campaign since the 1980s, a clear indication of the loss of momentum in the domestic AIDS response that the Institute has long documented and decried. According to public opinion surveys released by the Henry J. Kaiser Family Foundation, visibility, sense of community urgency and personal urgency about AIDS has fallen considerably in recent years.

The CDC initiative includes several

components, including several that are specifically targeted to Black Americans, who are most at risk of becoming infected. The "I Know" campaign<sup>1</sup> targets young Black adults, addressing myths and misperceptions that sometimes impede prevention efforts. Another initiative—"Take Charge, Take the Test"—encourages Black women to be tested, while a separate component of the campaign promotes HIV testing among Black gay and bisexual men.

A key component of the CDC initiative is the Act Against AIDS Leadership Initiative,<sup>2</sup> which seeks to harness the strength and solidarity of the Black community to combat HIV. The Leadership Initiative is a \$10 million, five-year partnership between CDC and 16 of the nation's leading Black organizations. CDC support builds capacity at these influential organizations to mainstream AIDS in Black America and to mobilize the nationwide constituencies of these groups to become engaged in national and local AIDS efforts. The Institute is proud to have played a key role in the development of the Leadership Initiative, having previously worked with most of the 16 groups to develop their first-ever organizational AIDS strategies and work plans. In the interest of transparency, it is important to disclose the Black AIDS Institute receives CDC support to provide ongoing technical support to these national groups.

Already, much has been achieved as a result of the Leadership Initiative. Each of the 16 organizations has hired or appointed a dedicated HIV project coordinator and received HIV training from CDC. Organizations are at work incorporating HIV prevention into their national conventions, web sites, publications, conferences and existing outreach efforts. In 2009, leading Black organizations participating in the Leadership Initiative conducted at least 558 HIV-related events, engaged more than 300 local chapters and affiliates in HIV activities, and disseminated HIV-related messages to more than 100 million people.



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## **Reforming America's Health Care System**

On March 23, 2010, President Obama signed into law the most sweeping domestic legislation in almost 50 years. Entitled the Patient Protection and Affordable Care Act, the law broadly reforms America's health care system. The non-partisan Congressional Budget Office projects that the new bill will deliver health coverage to 32 million people who are currently uninsured and reduce the projected federal deficit over the next decade by \$143 billion.

The legislation has important implications for Black Americans and for all people living with HIV. Both people living with HIV and Black Americans in general are at extremely high risk of falling through the cracks of our country's fragmented, irrational health care system. People living with HIV and Black Americans are less likely to have private insurance than other Americans. For those fortunate enough to have private insurance, many people living with HIV have been unable to change jobs out of fear they will lose coverage. Discriminatory underwriting practices and preexisting conditions clauses in insurance contracts have withheld life-preserving treatment to many people living with HIV. By closing these and many other historic gaps in the health care safety net, the legislation signed by President Obama will significantly reduce medical vulnerability and promote continuity of care for people living with HIV.

Several important questions remain outstanding, underscoring the need for vigilance during the next several years, when the new legislation will be implemented in phases. For example, the future of special disease-specific programs such as the Ryan White CARE Act is uncertain, a source of some concern given the program's critical role in building HIV infrastructure in underserved communities. Strong regulatory oversight will be needed to ensure that the insurance market reforms in the legislation function as

intended to expand, rather than restrict, access to affordable, non-discriminatory health coverage. By mandating coverage for preventive services that are endorsed by federal experts, the law may also help routinize HIV testing and HIV prevention counseling in health care settings.

In the coming months, the federal government will turn its attention to the drafting and approval of regulations to implement the new legislation. AIDS Advocates must remain engaged in this process and mobilize other health, justice, and civil right advocates in Black America to do the same.

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## **2009 Year-in-Review: Important Steps Forward, More to Go**

After many years of drift in the domestic AIDS response, several major developments occurred in 2009, in addition to work toward a national AIDS strategy and enactment of health care reform. The Obama Administration took steps to rebuild the Office of National AIDS Policy, appointing Jeffrey Crowley, a longtime AIDS advocate, as director. The administration also revived the Presidential Advisory Council on HIV/AIDS, naming former CDC AIDS Director Dr. Helene Gayle to chair the group and appointing a number of leading experts from the AIDS field, including Phill Wilson, the Institute's CEO, and Cornelius Baker, the chair of the Institute's board of directors.

Several baseless policies that have been on the federal law books for years were finally removed. The ban on federal funding for needle exchange programs was repealed, as was the longstanding restriction against HIV-positive people from other countries to visit the U.S. Funding for abstinence-only programs for young people was stricken from the federal budget, although there is some leeway for communities to obtain federal funding for "experimental" programs that could include abstinence.

In comparison to these major policy gains, the AIDS funding picture in 2009 was notably less favorable. Although overall AIDS spending rose by 6.6%, primarily as a result of growth in entitlement spending, funding for discretionary AIDS programs such as Ryan White barely kept pace with inflation, rising only 2.4%. A modest 3% increase was approved for the Minority AIDS Initiative, but only a year after CDC announced that the rate of new HIV infections in the U.S. was 40% higher than previously thought, Congress approved only a meager 5% increase in prevention funding.

\* \* \*

In sum, 2009 was a year of important achievements in the domestic fight against AIDS—the first such year in a long time. But the year also highlighted key challenges. AIDS funding remains stagnant and the historic federal budget deficit will make major additional funding increases tough to achieve. Meanwhile, the epidemic has largely disappeared from the front pages and the television newscasts, undermining AIDS awareness and impeding efforts to mobilize communities.

AIDS media coverage may have declined somewhat, but, sadly, AIDS isn't going away. The epidemic remains one of the preeminent threats to the health and well being of Black communities across the country. In moving forward, the Institute will continue to approach its work from a unique and unapologetically Black point of view.

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## Notes

1. The Institute has a subcontract from the CDC to provide strategic counsel on the I Know Campaign.
2. The Institute has a subcontract from the CDC to support the Act Against AIDS Leadership Initiative.







# 2009: The Year in Review

## Important Advances Made, but Many More to Go

By Diana Scholl

**For the first time in almost a decade, 2009 witnessed important advances in the federal government's response to AIDS. In addition to the initiation of a major effort to develop the country's first comprehensive national AIDS strategy, the federal government overturned its longstanding ban on federal funding for needle exchange and lifted barriers to HIV positive people entering the country. The Centers for Disease Control and Prevention launched its first national HIV social marketing and public education campaign since the 1980s—ACT Against AIDS.<sup>1</sup> And the circuitous journey toward broad-based health care reform consumed much of 2009, but did not yield ultimate results until 2010. In sum, 2009 was a big year in the history of the federal response to the domestic AIDS epidemic.**

Even with these important steps, however, key priorities remain unaddressed or only partially fulfilled. The rapid expansion of funding for global AIDS spending slowed considerably in the first year of the Obama administration.<sup>2</sup> Domestically, even as up to half of people living with HIV are not accessing HIV primary care, only modest increases were approved for federal HIV care services. With an estimated 56,000 new infections a year—a disturbingly large share of them now among African Americans generally, and Black gay and bisexual men in particular—the nation's remarkable underinvestment in HIV prevention accounting for only 3% of all federal spending on HIV.<sup>3</sup> And the new focus in Washington on deficit reduction increases the uncertainty surrounding critical AIDS

programs sponsored by the federal government.

Despite these shortcomings, 2009 may be seen as a watershed in America's response to its AIDS epidemic. In this opening chapter of the 2010 State of AIDS in Black America, eight key developments are profiled.

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### Office of National AIDS Policy Is Rebuilt

During the administration of President George W. Bush, the White House Office of National AIDS Policy (ONAP) sat vacant from 2004 to the end of his second term. As a result, for more than four years no one in the

executive office was charged with coordinating the vast landscape for HIV/AIDS services in the United States. In February 2009, President Obama appointed Jeffrey Crowley (see side bar), as the new ONAP director. Most AIDS advocates were enthused by Crowley's appointment. Crowley brought with him vast experience in the AIDS and disability policy arena, with particular expertise forming innovative Medicaid and Medicare policy.<sup>4</sup>

The Black AIDS Institute was one of the few organizations to challenge the President for not appointing a Black American or other person of color, given the epidemic's demographics and how crucial working inside the Black community is to ending AIDS today.<sup>5</sup> But Crowley has moved aggressively to staff ONAP with AIDS experts with deep experience in the Black epidemic. Senior Policy Advisor Greg Millett, who came to ONAP from the Centers for Disease Control and Prevention, has led pioneering research on risk behaviors among Black men, bringing new understanding of the epidemic among Black gay and bisexual men as well as among men who have sexual relationships with other men but do not consider themselves to be gay or bisexual.<sup>6</sup>

A top priority for Crowley's team has been the creation of a national HIV/AIDS strategy to reduce HIV incidence. ONAP has crisscrossed the country this year<sup>7</sup> to obtain feedback from communities about how best to achieve these goals. While Obama has not completed the strategy within the one-year time frame he vowed, many advocates have drawn hope from the thoughtful way in which ONAP has rigorously sought to solicit community input into future directions for the AIDS response in this country.

While the revival of ONAP is particularly noteworthy as a sign of the Obama administration's commitment on domestic AIDS issues, it is one of only many major personnel changes. After former Senate Majority Leader Tom Daschle withdrew his name from consideration early in the new President's term, President Obama appointed former Kansas Gov. Kathleen Sebelius as the new Secretary of Health and Human Ser-

vices; Sebelius played a key role in promoting the administration's health care reform plan. Two former New York City health commissioners with extensive experience in HIV issues landed major new jobs in the Obama administration—Dr. Thomas Frieden as the new Director of the Centers for Disease Control and Prevention, and Dr. Margaret Hamburg as Administrator of the Food and Drug Administration.

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## Ryan White CARE Act Is Reauthorized, but Not Reformed

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was originally passed in 1990, in memory of Ryan White, an Indiana teenager who died of AIDS after being ostracized in his own community. The CARE Act serves as an essential safety net for more than 500,000 people living with HIV.

In 2006, in response to growing outcry from Southern states that old funding formulas directed too few resources to their rapidly increasing epidemics, Congress shifted funding to states with growing rates of HIV diagnoses. But lawmakers did not significantly increase funding at the same time, setting up a zero-sum game in which states with older, lingering epidemics must compete against states with burgeoning epidemics for a share of resources that's not large enough for either.<sup>8</sup> Congress was supposed to return to the CARE Act in 2009 and consider more sweeping reforms. While the CARE Act was intended to be restructured in 2009, the Congress, with the support of most national AIDS advocates,<sup>9</sup> again side-stepped the systematic problems and extended Ryan White's authorization for another four years, so that lawmakers could return to the subject after health insurance reform and a national HIV/AIDS strategy have been implemented. The latest period for reauthorization was shorter than the five-year span for prior reauthori-



zations, reflecting Congressional sentiment that passage of health care reform might necessitate major changes to the program. The Ryan White CARE Act passed in the Senate by unanimous consent and in the House of Representatives 408 to 9. President Obama signed it into law on October 30, 2009.<sup>10</sup>

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## **The Syringe Exchange Ban Is Repealed —For Now**

In December 2009, in a long-awaited victory for sound, evidence-based HIV and hepatitis C prevention, Congress eliminated the federal ban on syringe exchange funding. The end of the 22-year-old ban allows cities and states to use federal dollars for syringe exchange programs, which have proven to decrease HIV and hepatitis C infections and connect drug users to care, without increasing drug use.<sup>11</sup>

While no new dollars are being added for syringe exchange program in this budget cycle, the CDC plans to reallocate funding to support both new syringe exchange programs and those that are already funded by state and local health departments. AIDS Ambassador Eric Goosby has also stated that the President's Emergency Plan for AIDS Relief (or PEPFAR, launched under the Bush administration) will support syringe exchange programs globally.<sup>12</sup> In the longer term, advocates will push for new dollars in federal funding for these proven harm reduction programs.

President Obama signed the budget and is on record supporting syringe exchange. He reiterated his support for lifting the ban at a White House reception on July 13, 2010. Opponents of syringe exchange have continued their efforts to restrict access to harm reduction services. Conservative members of Congress attempted to implement a "100-foot rule"—banning syringe exchange from being conducted near schools, playgrounds or anywhere children gather. In densely packed cit-

ies, the rule could severely limit options for operating an exchange. Similarly, advocates expect proponents of the ban may attempt to reinsert it in future budget cycles, suggesting that the future of syringe exchange, while more promising than in the past, remains uncertain.<sup>13</sup>

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## **Abstinence-Only Sex Education Loses Congressional Support**

Since 1996, the federal government has spent more than \$900 million on abstinence-only sex education, teaching young people to avoid sex while prohibiting comprehensive programs that would advise young people on how to use condoms and other safer sex techniques. The bulk of studies have shown prevention programs that offer no choice but abstinence are ineffective at best and at worst may increase risks by withholding potentially life-saving information from young people.<sup>14</sup> The Obama administration eliminated funding streams dedicated to abstinence-only education in the fiscal year 2010 budget, replacing that funding with \$160 million for "pregnancy prevention" efforts.

Seventy-five percent of the new pregnancy prevention funding goes towards "evidence based" comprehensive sex education, while 25% allowed to be used for "experimental programs"—which may include unproven approaches such as abstinence-only education.<sup>15</sup> Further, an exclusive focus on pregnancy prevention may potentially fail to alert young people to the dangers of sexually transmitted infections, including HIV. Pregnancy prevention programs also fail to address the urgent health information needs of lesbian, gay, bisexual and transgender students.

While the potential pool of federal dollars available for abstinence-only education was sharply reduced in 2009, conservative supporters in Congress have hardly given up the fight. During the health care reform

debate, supporters of abstinence-only education sought to use the mammoth health care bill to obtain new funding for programs that promote only abstinence.

## The Ban on HIV Positive Travelers and Immigrants is Lifted

On January 4, 2009, the U.S. officially lifted its ban on HIV positive travelers entering the country. Now, for the first time since 1987, immigrants with HIV/AIDS can become U.S. citizens. And people living with HIV may now freely enter the country, including tourists but also HIV-positive scientists and activists desiring to attend important scientific meetings.<sup>16</sup>

At the end of 2008, 59 countries imposed some sort of restriction on the entry, stay and residence of people living with HIV.<sup>17</sup> Relatively few high-income countries are among those with travel restrictions, although South Korea had restrictions in place until 2009, when it too removed them.

As President Obama noted when announcing the decision to lift the ban on October 30, 2009, at the signing ceremony for the Ryan White CARE Act, “Twenty-two years ago, in a decision rooted in fear rather than fact, the United States instituted a travel ban on entry into the country for people living with HIV/AIDS. Now, we talk about reducing the stigma of this disease, yet we have treated a visitor living with it as a threat. If we want to be the global leader in combating HIV/AIDS, we need to act like it.” The original ban was instated when the Department of Health and Human Services added HIV to its list of “dangerous contagious conditions” during the Reagan administration. HHS attempted to lift the ban itself in 1991, but Congress, led by the late North Carolina Sen. Jesse Helms (R-N.C.), enshrined it in legislation in 1993.<sup>18</sup> Among the law’s many devastating legacies is the shameful memory of 270 Haitian refugees

detained in Guantanamo Bay for up to three years in the early 1990s because of their HIV status.<sup>19</sup> An especially embarrassing result of the discriminatory travel rule was the refusal of the International AIDS Society to consider holding the biennial International AIDS Conference in the U.S. due to the likelihood that HIV-positive visitors would experience human rights violations.

The travel ban remained in place and largely unchallenged in Congress until 2008, when Rep. Barbara Lee (D-Cal. and now chair of the Congressional Black Caucus) and Sen. John Kerry (D-Mass.) led successful Congressional efforts to reverse the law, as part of the 2008 reauthorization of President Bush’s massive global AIDS program.<sup>20</sup> As a lengthy bureaucratic process was still needed to formalize the new non-discriminatory rule, it wasn’t until January 4, 2010, that the first HIV positive visitors openly entered the United States without detention due to their HIV status. Unlike in 1991, among the 20,000 comments HHS received, there was little opposition and much support for the ban’s lift.<sup>21</sup>

In addition to opening the U.S. to travel by HIV-positive visitors, the end of the travel ban has had other effects. In 2009, the International AIDS Society announced that Washington D.C. will host the International AIDS Conference in 2012,<sup>22</sup> marking the first such conference in the U.S. in more than two decades. Not only will the conference bring economic benefits to Washington, D.C. by attracting more than 20,000 delegates from around the world, but it will also offer AIDS activists in the U.S. a major new opportunity to place the spotlight on America’s still-substantial epidemic.

“The return of the conference to the United States is the result of years of dedicated advocacy to end a misguided policy based on fear, rather than science, and represents a significant victory for public health and human rights,” said International AIDS Society President-Elect Dr. Elly Katabira, who will chair the 2012 meeting.<sup>23</sup>

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## Advocates Worry about Global AIDS Funding

The launch of PEPFAR will undoubtedly remain an enduring legacy of President George W. Bush. Before PEPFAR was established, only an estimated 400,000 people in low- and middle-income countries were receiving antiretroviral therapy, with the middle-income country of Brazil accounting for the bulk of these.<sup>24</sup> With PEPFAR currently providing antiretroviral treatment to 2.1 million people in the developing world,<sup>25</sup> it is beyond question that the program has meant the difference between life and death for many. PEPFAR was reauthorized in 2008 and up to \$48 billion was authorized for activities against global AIDS, tuberculosis and malaria.<sup>26</sup>

The Obama Administration has removed several earlier restrictions on prevention funding, including an earmark for abstinence-only programming. PEPFAR, which is run by the State Department's Office of Global AIDS Coordinator, is now overseen by Ambassador Eric Goosby,<sup>27</sup> a Black American physician who has worked in the HIV field for more than 25 years. Goosby is committed to science-based prevention, including providing funding to syringe exchange and reaching out to drug users and other marginalized populations.

But many AIDS advocates were disappointed by the modest increases in PEPFAR's funding proposed by President Obama. Instead of scaling up, as the PEPFAR reauthorization envisioned, global AIDS funding has barely kept pace with the rate of inflation.<sup>28</sup> Goosby's office has said its plans to increase the number of people on antiretrovirals to 4 million, but it would seem that significantly larger increases will be needed to achieve this goal.

In May 2009, President Obama announced the creation of the Global Health Initiative.<sup>29</sup> Incorporating PEPFAR and other initiatives for infectious diseases, the five-

year program also aims to build more robust, resilient health systems. Under the Global Health Initiative, PEPFAR would transition from an emergency-style program that works to create programs as quickly as possible to one that focuses increased attention on long-term sustainability. While AIDS advocates are among the most fervent supporters of health systems strengthening, it remains to be seen in an era of budgetary difficulties how PEPFAR funding fares in comparison to those of other emerging health priorities.

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## Lagging Progress in Domestic AIDS Funding

The notable advances in federal AIDS policy were not matched by similar progress on AIDS funding. In a year when the U.S. government ran a record budget deficit, only modest increases in AIDS funding were approved, with most AIDS programs barely keeping pace with the rate of inflation.<sup>30</sup>

Federal outlays for HIV treatment and care reached \$13.2 billion in FY2010—a 6% increase over the previous year. Most of this increase resulted from a rise in spending from Medicaid and Medicare, entitlement programs whose expenditures are driven by demand for services. Discretionary AIDS spending fared much worse. President Obama's first executive budget proposed only a 2.4% increase in funding for Ryan White services.<sup>31</sup>

President Obama's FY2010 budget requested a 7% increase in HIV prevention funding for CDC. Congress scaled back this request somewhat, approving only a 5% increase in domestic prevention spending. The continuing modest increases approved by Congress for prevention support came only a year or so after CDC announced that the rate of new HIV infections in the U.S. was roughly 40% higher than previously thought, with Black Americans accounting for nearly one in two new infections.<sup>32</sup>



The President's initial request for a 0.9% increase in funding for the Minority AIDS Initiative was expanded somewhat by Congress, which approved a slightly larger increase of almost 3% for the program, which targets prevention and care services to communities of color. Likewise, while the President recommended flat funding for Housing Opportunities for People with AIDS, Congress approved an 8% increase.

With respect to federal HIV research focused on the domestic epidemic, Congress actually retrenched in comparison to the President's request. Whereas President Obama's first budget request called for a 1.4% increase in domestic HIV research spending at the National Institutes of Health, Congress reduced the budget line by 8% during the appropriations process.

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## Presidential AIDS Council Revived

The Obama administration moved to strengthen the accountability of the country's AIDS response by taking steps in 2009 to revive the Presidential Advisory Council on HIV/AIDS, also known as PACHA. Created during the first term of the Clinton administration, PACHA is charged with providing advice, information and recommendations to the Secretary of Health and Human Services to inform national AIDS efforts. Although PACHA was continued under President Bush, its profile dramatically declined, in part due to the long-term vacancy at ONAP.

President Obama has appointed more than two dozen AIDS leaders to provide guidance to national decision-makers through PACHA. As an example of PACHA's renewed clout, the Obama administration has indicated that PACHA will play a leading role in reviewing and commenting on early drafts of the administration's national AIDS strategy.

Notably, the new PACHA includes longtime leaders in the response to AIDS in Black America. The new chair—Dr. Helene Gayle,

former head of the HIV program at CDC and currently executive director of CARE USA—is an African American physician and public health specialist who has long advocated for a more energetic response to the epidemic in Black communities. New PACHA members include Phill Wilson, the Founder and CEO of the Black AIDS Institute, and A. Cornelius Baker, the Institute's current Board chair. A longtime Black AIDS leader, Christopher H. Bates, serves as PACHA's new Executive Director.

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## 2010 Election Results Increase Uncertainty on Future AIDS Funding

American voters reshaped the U.S. political landscape in November 2010. By doing so, they also dramatically altered the world of AIDS policy, as well.

Picking up more than 60 seats in the House of Representatives, Republicans retook control of the lower chamber for the first time in four years. The Democrat's working majority in the Senate was reduced from 59 to 53. Republicans also now control a majority of the nation's statehouses immediately prior to Congressional redistricting, which occurs each decade immediately following the national census.

The election results are likely to have at least three important effects on the country's AIDS response. First, some of the greatest AIDS champions in Congress—such as Reps. Nancy Pelosi, Barbara Lee, and the entire Congressional Black Caucus—will lose influence by moving to the minority. Some longtime AIDS advocates, such as Rep. David Obey, who is retiring, will leave the halls of Congress altogether.

Second, the G.O.P. electoral platform of deficit reduction could place future AIDS funding in jeopardy. Rep. John Boehner, who will replace Rep. Pelosi as House Speaker in the new Congress, has called for all discre-

tionary federal programs to be returned to Fiscal Year 2008 funding levels. According to an analysis by amfAR, this would result in an 8.3% reduction in HIV prevention funding and cause more than 4,000 people living with HIV to lose access to AIDS drug assistance.

Third, the new Republican majority in the House is adamantly opposed to implementation of health care reform legislation passed in 2010. Although the House on its own will lack the means to repeal the legislation, leading Republicans have vowed to withhold funding for key provisions. As the chapter on health care reform later describes, implementation of the legislation is critical to ensuring health care access for millions of uninsured Black Americans who are living with, or at high risk of, HIV.

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# Making a Plan

## Launching a National AIDS Strategy

By Michael Isbell

**During the 2008 presidential campaign, then-candidate Barack Obama promised that, if elected, he would develop a national strategy to guide the fight against AIDS in his first year in office.<sup>1</sup> While the plan's development was delayed, most observers agree that the Obama administration has nonetheless taken impressive steps toward getting the United States its first overarching strategy for ending the domestic AIDS epidemic.**

President Obama's campaign commitment came in response to a glaring, nearly three-decade-old weakness in the country's approach to fighting AIDS. The U.S. government requires any country that receives American aid for its national HIV/AIDS program to first have in place an overarching strategy for tackling its epidemic. The U.S., however, has never had a similar strategy of its own. "No national targets are in place for reducing the number of new HIV infections or lowering the annual number of AIDS deaths," wrote Black AIDS Institute CEO Phill Wilson shortly after President Obama's election. "Multiple federal agencies own different pieces of the national AIDS response, yet in the absence of any national coordinating mechanism they stumble over each other, fight for turf, and leave critical priorities unaddressed."

That's why the Black AIDS Institute joined over 500 organizations in the Coalition for a National AIDS Strategy ([www.](http://www.NationalAIDSStrategy.org)

[NationalAIDSStrategy.org](http://www.NationalAIDSStrategy.org)) to both support and watchdog the administration's effort to finally bring order to our government's effort to end AIDS.<sup>2</sup> In July 2010, the Obama administration made good on its promise, launching the country's first-ever national AIDS strategy.

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### Why a National AIDS Strategy Is Vital

The Black AIDS Institute was among an early coalition of AIDS groups demanding the development of a national strategy to combat the epidemic. A national AIDS strategy is much more than bureaucratic nicety. Without a strategy, the country is literally aiming in the dark in its efforts to bring the epidemic under control. If you are serious about something, you set goals and measure yourself against them. The U.S., though,

*Health and Human Services Assistant Secretary for Health Dr. Howard Koh speaks during the unveiling of the National HIV/AIDS Strategy at the Eisenhower Executive Office Building July 13, 2010 in Washington, D.C.*



has no hard targets when it comes to fighting AIDS. In the absence of clear milestones for success, the nation's AIDS response has meandered from one approach to another. To make meaningful progress, the country needs to know how it defines success and how it intends to get there.

With no clear targets in place to guide national efforts, federal agencies are never held accountable for their HIV-related activities. Only in 2008—nearly three decades after the epidemic first appeared—did CDC estimate with any reliability the number of new HIV infections that occur each year in the US.<sup>3</sup> The Ryan White CARE Act program provides an equally bracing example: Only now, two decades into the program, is the government becoming able to provide an accurate and reliable count of the number of people nationwide who receive Ryan White services. And virtually no evidence has been collected to gauge the degree to which the country's HIV prevention and treatment programs are having the desired impact. A corporation that ran its operations this way would soon go out of business.

Meanwhile, the numerous federal agencies that play a role in the country's AIDS response communicate with one another periodically at best. Too often in the federal government's AIDS efforts, the left hand has no idea what the right hand is doing. Seldom, if ever, are their respective initiatives coordinated into a single, coherent, goal-driven effort. A single strategy that mandates cooperation in the AIDS fight is urgently needed.

Finally, the government can't handle AIDS on its own. It needs to work with communities, churches, the media and people living with HIV. Agencies and programs do partner with community and private sector stakeholders at both the national and local level (see page 42 for details on CDC partnerships). But the federal government has no overarching partnership strategy. And too often, the government imposes approaches on communities rather than working collaboratively with them.

## Why a National AIDS Strategy Is Especially Critical for Black America

Although Black America isn't the only community that needs a coherent national strategy to fight AIDS, it has a particular interest in ensuring that President Obama fulfills his promise. No racial or ethnic group has been affected by HIV/AIDS to the degree that Black America has been affected. Blacks once again accounted for roughly half of all new HIV/AIDS diagnoses in 2007, the most recent year for which data is available, and were diagnosed at a rate nearly nine times that of whites (see "The Black Epidemic: By the Numbers," on page 54 for detailed data on Blacks and HIV/AIDS). In short, the new AIDS strategy will succeed only if it works for Black America.

Ensuring that the new AIDS strategy addresses the specific needs of Black America is essential. Although HIV among non-Black Americans is almost exclusively concentrated among gay and bisexual men and injection drug users, the epidemic is much more broadly dispersed in Black America. The same high-risk focus that works for other groups misses many Black people who are vulnerable to HIV, especially women and young people.

There is an additional reason why Black America needs to be fully engaged in the development of a national AIDS strategy. Time and again since the beginning of the epidemic, Black America has learned that its needs are often neglected if Black leaders aren't at the table. Even though Black people were disproportionately affected by AIDS from the very beginning of the epidemic—when AIDS was widely regarded as a disease of white gay men—it took nearly two decades before AIDS was declared to be an emergency in Black America.

The pitfalls of ignoring the needs and perspective of Black America are plain from the country's experience with respect to the

epidemic among gay men. After rates of new infections among white gay men sharply declined in the 1980s, decision-makers behaved as if runaway infection rates in the gay community were a thing of the past. As America looked the other way, however, new infections were skyrocketing among Black gay men. Even as Black gay advocates pointed to the growing crisis, the problem elicited little response, until federally sponsored studies found that as many as 46% of Black gay men in urban areas were already infected with HIV.<sup>4</sup>

Recently, with the Act Against AIDS Leadership Initiative, the federal government has formally recognized the need to engage leading Black institutions in efforts to strengthen the AIDS response by launching the Act Against AIDS Leadership Initiative (see Chapter Three for more information on the initiative). But more needs to be done to ensure that the needs of Black America are taken into account. Having Black leaders engaged in the development of a new AIDS strategy is essential.

## Developing a New AIDS Strategy

Upon taking office in January 2009, the Obama administration moved swiftly to begin the process of developing a new AIDS strategy. The administration placed Jeffrey Crowley, director of the Office of National AIDS Policy (ONAP), in charge of overseeing the development of the new strategy. Crowley is a longtime AIDS advocate who formerly served as policy director for the National Association of People with AIDS. His office, ONAP, is charged with spearheading and coordinating federal efforts to respond to AIDS.<sup>5</sup>

To develop the national strategy, the administration launched a formal process of consulting with affected communities. ONAP scheduled 14 community discussions around the country to solicit ideas for the new strategy. Together, these events brought

## Getting the Community's Input

The Office of National AIDS Policy convened 14 community consultation meetings around the country to solicit input on the development of a national AIDS strategy. More than 4,500 participants in all joined the conversation. Here's where the meetings.

### Settings and dates of ONAP Consultations

Atlanta, Ga.	8/25/09
Washington, D.C.	9/21/09
Minneapolis, Minn.	10/2/09
Albuquerque, N.M.	10/9/09
Houston, Tex.	10/10/09
San Francisco, Calif.	10/16/09
Los Angeles, Calif.	10/18/09
Columbia, S.C.	10/26/09
Oakland, Calif.	11/1/09
Virgin Islands	11/9/09
Jackson, Miss.	11/16/09
Ft. Lauderdale, Fla.	11/20/09
New York, N.Y.	12/4/09
Puerto Rico	12/14/09

Source: Office of National AIDS Policy, accessed online at <http://www.whitehouse.gov/administration/eop/onap/events>, Jan. 25, 2010.

together more than 4,500 participants who offered a host of ideas for strengthening the country's response to AIDS and for improving the coherence and effectiveness of the federal government's AIDS efforts. In addition, the Obama administration formally solicited public comments on the new AIDS strategy, providing the public the opportunity to offer suggestions through November 2009.

Another favorable sign of the administration's commitment on AIDS was the naming of Dr. Helene Gayle to be new chair of the Presidential Advisory Council on HIV/AIDS. Dr. Gayle, who is the former leader of the CDC's HIV prevention programs, is a longtime advocate for greater attention to the HIV-related needs of Black Americans.<sup>6</sup>

## What is the Presidential Advisory Council on HIV/AIDS?

PACHA, as it is known, advises to the executive branch on HIV policy. First created under the Clinton administration, it initially served as an aggressive advocate for a stronger AIDS response, taking the Clinton administration to task for its failure to lift the federal ban on funding for needle exchange programs, among other things.



Helene Gayle

During the Bush administration, however, PACHA made a lot less noise. Headed by Oklahoma Republican Sen. Tom Coburn, a conservative physician who has long been involved in AIDS policy debates, PACHA seldom challenged the Bush administration publicly.

With new leadership, under Dr. Helene Gayle, it is hoped that PACHA will return to its role as a science-driven advocate for a sound, rational AIDS response.

A number of AIDS advocacy groups have also mobilized to influence the development of the national AIDS strategy. The Black AIDS Institute is a founding member of the Coalition for a National AIDS Strategy and has played a leadership role in this collective effort. More than 500 organizations nationwide and more than 2,400 individuals have joined the Coalition, which aims to ensure that the country has a sound national AIDS strategy in place.<sup>7</sup> To generate ideas for a new AIDS strategy, the Coalition has sponsored a series of community consultations, which have examined such issues as strengthening

HIV prevention and eliminating racial and ethnic disparities in HIV outcomes.

The Coalition repeatedly met with White House officials to influence the development of the AIDS strategy. The Coalition also offered extensive written advice on the strategy, urging the administration to focus on efficiency and effectiveness, to play a leadership role in reducing stigma and ensure the integration of prevention and care.<sup>8</sup> The Coalition recommended a series of actions to increase access to care, including ensuring universal coverage and appointing a high-level official in the Medicaid and Medicare programs to focus on HIV-related services. And the Coalition emphasized the need to strengthen HIV prevention, stressing the importance of accountability through targets. The Coalition also called attention to the need for important legal changes, such as the removal of restrictions on funding for needle and syringe programs.

ONAP convened an interagency working group to develop the strategy in light of public input the administration has received. The working group helped ensure coordination, accountability and improved outcomes across the federal government. The Presidential Advisory Council on HIV/AIDS also played a role in review of the national strategy and will play a similarly important role in monitoring its implementation.<sup>9</sup>

## The New Strategy: What It Says and What It Means

The new strategy, launched in July 2010, calls on the country to pursue the following directions:

■ **Reduce HIV infections—through improved targeting of prevention efforts, strategic use of a combination of approaches, and broad-based education for all Americans.**

■ **Increase access to care and improve health outcomes for people living**



**with HIV—through implementation of a seamless service system providing continuous and high quality care, efforts to increase the number and diversity of HIV-proficient providers, and support for management of co-occurring conditions.**

■ **Reduce HIV-related health disparities—by reducing mortality in heavily affected communities, adopting community-level approaches to prevent infections, and reducing stigma and discrimination.**

■ **Achieve a more coordinated national response—by increasing coordination of existing programs, and developing improved mechanisms for reporting results.**

While the new strategy represents a momentous achievement, it is only the first step, not the end of the process. The test of the new strategy is the degree to which it leads to concrete improvements in AIDS results.

Although much of the new strategy focuses on coordination of government agencies, the government cannot fight AIDS alone. The new strategy will succeed only if all stakeholders join together to work for its successful implementation.

Black Americans, in particular, need to remain engaged in monitoring implementation of the national AIDS strategy. Given the epidemic's disproportionate impact on Black communities, the new strategy will succeed only if it works for Black America. In reporting results on the new strategy, the Obama administration needs specifically to report outcomes for Black Americans living with, or at risk of, HIV infection.

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# NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

JULY 2010



## FACT SHEET

# Black America and the National HIV/AIDS Strategy

**The release by the White House represents a major step forward in our nation's nearly three-decades-long fight against HIV/AIDS. The Black AIDS Institute was an early and steadfast supporter of the development of a national AIDS strategy. No racial or ethnic group has a greater stake in the success of the new strategy than Black people.**

## Black America and AIDS: The Facts

- Representing 13% of the U.S. population, Black people account for 46% of all people living with HIV, 45% of new HIV infections, and more than half of all new HIV diagnoses.
- Blacks are seven times more likely than whites to become infected with HIV. Black women are 22 times more likely than white women to be diagnosed with AIDS.
- The AIDS death rate among Black males is eight times higher than for white males, while Black women are 19 times as likely to die as whites.
- Even in the era of effective antiretroviral treatment, AIDS remains one of the leading causes of death for young adult Black men and women in the U.S.

- Of the 1.1 million Americans living with HIV, one in five have never been tested and half or more of those who have been diagnosed are not in regular care. Studies indicate that Black Americans are often diagnosed late, frequently have difficulty being linked to medical care, often fall out of care, and experience challenges in adhering to treatment as a result of their disproportionate experience of poverty, homelessness, and other medical conditions.

## The National AIDS Strategy: The Facts

- The new strategy is the first time the U.S. has articulated a comprehensive plan to address its domestic HIV epidemic.
- More than 4,500 community members



attended town hall meetings that informed development of the new AIDS strategy.

- The new AIDS strategy envisions a future in which HIV infections are rare. When infections do occur, the new strategy aims to ensure unfettered access to high quality, life-extending care, free from stigma and discrimination.

- The new strategy calls on the country to pursue the following directions:

- Reduce HIV infections—through improved targeting of prevention efforts, strategic use of a combination of approaches, and broad-based education for all Americans.
- Increase access to care and improve health outcomes for people living with HIV—through implementation of a seamless service system providing continuous and high quality care, efforts to increase the number and diversity of HIV-proficient providers, and support for management of co-occurring conditions.
- Reduce HIV-related health disparities—by reducing mortality in heavily affected communities, adopting community-level approaches to prevent infections, and reducing stigma and discrimination.
- Achieve a more coordinated national response—by increasing coordination of existing programs, and developing improved mechanisms for reporting results.

—AIDS Drug Assistance Programs throughout the country are imposing waiting lists or arbitrary enrollment caps due to funding shortfalls. In July 2010, President Obama made a one-time allocation of an additional \$25 million to address this crisis, but this amount, while welcome, represents only about 7% of the amounts needed this year to ensure the program's health.

—With the number of new infections unacceptably high, HIV prevention accounts for only 3% of federal AIDS spending. To make effective use of the prevention tools that are available, experts estimate that annual HIV prevention spending needs to increase from \$750 million to at least \$1.3 billion for each of the next five years.

- Although much of the new strategy focuses on coordination of government agencies, the government cannot fight AIDS alone. The new strategy will succeed only if all stakeholders join together to work for its successful implementation.
- Black Americans, in particular, need to remain engaged in monitoring implementation of the national AIDS strategy. Given the epidemic's disproportionate impact on Black communities, the new strategy will succeed only if it works for Black America. In reporting results on the new strategy, the Obama administration needs specifically to report outcomes for Black Americans living with, or at risk of, HIV infection.

## The Way Forward: The Next Steps

- While the new strategy represents a momentous achievement, it is only the first step, not the end of the process. The test of the new strategy is the degree to which it leads to concrete improvements in AIDS results.
- Implementing this new strategy on the cheap is a recipe for failure.

## Will the Strategy achieve those goals?

That will likely depend on whether the Strategy identifies ways to improve the federal response and how well all of us, in government as well as in the community, can implement the plan. Ideally, the Strategy will serve as a powerful advocacy tool for years to come.

The Coalition for a National AIDS Strategy—The Black AIDS Institute is a founding

member—developed a list of ideas of how to best use this unprecedented announcement, including core concepts for communications and ideas on how to leverage the Strategy’s release to draw local and national attention to urgent issues in our communities.

## We Helped Make This Happen

The release of the Strategy is the culmination of a multi-year campaign by a broad range of people living with HIV and other AIDS advocates who championed the development and implementation of a single plan in order to accelerate effective responses to the epidemic.

Continued advocacy will be needed to make the Strategy as effective as possible. Learn more about advocacy on the Strategy as well as the federal government’s process of developing it, steps to gather input, and specific recommendations, at <http://nationalaidsstrategy.org>.

## What Initiatives Will be Included in the National HIV/AIDS Strategy?

The National HIV/AIDS Strategy’s vision statement:

*"The United States will become a place where new HIV infections are rare, and when they do occur every person regardless of age, race, ethnicity, their sexual orientation, or their social/economic status will have unfettered access to high-quality, life extending care, free from stigma or discrimination."*

### Specific ideas include:

- Refocus on communities where HIV is prevalent
- Expand access to evidence-based HIV

prevention methods

- Create a seamless system from HIV positive diagnosis to HIV care
- Increase the number of clinical providers of high-quality care
- Support people with co-infections (such as hepatitis C)
- Address other social determinants, such as housing and poverty
- End stigma and discrimination against HIV-positive individuals
- Redouble efforts to educate people of all ages about HIV
- Create new community-level approaches to reduce HIV transmission
- Increase coordination among federal government agencies
- Increase federal coordination with state, territorial, tribal, and local governments and community-based agencies

## Suggested Actions

With the power of the bully pulpit, the President’s Strategy offers AIDS advocates a unique opportunity to raise public awareness and support for the fight against HIV/AIDS. It gives us the opportunity to leverage local and national attention to urgent issues affecting our communities.

### Consider one or more actions to put the Strategy document to immediate use:

- Issue a press release about the Strategy (see press release tips below).
- Conduct a detailed analysis of the Strategy, comparing it to the criteria below, coalition recommendations (several examples are posted at <http://nationalaidsstrategy.org>), and/or your own recommendations.
- Write about the Strategy on your website, blog, Facebook page, etc., and talk about it at the meetings you attend.
- Share information about the Strategy with your Congressional delegation, state lawmakers, and other elected and ap-

pointed officials (e.g., the state Medicaid director, housing officials, public health leaders, correctional department staff, education officials, and others).

- Host a public meeting to discuss the Strategy in light of the HIV-related issues and needs in your community, jurisdiction, state or region.
- Write an op-ed or letter to the editor about the Strategy and what it means to you, your community and the nation as a whole.
- Reference the Strategy in advocacy fact sheets and communications.

Please forward your press release or statement to [mondellaj@BlackAIDS.org](mailto:mondellaj@BlackAIDS.org). The Institute will highlight community reactions on its blog at [www.BlackAIDS.org](http://www.BlackAIDS.org)

## Formulating a Critical Assessment of the Strategy

The Strategy is likely to elicit an array of opinions and reactions that are as diverse as the AIDS community itself. AIDS advocates and organizations will need to carefully read the Strategy and assess its potential to chart a new, bolder course of action against HIV/AIDS. Below are examples of key criteria you may consider in evaluating the Strategy's likely impact to reshape and improve domestic HIV-related outcomes.

### An effective, outcomes-oriented Strategy MUST:

- Establish short- and long-term priorities among a manageable set of activities/initiatives
- Set clear, ambitious targets to achieve each goal
- Focus efforts where the epidemic is most acute
- Address structural vulnerability to HIV/AIDS and poor health outcomes
- Engage people living with HIV/AIDS, among other stakeholders, in solutions

- Add other components of an effective Strategy

### To bolster chances it is fully realized, the Strategy MUST:

- Improve federal management and authority over HIV-related activities
- Ensure greater coordination (within and beyond the federal government)
- Commit to regularly monitoring and accountability mechanisms
- Detail clear implementation steps, responsible entities, and timelines
- Describe both new funding needed and strategic investments for existing resources

## Key Elements for Press Releases, Talking Points or Written Responses

- Set the context: Underscore that HIV/AIDS remains an urgent public health concern in the U.S. and in your community. Reference a few compelling statistics to substantiate your statements.
- Explain the Strategy's significance: While other plans have emerged in the past, this is the first comprehensive, national plan to leverage support from multiple government agencies and the President himself.
- Describe how the Strategy came about: The Strategy is the result of aggressive AIDS advocacy over the past three years. It galvanized community and political support around a simple, compelling idea: dramatic gains fighting HIV/AIDS in the U.S. can be realized with bold federal leadership focused on achieving defined outcomes.
- List important next steps: Government leaders and community stakeholders will need to work together to implement the bold directions anticipated in the Strategy. In some cases, approaches may need to change course or be revised entirely.



## Three Ideas for the Top of Your Press Release

HOMETOWN (DATE)—AGENCY X pledges its support to the Obama Administration to achieve the goals established in the National HIV/AIDS Strategy, unveiled today. The White House plan recognizes that greater progress fighting HIV/AIDS can be realized with better planning and coordination, accountability mechanisms, and efforts to expand proven HIV prevention and care activities.

HOMETOWN (DATE)—AGENCY Y applauds the Obama Administration's new national HIV/AIDS plan of action, especially efforts to \_\_\_\_\_. While supportive of the plan, Congress and the Administration must continue to consider \_\_\_\_\_, which [is/are] essential for the fight against HIV/AIDS [locally, regionally, nationally].

HOMETOWN (DATE)—THE Z COALITION calls on Congress to meet the immediate and long-term challenges in the U.S. fight against the epidemic as described in the Obama Administration's newly released HIV/AIDS Strategy for the U.S. Federal decision-makers should especially consider \_\_\_\_\_ as they chart efforts to implement the bold new plans, which will require leadership and unprecedented coordination within and beyond the federal government.

Ushering needed changes will require leadership, advocacy, and resolve.

- Everyone has a stake in the Strategy's success: Efforts to fully realize the Strategy will rely on multiple stakeholders working together. No single agency or decision-making body (public or private) can do it alone.
- Short-term and long-term needs: The Strategy must help meet immediate needs improving HIV prevention, expanding access to care, and mitigating HIV-related health disparities. Over time, the Strategy must guide efforts to change systems to realize large, important gains fighting the epidemic.
- Social determinants of health matter: While efforts against the epidemic must address individual needs, it is crucial to confront structural vulnerabilities—such as homelessness/housing instability, mass imprisonment, substance use, poverty, and homophobia, among other factors—that heighten HIV risk for entire groups and communities.
- More focused investments: The Strategy must help decision-makers achieve better investments with current and new

resources. But without question, meeting the Strategy's aspirational goals will also require the dedication of new, targeted investments.

## More Information

Visit the Coalition for a National AIDS Strategy online at <http://nationalaidsstrategy.org> for background and briefing documents about the Strategy.

STATEMENT FROM THE CEO

# Black America and the National HIV/AIDS Strategy

**My grandmother used to say, “If you fail to plan, you plan to fail.” Today represents a new day in our country’s nearly three-decade-long struggle against AIDS. For the first time, we finally have a national plan in place to guide our fight against the epidemic and to hold decision-makers accountable for results.**

America has long required countries that receive foreign AIDS assistance to have a national strategy, but we have never had one. With no plan in place to mandate coordination between different government agencies or to ensure accountability, it is hardly surprising that we have an HIV/AIDS epidemic 40% worse than previously believed, with 1 in 5 Americans infected with HIV don’t know they have the disease, half or more of people diagnosed with HIV are not receiving regular medical care, and HIV rates in some communities worst than those found in some of the poorest countries on the planet.

America can do better. We must do better. This new strategy represents an important step in that direction.

“The new strategy provides a promising opportunity for us to get real about the shortcomings in our national response to the epidemic. While the government has long funded intensive HIV prevention programs for individuals, we as a country have invested relatively meager amounts in efforts to affect community norms and values to promote

risk reduction. At a time when AIDS deaths are largely preventable, the government has provided only minimal leadership in making knowledge of HIV serostatus an essential social norm in the most heavily affected communities. And even though the face of AIDS in America is typically Black or brown, most people with HIV are forced to seek medical care from health providers who neither look like them nor understand the challenges they face. The new strategy provides a blueprint for changing some of these realities, and it is an opportunity we must energetically grasp.

We salute President Obama for placing Black America front and center in his national HIV/AIDS strategy. AIDS in America today is a Black disease. Accounting for only about 13% of the national population, Black people make up half of all new HIV diagnoses. The AIDS death rate among Black males is eight times higher than for white males, while Black women are 19 times as likely to die as whites.

If the new AIDS strategy is to succeed, it has to work for Black people. In reporting

results, the Obama administration needs specifically to report outcomes for Black people. Only if prevention and treatment programs work for Black America will we win our national fight against AIDS.

Unfortunately, the new strategy does not sufficiently address the issue of resources. Already, we are seeing many AIDS drug assistance programs impose caps or waiting lists for life-saving drugs. There are over 3000 people on ADAP waiting lists. This month, the President authorized a one-time funding increase for ADAP of \$25 million, but this amount, while welcome, represents only about 7% of amounts needed this year alone to ensure the program's continued solvency.

At a time when we are largely losing the fight to prevent new infections, prevention programs currently account for only 3% of federal AIDS spending. To put available prevention weapons to effective use, experts estimate that annual prevention spending needs to increase from \$750 million to \$1.3 billion for at least each of the next five years. This new strategy offers a sound, evidence-based approach to better results, but it will be worth little more than the paper it is written on if we don't follow through with essential resources.

In difficult economic times, it is often necessary to make painful choices. As a country, though, we need to transition from AIDS "spending" to AIDS "investments." By investing in cost-effective AIDS programs, we are investing in America's families and helping young people remain productive contributors to society for future decades.

President Obama deserves our thanks and gratitude for making good on his campaign promise to launch a national AIDS strategy. But the new strategy is only a step, not an end in itself. Now the hard work begins. Leadership matters. The plan must be effectively implemented. This is where leadership matters. The new strategy has no chance of success without the President personally leading the charge. President Obama and the first lady must personally participate in advocating for the new strategy and communicating the strategy to the American

people. Affected communities and people living with HIV must join with government, industry, and philanthropy to ensure the strategy's success. And we all need to hold ourselves accountable for sharply reducing the number of new HIV infections and AIDS deaths. Achieving these outcomes will be the ultimate test of this strategy's success.

Yours in the Struggle,



Phill Wilson  
CEO, The Black AIDS Institute



Every 9½ minutes someone in the U.S. is infected with HIV



# Building New Leadership

## CDC's Act Against AIDS

By Myisha Patterson-Gatson

**Last year presented millions of Americans with daunting challenges, and many weren't sorry to see it end. But 2009 was nonetheless a productive year for the fight against HIV/AIDS, particularly in Black America.**

The Obama administration has ushered in a new era in HIV/AIDS policy. During his presidential campaign, Barack Obama pledged to develop a comprehensive and coordinated national HIV/AIDS strategy that includes all federal agencies during his first year in office. (See Chapter Two for more information.) Further, he committed to target resources to promote innovative HIV/AIDS testing initiatives in minority communities and to partner with a wide-range of community leaders from churches to community organizations.<sup>1</sup> In response to this commitment, the Centers for Disease Control and Prevention has stepped up in an attempt to make that pledge a reality, through streamlined communications and HIV prevention efforts.

In April, the CDC launched Act Against AIDS, a five-year, multi-faceted communication campaign designed to contribute to the agency's goal of reducing HIV incidence in the United States and refocus national attention on the domestic HIV crisis.<sup>2</sup> It is, remarkably, the federal government's first national HIV/AIDS public education campaign

since the 1980's. It will ultimately unify the CDC's HIV prevention communications under one theme.<sup>3</sup>

Act Against AIDS was developed in light of a number of recent troubling reports relat-

### Act Against AIDS Goals

#### Individual level

The campaign strives to help people recognize their own risks for HIV/AIDS and take action.

#### Community level

The campaign works to create and sustain norms that are supportive of successful HIV prevention.

#### National level

The campaign seeks to remind all Americans of the continued toll of HIV in the United States and the need for collaborative action.

**ACT**  
*against*  
**AIDS**

## **LEADERSHIP INITIATIVE**

# **Act Against AIDS Partner Organizations**

As a part of the larger Act Against AIDS campaign, in April, the Centers for Disease Control and Prevention launched the Act Against AIDS Leadership Initiative, a five-year \$10 million partnership with 14 of the nation's leading Black American organizations.

These organizations were chosen based on their demonstrated reach, their history of service to the Black community, their chapter/branch

network, their ability to convene national meetings and their previous involvement in the CDC's Heightened National Response campaign.<sup>1</sup>

### **100 Black Men of America**

A national alliance of leading African American men from business, industry, public affairs and government whose mission is to improve the quality of life for African Americans, particularly African American youth. The 100 Black Men of America has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **American Urban Radio Networks**

The nation's only African American owned network radio company, which broadcasts programming to more than 300 radio stations nationwide. American Urban Radio Networks has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **Coalition of Black Trade Unionists**

The nation's oldest and largest independent Black labor organization.

### **Congressional Black Caucus Foundation**

A nonpartisan, nonprofit, public policy, research and education institute to help

improve the socio-economic circumstances of African Americans and other underserved communities. The Congressional Black Caucus Foundation has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **National Action Network**

One of the nation's leading civil rights organizations. The National Action Network has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **National Association for the Advancement of Colored People**

The nation's oldest civil rights organization with more than half a million members and supporters nationwide. The NAACP has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2008.

### **National Coalition of 100 Black Women**

A nonprofit advocacy organization supporting women of color through leadership development, networking, political action, health awareness, mentoring and scholarship. The National Coalition of 100 Black Women has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **National Council of Negro Women**

A coalition of national African American women's organizations connecting nearly four million women worldwide to lead, develop and advocate for women of African descent as they support their families and communities. The National Council of Negro Women has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **National Medical Association**

The largest and oldest national organization representing African American physicians and their patients in the United States.

### **National Newspaper Publishers Association**

A 67-year-old federation of more than 200 Black community newspapers from across the United States. The National Newspaper Publishers Association has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

### **National Organization of Black County Officials**

A coalition of Black elected and appointed officials within county government from all 50 states.

### **National Urban League**

The nation's oldest community-based movement devoted to empowering African Americans to enter the economic and social mainstream. It was founded in New York in 1910. The National Urban League has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2008.

### **Phi Beta Sigma Fraternity**

A predominantly African American fraternity founded in 1914 and dedicated to public service.

### **Southern Christian Leadership Conference**

One of the oldest and most influential civil rights organizations in the United States. The Southern Christian Leadership Conference has been a mobilization partner of the Black AIDS Institute through the National Black AIDS Mobilization since 2006.

#### **Notes:**

1. Interview with Robert Bailey. December 11, 2009.

ing to HIV/AIDS prevalence, incidence, and HIV-related knowledge, attitudes and behaviors. Most recently, in April 2009, the Kaiser Family Foundation's released findings from its 2009 Survey of Americans on HIV/AIDS. In general the survey showed that reported visibility, sense of urgency, and personal concern about becoming infected with HIV/AIDS has fallen considerably from recent years. Americans were less likely to report seeing and hearing about the HIV epidemic in the United States than they were five years ago and were less likely to name HIV/AIDS as the most urgent health problem facing the nation.<sup>4</sup>

In August 2008, the Black AIDS Institute published *Left Behind: Black America—A Neglected Priority in the Global AIDS Epidemic*. The report asked how an independent Black America would compare to the rest of the world. The findings were nothing short of shocking—a freestanding Black America would have more people living with HIV than seven of the 15 countries in the U.S.'s global AIDS assistance program and rank 16th in the world in the number of people living with HIV.<sup>5</sup> Also in August 2008, the CDC announced that the domestic AIDS epidemic is at least 40% worse than previously believed.<sup>6</sup>

In light of these troubling trends, Act Against AIDS aims to increase awareness of the impact of HIV/AIDS in the United States, promote testing, and combat myths and misperceptions that contribute to the spread of HIV.<sup>7</sup> Importantly, the Act Against AIDS campaign further expands the CDC's efforts to communicate effectively with Black Americans. Focusing on the Black community allows the CDC to concentrate efforts and budgets on the audience most affected by HIV/AIDS, while also targeting messages to the general public in an effort to attack complacency and motivate action among all Americans.<sup>8</sup>

The campaign will emerge in several phases, some of which are still being planned and will be rolled out in the future—and some campaigns, it's worth noting, are not new but rather are existing prevention pro-

grams that are being folded into the broader Act Against AIDS plan. The CDC plans to design each phase with its own set of objectives and target audiences. Although many are designed for the Black community, some will target a general audience;<sup>9</sup> the agency will develop phase based on surveillance data.<sup>10</sup>

## Act Against AIDS Campaign Phases

### “9½ Minutes” Targeted to general population in an effort to raise awareness

The “9½ Minutes” media campaign, which is already up and running, is targeted to the general population. It aims to remind all Americans of the significant health threat

of HIV in the United States by driving home a startling statistic—that every 9½ minutes someone’s loved one is infected with HIV.<sup>11</sup> The CDC uses various mediums to communicate the message to the general public, including online banner ads, transit ads, radio ads, airport dioramas, online videos, and the campaign website where people are directed for further information.

### “I Know” Targeted to Black American young adults 18-25

During the 2009 National HIV Prevention Conference, the CDC introduced the “I Know” campaign, which at this report’s writing was set to formally debut early this year. The campaign primarily focuses on Black American young adults between the ages of 18 and 25, and it will address myths and misperceptions that hamper HIV prevention efforts. The CDC will use a variety of

## ACT!ON Spotlight: National Urban League

### April 13, 2009

The National Urban League began their 15-city Health and Wellness Walgreen’s Bus Tour across the nation in the Greater Sacramento, California, area. The bus tour traveled across the country stopping in various cities to attend HIV/AIDS events and distribute information about HIV/AIDS and the Leadership Initiative through September 15th.

### June 4, 2009

The National Urban League held the Black Executive Exchange Program in Atlanta, which featured an HIV/AIDS symposium in addition to other health-related topics. C. Virginia Fields of the National Black Leadership Commission on AIDS was the keynote speaker, and approximately 450 college students, corporate dignitaries, and professors attended the symposium.

### June 6, 2009

The National Urban League’s Atlanta and Winston-Salem chapters held a conference

and workshop in Atlanta, Georgia, in partnership with the National Black Leadership Commission on AIDS and the Black AIDS Institute. The event targeted African American professionals and college students. The 450 attendees received HIV/AIDS brochures, flyers, and paraphernalia.

### July 28, 2009

The National Urban League, in partnership with several other Leadership Initiative partners, held a youth symposium and workshop at the University of Illinois campus in Chicago, Illinois.

### July 29–July 31, 2009

The National Urban League hosted its Annual Conference in Chicago, Illinois in partnership with the CDC, the Black AIDS Institute, and the Congressional Black Caucus Foundation and featured an exhibit booth with Leadership Initiative materials. Approximately 5,500 people attended the conference and 185 attendees were tested.



communication platforms and work through partner channels to disseminate HIV education and prevention messages from this campaign.<sup>12</sup>

### **“Take Charge, Take the Test” Targeted to Black American women**

According to the most recent data available, Black American women account for over 60% of HIV infections among women (see “The Black Epidemic: By the Numbers” on page 54 for detailed data on Black infections). In response to this trend, the CDC developed “Take Charge, Take the Test,” a campaign that encourages testing among Black American women. The initial pilot phase of this campaign was conducted in Cleveland and Philadelphia over the last two years and resulted in a 70% increase in testing among African American women in those areas.<sup>13</sup> The pilot phase of this campaign has enabled the CDC to undertake a rigorous evaluation effort, which will inform the national campaign rollout in 2010 under the banner of Act Against AIDS.

### **Black American Gay and Bisexual Men Testing Campaign**

Black men between the ages of 13 and 29 account for more new HIV infections among gay and bisexual men than any other race or age group.<sup>14</sup> The CDC is currently working with behavioral and communication scientists, community leaders and representatives from the target community to develop a campaign to increase routine testing among Black American gay and bisexual men, both among those who identify as such and those who do not. The overarching goal of the men-who-have-sex-with-men phase of the campaign is to increase HIV testing and make it a routine behavior among young Black men. This campaign phase is scheduled to launch in early 2010.<sup>15</sup>

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## **Act Against AIDS Leadership Initiative: Harnessing the strength of the Black Community to combat HIV/AIDS**

If the CDC’s existing Heightened National Response campaign was considered to be a call to action for the Black community, the new Act Against AIDS Leadership Initiative can then be considered a vehicle for action and the natural next step. In response to high rates of HIV in the Black community, in 2006 the CDC launched the Heightened National Response, a call to action to reduce the impact of HIV/AIDS among Black Americans and urge the mobilization of local, state, and national resources toward that goal.<sup>16</sup> The Heightened National Response aimed to ignite focused, collaborative action among public health partners and community leaders to reduce the toll of HIV on Black Americans. As a precursor to the Leadership Initiative, the CDC was able to use the Heightened National Response to convene a multi-disciplinary internal African American HIV/AIDS workgroup to “examine existing strategies aimed at decreasing HIV infection among blacks, explore opportunities to create new partnerships and strengthen existing partnerships, and determine the effectiveness of interventions that aim to reduce HIV/AIDS in African American communities.”<sup>17</sup> Additionally, the CDC solicited community feedback through a number of national consultations to discuss HIV/AIDS in the Black Community. One of the explicit outcomes was a call for a nationwide mobilization of African American and public health leaders to encourage people to be Aware, Communicate, and Test—ACT Against HIV/AIDS.<sup>18</sup> The Act Against AIDS Leadership Initiative aims to do just that.

The Leadership Initiative is a \$10 million dollar, five-year partnership with 14 of the nation’s leading Black organizations.<sup>19</sup> It

aims to harness the collective strength and reach of each of the organizations to increase HIV awareness, knowledge and action within the Black community. The initiative also creates a bridge between the Black community, traditional Black institutions and health care providers, and AIDS activists and service organizations.

In many ways, the Leadership Initiative also builds upon the Black AIDS Institute's National Black AIDS Mobilization. In 2006, 16 traditional Black institutions, in conjunction with the Black AIDS Institute, launched the National Black AIDS Mobilization, by signing on to a National Call to Action and Declaration of Commitment to End the AIDS Epidemic in Black America. As a result, 10 of the 14 organizations in the CDC's new Leadership Initiative have worked previously with the Black AIDS institute to create strategic action plans for their individual organizations to combat HIV/AIDS in the Black community. These strategic action plans were the foundation of many of the proposals the groups submitted to the CDC for funding.

Perhaps because of the natural linkage between the National Black AIDS Mobilization and the Act Against AIDS Leadership Initiative, the Black AIDS Institute has played a key role in the rollout of this initiative. Phill Wilson, CEO of the Black AIDS Institute, served on the committee that reviewed the funding proposals submitted for consideration for the Act Against AIDS Leadership Initiative. Additionally, since the inception of the initiative, the Black AIDS Institute has served as a subcontractor, providing technical assistance to the funded organization on an as-needed basis. The Black AIDS Institute is fully-vested in this initiative and plans to continue to provide assistance to each of the organizations as they implement their action plans.

Thus far, our Leadership Initiative partners have accomplished much since April 2009:

■ **Each Leadership Initiative organization has hired a dedicated HIV/AIDS project coordinator and received HIV 101**

**training from CDC's Division of HIV/AIDS Prevention.**

■ **Leadership Initiative organizations are incorporating HIV prevention into their national conventions, Web sites, publications, conferences, and existing outreach efforts**

—**To date, Leadership Initiative organizations have conducted more than 558 HIV-related events including briefings, chapter trainings, workshops and outreach events**

—**More than 324 Leadership Initiative organization chapters and affiliates have participated in Leadership Initiative efforts.**

—**The number of known people receiving HIV/AIDS messages through these efforts was more than 103.2 million since April of 2009.**

■ **Leadership Initiative partners have leveraged their assets to secure at least \$150,000 in donated ad placements for Act Against AIDS to date.**

■ **Leadership Initiative partner media outreach efforts, to date, have created more than 103 million media impressions.**

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## **Black AIDS Media Partnership: An effort to raise awareness through media engagement**

The Black AIDS Media Partnership is a sustained commitment among major U.S. media companies to work together to address the AIDS crisis facing Black Americans. The Kaiser Family Foundation and the Black AIDS Institute provide strategic direction and day-to-day management for the Black AIDS Media Partnership (BAMP) and oversees campaign production and company support. BAMP works with the CDC and Leadership Initiative partners to help link the media campaign to local initiatives and



*A Greater Than AIDS print advertisement designed to reach Black Americans, in this case, Black gay men.*



resources. A BAMP representative sits on the Act Against AIDS oversight committee.

In 2009, the Black AIDS Media Partnership launched a coordinated campaign presented under a common brand—Greater Than AIDS—to reach Black Americans with life-saving information about HIV/AIDS and to confront the stigma surrounding the disease. The “Greater Than” theme reminds Black Americans that they are greater than any challenge they have ever faced, including HIV/AIDS.<sup>20</sup>

The Greater Than AIDS campaign will

use radio, outdoor, print, and television to stress six specific actions in response to the epidemic: being informed, using condoms getting tested and treated as needed, speaking openly, acting with respect, and getting involved.<sup>21</sup> The National Association of Black Journalists also partnered with the CDC to host a special workshop during their national conference in August. The roundtable featured panelists from the CDC, *Essence* magazine, and the Black AIDS Institute and explored a variety of topics, including:

■ **Examining trends in HIV/AIDS coverage**

■ **Identifying challenges and opportunities in reporting on HIV/AIDS**

■ **Doing more with less: how to expand and translate HIV/AIDS stories across traditional and social media platforms**

■ **Avoiding HIV/AIDS information overload/fatigue**

■ **Sharing story or reporting ideas and brainstorming perceptions versus reality.**<sup>22</sup>

## Evaluating the Campaign's Progress

While the Act Against AIDS Leadership Initiative offers much needed resources to combat HIV/AIDS in the Black community, challenges remain. The Leadership Initiative is historic in that it is the CDC's first major nationally coordinated funding opportunity for traditional Black institutions, yet many of the groups do not have much experience in HIV/AIDS prevention education and programming. All of the groups have received basic HIV 101 training from the CDC and are now expected to train their local chapters and create community programming. Many of the groups have reached out to local AIDS service organizations (ASOs) with varying degrees of success. HIV rapid test shortages, limited funding, and staffing shortages have impacted local ASO availability to assist in Act Against AIDS efforts.

*A Greater Than AIDS banner designed to reach Black Americans. This advertisement was one of five displayed at the 2010 National Basketball Association All-Star Game in Dallas.*





## ACT!ON Spotlight: National Medical Association

### May 1, 2009

The National Medical Association (NMA) developed a Leadership Initiative project overview to run in the e-newsletter distributed to their membership and other constituents. NMA extended an invitation to other Leadership Initiative partners to submit articles for inclusion.

### May 5, 2009

The National Medical Association launched a "9½ Minutes" advertisement on a JumboTron located between 7th and 8th Avenues in the heart of Times Square Plaza in New York City. The advertisement announced the statistic, "Every nine and a half minutes someone in the United States is infected with HIV," and featured drove viewers to the Act Against

AIDS website. The ad was displayed through June 30, 2009, and reached over 1.5 million people per day.

### July 26-28, 2009

The National Medical Association held its annual meeting in Las Vegas, Nevada, with over 1,000 in attendance. Leadership Initiative information, NMA's HIV prevention materials, and the CDC's HIV materials were distributed to the physicians, allied health and other healthcare providers present. During the meeting, an HIV/AIDS symposium was held with a Leadership Initiative presentation by CDC representative Robert E. Bailey. Over 200 physicians attended the symposium and received HIV prevention materials from CDC, NMA, and other partners.

Funding is also a sticking point for many of the groups participating in the Leadership Initiative. Each group receives \$100,000 each year to pay for a full-time HIV/AIDS coordinator and fund programming throughout the year. But many of the groups have had to identify additional funding sources to meet the demands associated with the initiative. More broadly, while Act Against AIDS is an historic campaign, it comprises a small portion of the CDC's already-limited annual budget. With numbers of infection in the Black community approaching and in many cases surpassing incidence in African countries hardest hit by the AIDS epidemic, that investment is clearly inadequate to meet the challenge. Further, the CDC has also only committed to the campaign for a period of five years, which begs the question: What will happen in 2013?

Nonetheless, what's encouraging is the commitment that each of these groups have displayed—many of the HIV/AIDS coordinators adamantly conveyed their organizational commitment to fight HIV/AIDS

in spite of limited resources and beyond the five years. The future success of this initiative and the likelihood that it will produce measurable results depends on the successful collaboration between these traditional Black institutions, which have the trust of the Black community, and the HIV/AIDS direct service providers and government agencies that have experience in the epidemic.

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2. Centers for Disease Control and Prevention, "Act Against AIDS: Refocusing National Attention on the HIV Crisis in the United States," April 2009. (CDC, April 2009.) Accessed online at <http://www.cdc.gov/hiv/aaa/refocusing.htm> on Jan. 21, 2010.
3. CDC, ACT!ON Newsletter, May 2009. Accessed online at [http://www.cdc.gov/hiv/aa/resources/hnr\\_newsletter/0509/index.htm](http://www.cdc.gov/hiv/aa/resources/hnr_newsletter/0509/index.htm) on Jan. 21, 2010.
4. Kaiser Family Foundation, 2009 Survey of

## ACT!ON Spotlight: National Action Network

### April 1-4, 2009

The National Action Network (NAN) held its 11th Annual National Convention in New York City. The event featured a Leadership Initiative panel hosted by NAN's National Director of Health and Wellness Tony Waford. This panel discussed the impact of HIV/AIDS on the Black community and included a presentation on the Leadership Initiative. Additional panelists for the session included Deborah Fraser-Howze of OraSure Technology; C. Virginia Fields of the National Black Leadership Commission on AIDS; Eli Dancy of STFree; Dr. M. Monica Sweeney, MD; Dr. Craig Brandman of Medilinq, Inc.; Rev. Marcia Dyson; and a representative of the CDC.

### April 7, 2009

The National Action Network launched "Healthy Tuesday," a one-hour segment airing on the first and third Tuesday of every month. Hosted by Rev. Al Sharpton, the program discusses HIV/AIDS in the Black community. The segment airs during Rev. Sharpton's four-hour radio program, *Keeping it Real with Al Sharpton*, which has an audience of approximately 800,000 listeners in more than 47 markets.

### April 30, 2009

The National Action Network displayed Leadership Initiative information and distributed "I Commit" cards during Rev. Al Sharpton's visit to Morehouse College in Atlanta, Georgia. Rev. Sharpton urged students to become involved in the fight against HIV/AIDS and to spread awareness and education throughout their respective communities.

### June 27, 2009

The National Action Network (NAN) organized a "We Are One" event at The Palms Residential Care Facility in Los Angeles, California, to commemorate National HIV Testing Day. NAN partnered with several community groups, elected officials and local media to organize and promote the event. The radio station 93.5 The Beat broadcast live from 10 a.m. to 2 p.m. on National HIV Testing Day to promote the event, which had approximately 250 attendees. Roughly 200 attendees were tested for HIV.

### July 6-12, 2009

The National Action Network collaborated with Phi Beta Sigma Fraternity to coordinate a Black heterosexual men's conversation, "Straight Talk: HIV/AIDS in Black America," at Phi Beta Sigma's annual convention in New Orleans, Louisiana. The conference had approximately 1,500 attendees.

Americans on HIV/AIDS Summary of Findings on the Domestic Epidemic, April 2009. Accessed online at <http://www.kff.org/kaiserpolls/upload/7889.pdf> on Jan. 21, 2010.

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9. Fenton, May 2009.

10. Interview with Robert Bailey, Dec. 11, 2009.

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12. CDC, "CDC Introduces Another Phase of Act Against AIDS at 2009 National HIV Prevention Conference," CDC ACT!ON Newsletter, Sept. 2009. Accessed online at [http://www.cdc.gov/hiv/aa/resources/hnr\\_newsletter/0909/index.htm](http://www.cdc.gov/hiv/aa/resources/hnr_newsletter/0909/index.htm) on Dec. 7, 2009.

13. Interview with Robert Bailey, December 11, 2009.

14. CDC, Subpopulation Estimates from the HIV Incidence Surveillance System—United States, 2006, *MMWR*, 57(36);985-989. Accessed online at <http://>

## ACT!ON Spotlight: Southern Christian Leadership Conference

### April 19, 2009

The Southern Christian Leadership Conference announced an initiative entitled “Silence is Sinful” at its spring board meeting. Through the program, the SCLC hopes to increase the number of people who know their HIV status and reduce the number of HIV cases in the Black community.

The SCLC kicked off the meeting with a press conference to announce the initiative to the media. During the event, SCLC Executive Director Bernice Frazier awarded mini-grants to six chapters to distribute training information and awareness materials to combat HIV/AIDS myths in the Black community. Mini-grants were awarded to the following chapters: Pensacola, Florida; Cobb County, Georgia; Savannah Coastal, Georgia; Dayton, Ohio; Dallas, Texas; and West Jefferson, Alabama.

The meeting also included training for 30 people on the Silence is Sinful initiative. Local HIV/AIDS testing sites were also updated on the initiative and agreed to partner with the organization to provide HIV testing, counseling services, education, and culturally relevant materials at upcoming events.

### June 20, 2009

The Southern Christian Leadership Confer-

ence, in partnership with the National SCL Foundation; the Jackson, Mississippi, chapter; and the Mississippi State Health Department hosted a “Poor People’s Campaign” rally in Jackson to provide basic health screenings with diabetes and blood pressure checks and free HIV testing. Approximately 1,200 attended the event; 11 were tested for HIV all received HIV/AIDS information.

### June 27, 2009

The Southern Christian Leadership Conference held a “Silence is Sinful: Break the Silence—Get Tested Block Party” in honor of National HIV Testing Day, in partnership with their Cobb County chapter and Georgia State Unit. This was the second annual testing event for the SCLC. Approximately 750 African Americans of all ages attended the event; 126 were tested for HIV/AIDS and 1,275 received HIV/AIDS information.

### September 5, 2009

The Southern Christian Leadership Conference hosted its 4th Annual Christian Youth AIDS Walk in Atlanta, Georgia. Approximately 500 youth participated in the walk, the community rally, and the free HIV testing that was provided.

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5736a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5736a1.htm) on Jan. 21, 2010.

15. CDC, April 2009.

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21. CDC, July 2009.

22. CDC, “National Association of Black Journalists and CDC Bring Act Against AIDS to NABJ Convention,” CDC ACT!ON Newsletter, Sept. 2009. Accessed online at [http://www.cdc.gov/hiv/aa/resources/hnr\\_newsletter/0909/index.htm](http://www.cdc.gov/hiv/aa/resources/hnr_newsletter/0909/index.htm) on Jan. 21, 2010.

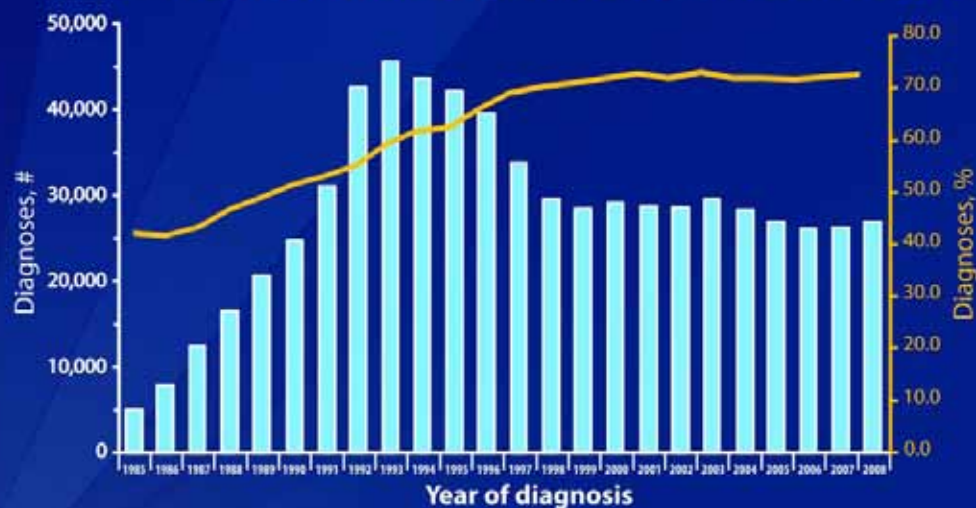
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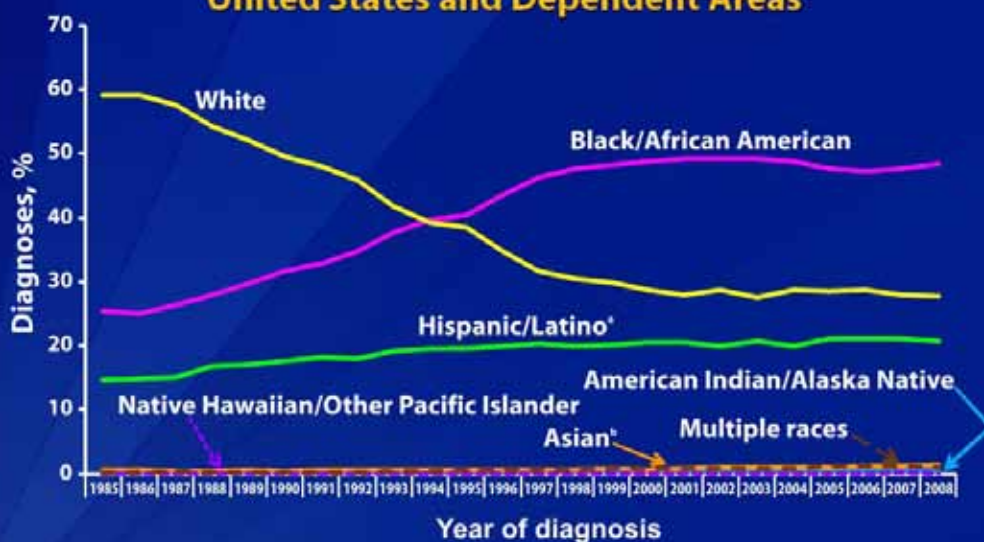
## AIDS Diagnoses among Minority Races/Ethnicities, 1985–2008, United States and Dependent Areas



Note: All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Includes American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, and Native Hawaiian/Other Pacific Islander. The Asian category includes Asian/Pacific Islander legacy cases. Hispanic/Latinos can be of any race.



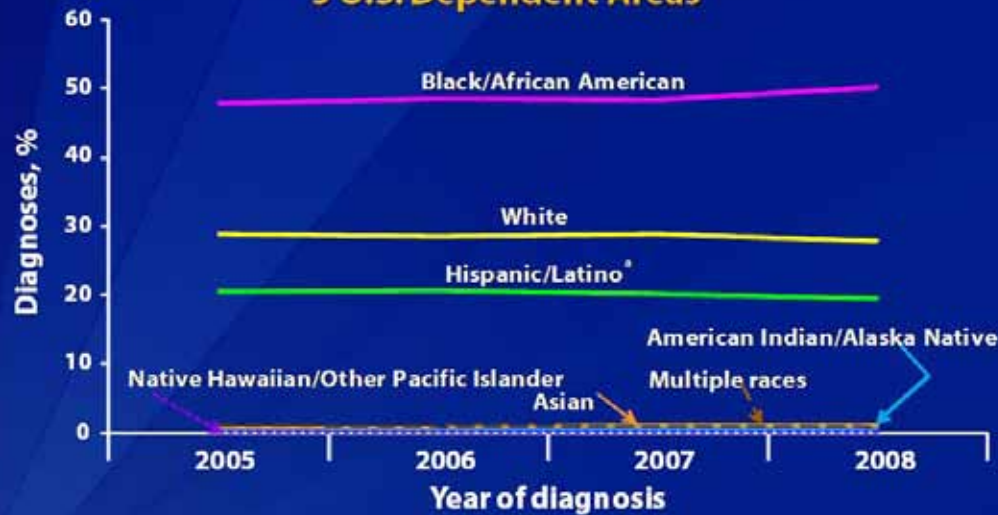
## AIDS Diagnoses among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis, 1985–2008—United States and Dependent Areas



Note: All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.  
 \*Hispanics/Latinos can be of any race.  
 †Includes Asian/Pacific Islander legacy cases.



### Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

\*Hispanic/Latino can be of any race.



### HIV Infection in Blacks/African Americans

Of the 162,570 diagnoses of HIV infection from 2005-2008, blacks/African Americans accounted for:

- 49% of total
- 64% of women
- 66% of infections attributed to heterosexual contact<sup>a</sup>
- 66% of children <13 years

In 2008, 50% of diagnoses of HIV infection were among black/African American adults and adolescents.

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

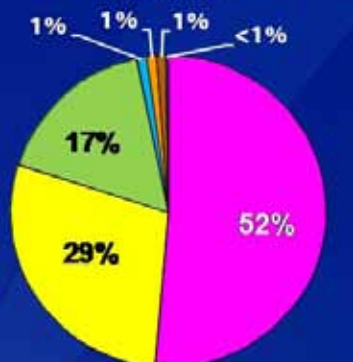




## Diagnoses of HIV Infection and Population, by Race/Ethnicity, 2008—37 States

### Diagnoses of HIV Infection

N=41,269



American Indian/Alaska Native

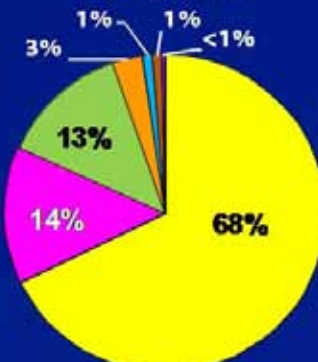
Asian

Black/African American

Multiple races

### U.S. Population, 37 States

N=212,773,291



Hispanic/Latino\*

Native Hawaiian/Other Pacific Islander

White

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

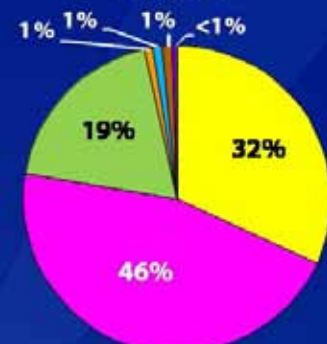
\*Hispanics/Latinos can be of any race.



## Diagnoses of HIV Infection and Population among Adult and Adolescent Males, by Race/Ethnicity, 2008—37 States

### Diagnoses of HIV Infection

N=30,755



American Indian/Alaska Native

Asian

Black/African American

Multiple races

### Male Population, 37 States

N=85,682,885



Hispanic/Latino\*

Native Hawaiian/Other Pacific Islander

White

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

\*Hispanics/Latinos can be of any race.



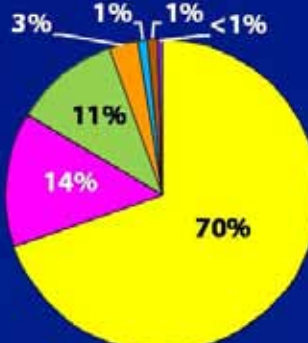


## Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity, 2008—37 States

**Diagnoses of HIV Infection**  
N=10,332



**Female Population, 37 States**  
N=89,735,021



■ American Indian/Alaska Native    ■ Hispanic/Latino\*  
■ Asian    ■ Native Hawaiian/Other Pacific Islander  
■ Black/African American    ■ White  
■ Multiple races

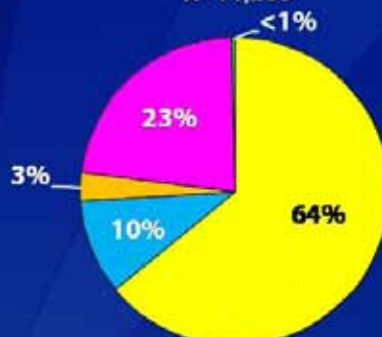
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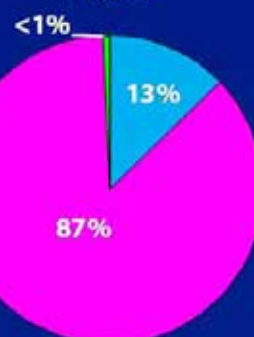


## Diagnoses of HIV Infection among Black/African American Adults and Adolescents, by Sex and Transmission Category, 2008 — 37 States and 5 U.S. Dependent Areas

**Males**  
N=14,283



**Females**  
N=6,907



■ Male-to-male sexual contact    ■ Heterosexual contact\*  
■ Injection drug use (IDU)    ■ Other\*  
■ Male-to-male sexual contact and IDU

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

\*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

\*Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



### Diagnoses of HIV Infection among Adult and Adolescent Males, by Race/Ethnicity, 2008—37 States

Race/ethnicity	No.	Rate
American Indian/Alaska Native	167	23.4
Asian	363	14.8
Black/African American	14,266	131.9
Hispanic/Latino <sup>a</sup>	5,742	52.3
Native Hawaiian/Other Pacific Islander	27	48.2
White	9,913	16.6
Multiple races	277	33.6
<b>Total</b>	<b>30,755</b>	<b>35.9</b>

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.  
<sup>a</sup>Hispanics/Latinos can be of any race.



### Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity, 2008—37 States

Race/ethnicity	No.	Rate
American Indian/Alaska Native	52	6.9
Asian	78	3.0
Black/African American	6,902	56.0
Hispanic/Latino <sup>a</sup>	1,357	13.3
Native Hawaiian/Other Pacific Islander	6	10.6
White	1,833	2.9
Multiple races	104	11.9
<b>Total</b>	<b>10,332</b>	<b>11.5</b>

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.  
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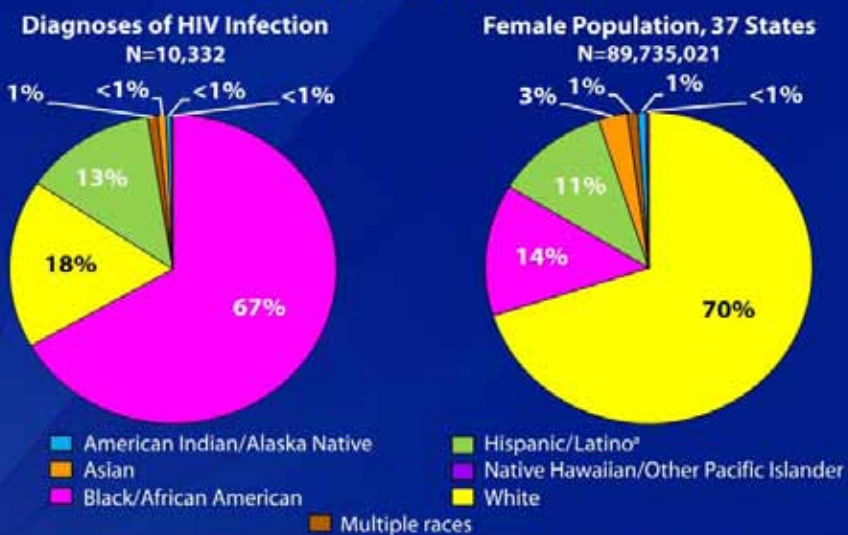
### Rates of Diagnoses of HIV Infection among Black/African American Adults and Adolescents, 2008—37 States



Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.



### Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity, 2008—37 States



Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.  
 \*Hispanic/Latino can be of any race.



## Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity, 2008—37 States

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Multiple races	104	11.9
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*Note.* Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005.

All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.

<sup>a</sup> Hispanics/Latinos can be of any race.

<sup>b</sup> Because column totals for estimated numbers were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

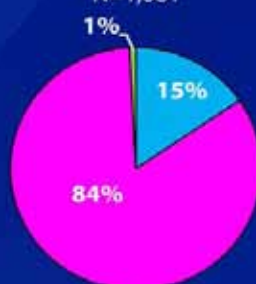


## Diagnoses of HIV Infection among Adult and Adolescent Females by Race/Ethnicity and Transmission Category, 2008—37 States and 5 U.S. Dependent Areas

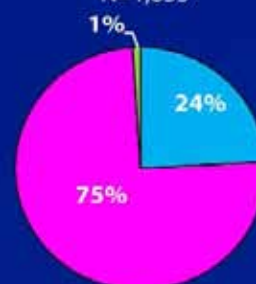
**Black/African American**  
N=6,907



**Hispanic/Latino<sup>a</sup>**  
N=1,681



**White**  
N=1,833



■ Injection drug use  
■ Heterosexual contact<sup>a</sup>  
■ Other<sup>c</sup>

*Note.* Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005.

All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

<sup>a</sup> Hispanics/Latinos can be of any race.

<sup>b</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>c</sup> Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.





### Diagnoses of HIV Infection among Adult and Adolescent Females, by Transmission Category and Age at Diagnosis, 2008—37 States and 5 U.S. Dependent Areas

Transmission category	Age at Diagnosis (in years)				
	13–19	20–24	25–34	35–44	≥45
	%	%	%	%	%
Injection drug use	9.5	10.4	13.1	15.7	18.9
Heterosexual contact <sup>a</sup>	90.5	89.5	86.7	83.9	79.3
Other <sup>b</sup>	<0.1	0.1	0.2	0.4	1.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.



### Deaths of Adult and Adolescent Females with a Diagnosis of HIV Infection, by Race/Ethnicity, 2007—37 States

Race/ethnicity	No.	Rate
American Indian/Alaska Native	21	2.9
Asian <sup>a</sup>	12	0.5
Black/African American	3,129	25.7
Hispanic/Latino <sup>b</sup>	606	6.1
Native Hawaiian/Other Pacific Islander	3	4.7
White	771	1.2
Multiple races	120	14.2
<b>Total</b>	<b>4,661</b>	<b>5.2</b>

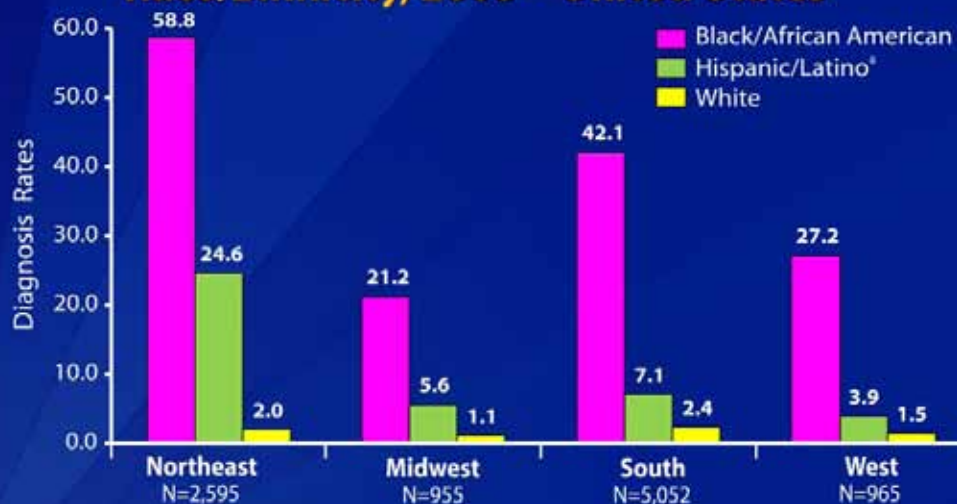
Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Deaths of persons with a diagnosis of HIV infection may be due to any cause. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.

<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

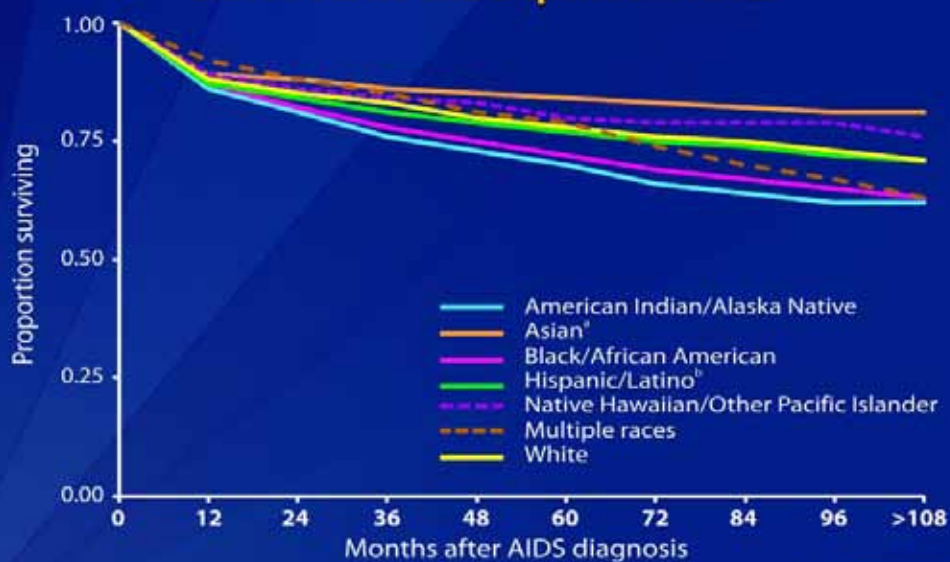
<sup>b</sup> Hispanics/Latinos can be of any race.



### Rates of AIDS Diagnoses among Adult and Adolescent Females, by Region and Race/Ethnicity, 2008—United States



### Survival After an AIDS Diagnosis during 1998–2004, by Months Survived and Race/Ethnicity—United States and Dependent Areas



## Deaths of Persons with a Diagnosis of HIV Infection, by Race/Ethnicity, 2007—37 States

Race/Ethnicity	No.	Rate
American Indian/Alaska Native	75	4.1
Asian <sup>a</sup>	43	0.7
Black/African American	8,951	31.3
Hispanic/Latino <sup>b</sup>	2,513	9.1
Native Hawaiian/Other Pacific Islander	7	4.9
White	4,636	3.2
Multiple races	431	16.4
<b>Total<sup>c</sup></b>	<b>16,659</b>	<b>7.9</b>

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2006. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.

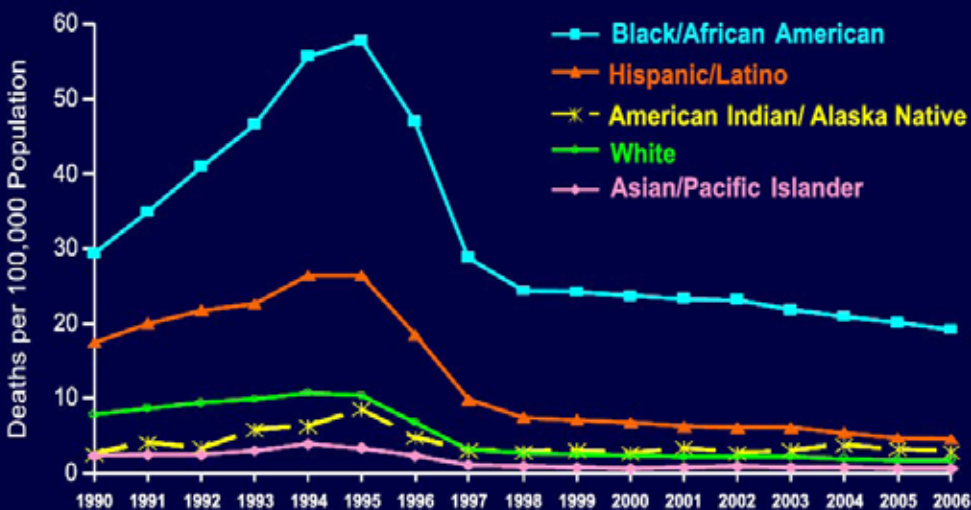
<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

<sup>b</sup> Hispanics/Latinos can be of any race.

<sup>c</sup> Includes persons of unknown race.



## Trends in Age-Adjusted\* Annual Rates of Death due to HIV Disease by Race/Ethnicity, United States, 1990–2006

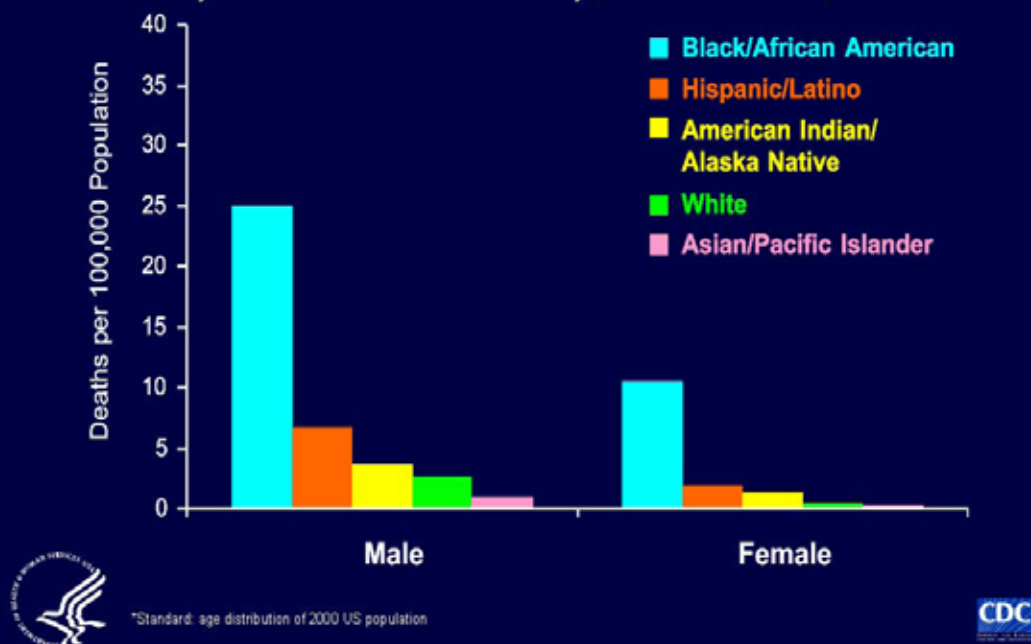


Note: For comparison with data for 1999 and later years, data for 1990–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.  
 \*Standard: age distribution of 2000 US population

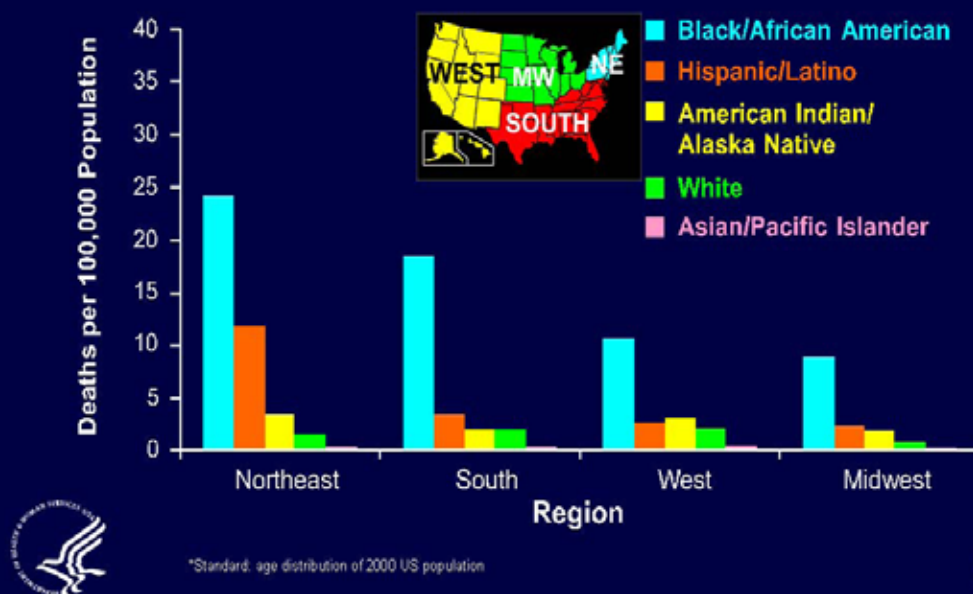




### Age-Adjusted\* Average Annual Rate of Death due to HIV Disease by Sex and Race/Ethnicity, United States, 2002–2006

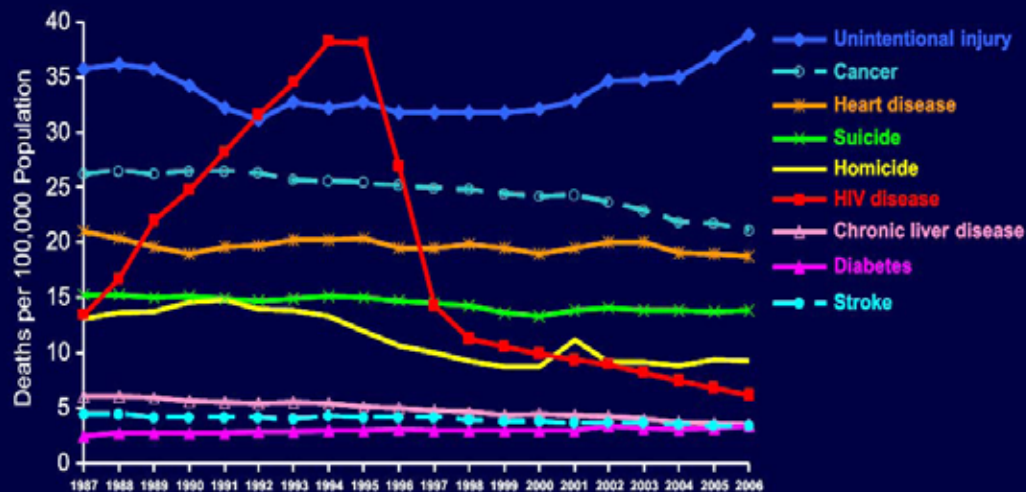


### Age-Adjusted\* Average Annual Rate of Death due to HIV Disease by Race/Ethnicity and Geographic Region, United States, 2002–2006





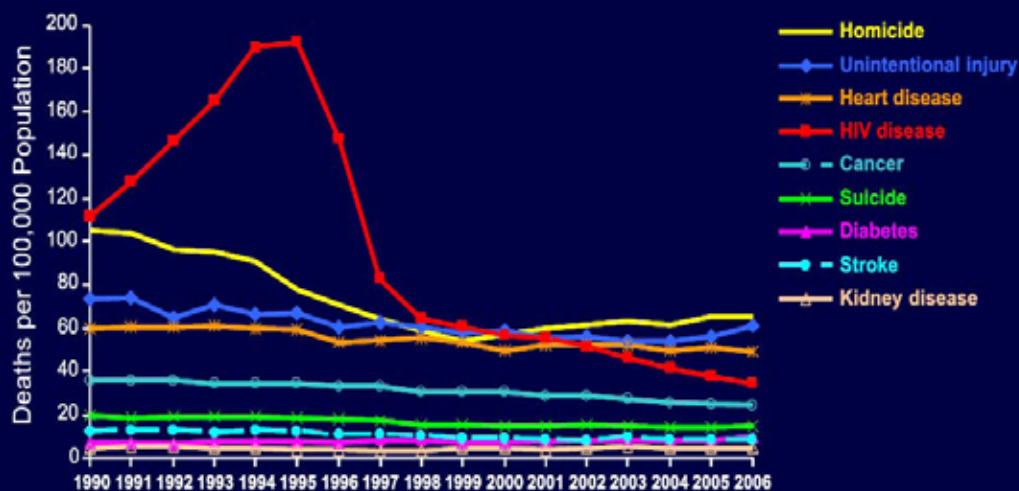
### Trends in Annual Rates of Death due to the 9 Leading Causes among Persons 25-44 Years Old, United States, 1987-2006



Note: For comparison with data for 1999 and later years, data for 1987-1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



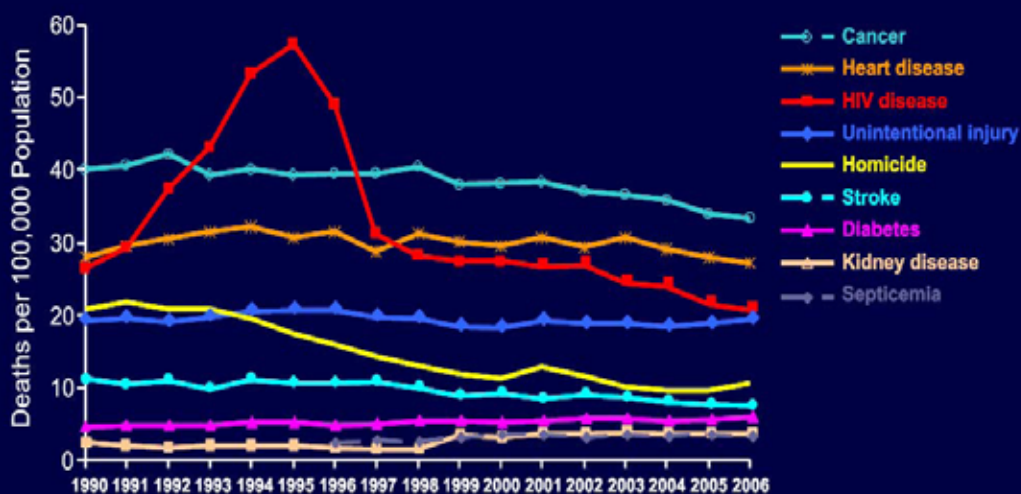
### Trends in Annual Rates of Death due to the 9 Leading Causes among Black/African American Men 25-44 Years Old, United States, 1990-2006



Note: For comparison with data for 1999 and later years, data for 1990-1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



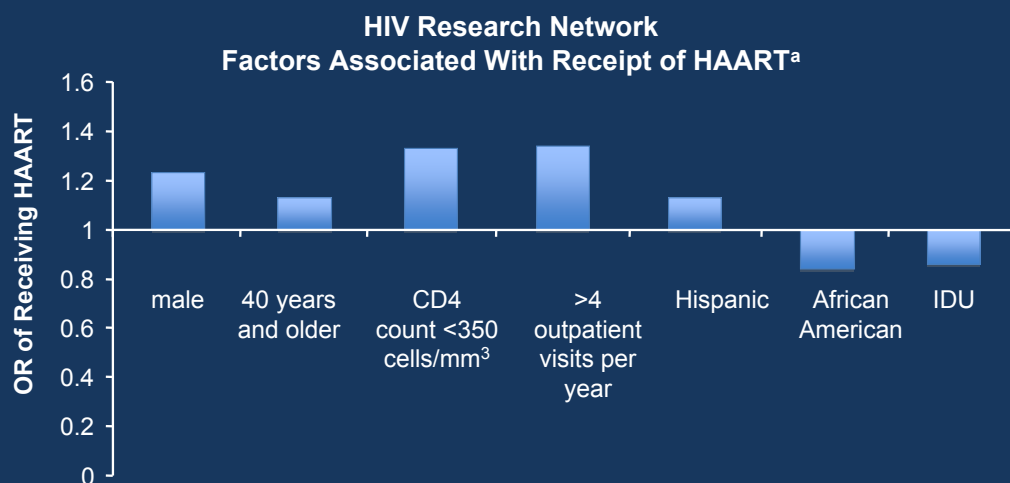
### Trends in Annual Rates of Death due to the 9 Leading Causes Among Black/African American Women 25–44 Years Old, United States, 1990–2006



Note: For comparison with data for 1999 and later years, data for 1990–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



## Race and Gender Disparities in Use of HAART



IDU, injection drug user; OR, odds ratio.

<sup>a</sup> Multivariate analysis OR of receiving HAART at 10 primary care sites.

Adapted from Gebo KA et al. *J Acquir Immune Defic Syndr*. 2005;38:96-103.

## Race Differences in HAART Use and Mortality Among HIV-infected Persons in Care

### Cox Proportional Hazards Model of Factors Associated with Initiation of HAART

Factor	Multivariate Analysis	
	HR (95% CI)	P value
Black race	0.87 (0.79-0.97)	.009
Female sex	1.06 (0.95-1.19)	.30
IDU as risk factor for HIV infection	0.84 (0.72-0.98)	.030
AIDS diagnosis before first visit	1.24 (1.07-1.45)	.005
Age at first visit <sup>a</sup>	1.06 (1.01-1.11)	.027

<sup>a</sup> Per 10 years.

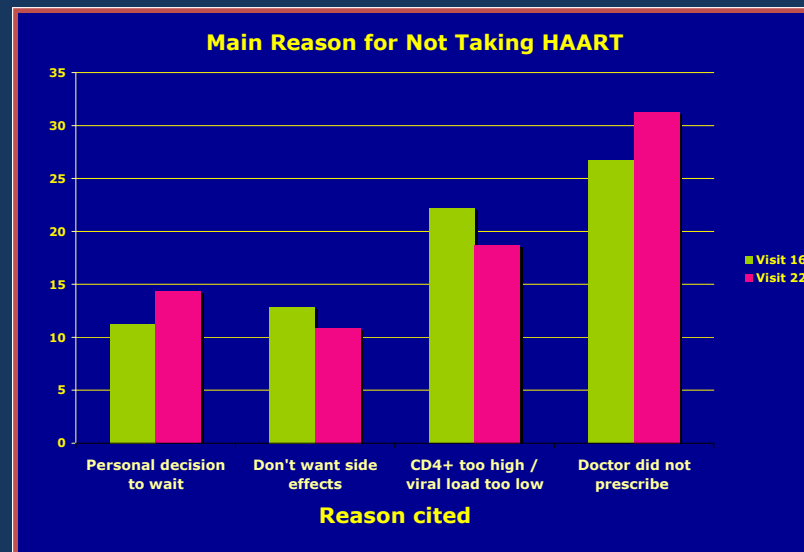
Lemly DC et al. *J Infect Dis.* 2009;199:991-998.

## Multivariate Predictors of Not Using HAART 2005

- We found that 28% of women in WIHS who met indications for HAART in 2005 were **not receiving** HAART (N=390).
- Who were these women who were not on HAART?
- In multivariate analysis, we found these factors to be significant predictors of not being on HAART:
  - African American race (OR=2.0)
  - Heavy or moderate alcohol use (OR=2.3)
  - Depression (OR=1.3)
  - Being uninsured (OR=2.4)
  - Having private insurance (OR=2.1)
  - Key predictor of **receiving** HAART– ADAP (OR=0.54)

Lillie-Blanton M, Stone VE et al. *Am J Public Health* 2010; 100 (8): 1493-1499.

## Reasons Why Women Weren't on HAART

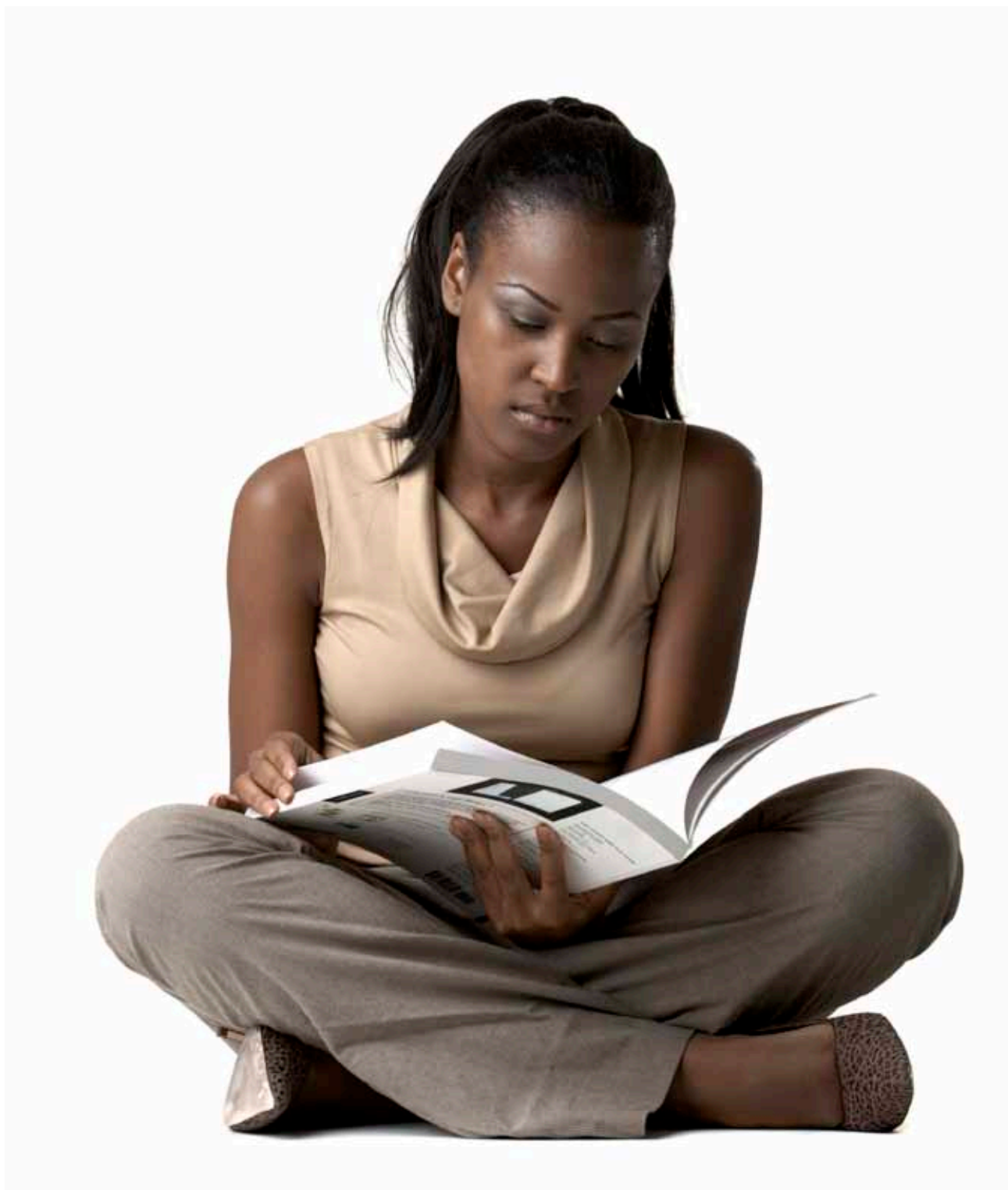


Lillie-Blanton M, Stone VE et al. Am J Public Health 2010; 100 (8): 1493-1499.

## Summary

- HIV/AIDS disproportionately affects Blacks in the U.S., and in 2008, 50% of all new HIV diagnoses were in Blacks
  - HIV/AIDS incidence in the U.S. has been highest in Blacks for 15 years and slowly but steadily increasing since 1995
  - Growing proportion of women infected heterosexually
  - Epidemic has grown in the US South, yet remains similarly substantial in the U.S. Northeast
  - Death rates even more disproportionate among Blacks
  - Treatment disparities are likely to be one of the factors contributing to disproportionate death rates







# Recommendations

## How You Can End the Black Epidemic

**As the previous sections of this report have explained, much was achieved during the first 18 months of the Obama Administration to strengthen the country's response to AIDS. But this report has also highlighted the enormous work that remains to be done. With both these achievements and shortcomings in mind, the Black AIDS Institute offers the following urgent recommendations for action to address this continuing health threat, with particular focus on needed steps to combat the epidemic in Black America:**

**National decision-makers must recognize—even during these challenging economic times—investments in the fight against AIDS will pay long-term dividends.**

■ The Obama Administration and Congress must reverse the last decade's legacy of flat funding for essential AIDS programs. Failure to provide needed funding for HIV care and treatment programs will not only lead to needless suffering and deaths, but it will also cause long-term costs to the federal government to increase in future years.

■ It is particularly critical that major new funding be provided for programs to prevent new infections. New leadership at the CDC offers new opportunities to strengthen our country's long-neglected prevention efforts, but these opportunities will be grasped only if we provide needed funding.

■ With waiting lists and enrollment caps growing for the Ryan White AIDS Drug Assistance Program (ADAP), the Obama Administration and Congress should take steps to deliver funding sufficient to ensure that every low-income individual who needs life-saving AIDS drugs has the ability to obtain them. Although the health care reform legislation enacted in 2010 will go a long way toward closing existing access gaps for AIDS drugs, these provisions will only go into effect in future years, underscoring the need for immediate action to provide a lifeline to those who cannot afford the drugs they need.

■ Given the epidemic's sharply disproportionate impact on Black America and other communities of color, particular steps are needed to increase funding for the Minority AIDS Initiative, which targets resources for HIV prevention and care programs that are delivered by and for communities of color.

■ At the same time that America works to reinvigorate its response to its own epidemic, it cannot ignore the continuing perils posed by the global epidemic. The President has rightly recognized that developing countries confront a host of health problems in addition to AIDS, but addressing these other conditions should not come at the expense of AIDS support, which is especially critical to the future of sub-Saharan Africa.

**The encouraging efforts of recent years to increase community leadership on AIDS in Black America must be renewed and strengthened.**

■ Black leaders from all walks of life need to become engaged in the fight against AIDS, as the epidemic represents one of central challenges faced by Black America. The many community leaders who have energetically joined this fight in recent years need to remain engaged, and those who have yet to become involved need to take steps to do so.

■ Particular efforts are needed to make knowledge of HIV serostatus a *fundamental social norm* in Black communities. This will demand an open and ongoing discussion in Black communities, involving community leaders, churches and other traditional Black institutions, grassroots activists, as well as federal, state and local governments.

■ Follow-through is needed on the CDC's Act Against AIDS Leadership Initiative. In particular, CDC needs to provide strong political and capacity-building support to the national Black organizations that have taken steps to incorporate AIDS into their ongoing work.



**Black communities, foundations, corporations, and government should work together to ensure that the National AIDS Strategy substantially strengthens the response to the AIDS epidemic in Black America.**

■ Black America and all AIDS advocates need to recognize that the launch of the National AIDS Strategy is a beginning, not the end, of the process of strengthening America's lagging AIDS response. Black communities need to mobilize to monitor the implementation of the National AIDS Strategy and ensure that it works for the benefit of Black America. For its part, the Black AIDS Institute pledges to prioritize monitoring the strategy's implementation and reporting back on results.

■ To be successful, the National AIDS Strategy needs to belong not just to the government but to the country as a whole. Community-based organizations, traditional Black institutions, and Black leaders should assess what steps they should take to support the success of the new national strategy.

■ In reporting on progress toward achievement of the benchmarks set forth in the National AIDS Strategy, the Obama Administration should provide data disaggregated by race/ethnicity. As Black America is more heavily affected by the epidemic than any other racial or ethnic group, it is especially vital that the federal government specifically demonstrate that the goals and objectives in the National AIDS Strategy are being met for Black Americans.

**Black America and AIDS advocates need to remain vigilant to ensure that newly enacted health care reform legislation achieves its aim of improving health outcomes for the most vulnerable.**

■ While passage of health care reform represents the most sweeping domestic legislation in decades, it confronts a host of political threats to full and effective implementation over the next several years. In particular, conservative opponents of the legislation have made its repeal a centerpiece of their political agenda, underscoring the need for Black America and all AIDS advocates to remain engaged in the effort to implement critical components of health care reform.

■ In particular, Black America needs to monitor the development of the numerous regulations that will be required to implement health care reform. Opponents of universal health care are certain to organize in an effort to delay and frustrate implementation of health care reform, which means that advocates for a stronger health care safety net will need to show similar commitment. Specific efforts should focus on regulatory steps to maximize coverage for essential AIDS interventions—such as HIV testing and HIV prevention counseling—and to ensure the affordability and comprehensiveness of health coverage for low-income people with HIV and other chronic diseases.

■ Black America and the AIDS community should pay particular attention to the future of the Ryan White program as health care reform is implemented. In particular, vigilance is needed to ensure continued federal support for essential social support services that contribute to the success of AIDS treatment programs. Similarly, it will be critical to preserve the critical support that Ryan White has long provided for AIDS clinical services in underserved communities.

# About the Black AIDS Institute

**The Black AIDS Institute, founded in 1999, is the only national HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black leaders, institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.**

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## What We Do

The Institute develops and disseminates information on HIV/AIDS policy. Our first major publication was the NIA Plan, which launched a national campaign to stop HIV/AIDS in African American communities by formulating and disseminating policy proposals developed through collaboration

with federal, state and local government agencies, universities, community-based organizations, healthcare providers, opinion shapers and “gatekeepers.”

## African American HIV University

Aimed at strengthening Black organizational and individual capacity to address the HIV/AIDS epidemic in their communities, the African American HIV University is the comprehensive training and capacity building fellowship program developed by the Black AIDS Institute.



## Black AIDS Weekly

Black AIDS Weekly is the Institute's e-newsletter of national HIV/AIDS related news, interviews and commentary relevant to Black Americans.

## Black Gay Men's Network

The Black Gay Men's Network promotes the active participation of self-actualized

Black gay men in all aspects of community life. It provides opportunities for career development, social connections, loving relationships, educational outreach, skills-building, leadership development, physical and mental health, financial wealth and spiritual wellness. [www.thebgmnetwork.com](http://www.thebgmnetwork.com)

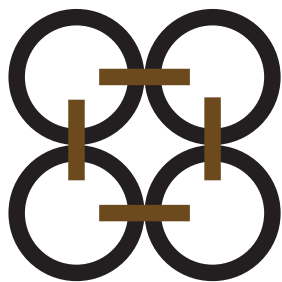


### Black Hollywood Task Force

An initiative to bring together Black members of the entertainment industry to use their voice and influence to promote HIV/AIDS awareness in the Black community. The Institute engages them to participate in public service announcements, make personal appearances and integrate HIV/AIDS messages into their projects and performances.

### Black Treatment Advocates Network

The Black Treatment Advocates Network focusses on training, mobilizing and networking. The only collaboration of its kind, links Black Americans with HIV into care and treatment, strengthens local and national leadership, connects influential peers, raises HIV science and treatment literacy in Black communities, and advocates for policy change and research priorities. [www.BlackAIDS.org/btan](http://www.BlackAIDS.org/btan)



### CitySheet Series

The CitySheet Series is a set of fact sheets that provide background, statistics and resources related to HIV/AIDS in local and regional Black communities. It is an invaluable resource for community stakeholders who want local information and potential

partners in one succinct document.

### Greater Than AIDS

Greater Than AIDS, a collaboration between the Black AIDS Institute, Black AIDS Media Partnership, Kaiser Family Foundation and the U. S. Centers for Disease Control and Prevention, is a media campaign built around the message that, as Black Americans, we are greater than any challenge we have ever faced. We are greater than AIDS. [www.greaterthan.org](http://www.greaterthan.org)



### Heroes in the Struggle

Heroes in the Struggle is a photographic tribute to African Americans who have made outstanding contributions in the fight against HIV/AIDS. The Heroes In The Struggle exhibit has traveled around the country, raising awareness, challenging individuals and institutions to get involved in their communities, and generating critical conversation about HIV testing and treatment. [www.heroesin-thestruggle.com](http://www.heroesin-thestruggle.com)

### Ledge

*Ledge* is the nation's first and only HIV/AIDS awareness, general health and lifestyle magazine written by and for students at historically Black colleges and universities. [www.ledgemagazine.com](http://www.ledgemagazine.com) messages into their projects/performances.

### LIFE AIDS

Leaders In the Fight to Eradicate AIDS (LIFE AIDS) is a collegiate mobilization initiative whose mission is to educate Black college students on the causes and effects of HIV/AIDS, and to create com-



fortable dialogues about sex and sexuality.

### State of AIDS in Black America

The annual State of AIDS in Black America report comprehensively assesses the national picture of AIDS in Black communities from epidemiological, political, and cultural perspectives, and offers recommendations for policymakers and Black leaders. Each report assesses the progress made towards ending the AIDS epidemic in Black America and holds accountable those institutions and individuals which have advanced or hindered such progress.

### Trump AIDS™



Trump AIDS, the Institute's national Bid Whist Tournament, provides a platform to mobilize Black communities and raise awareness about HIV/AIDS in Black communities. [www.trumpaids.org](http://www.trumpaids.org)







For more information or more copies of this report, contact:

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