



# **Saving Ourselves**

**THE STATE OF AIDS IN BLACK AMERICA 2008  
... AND WHAT WE'RE DOING ABOUT IT**

**By Gil Gerald and Kai Wright  
Black AIDS Institute, February 2008**

# THE FOUR GETS

## FOUR STEPS YOU CAN TAKE TO FIGHT AIDS IN YOUR COMMUNITY:

**1 GET INFORMED.** What you don't know *can* kill you. Knowledge is a powerful weapon against HIV/AIDS.

**2 GET TESTED.** The vast majority of Black Americans infected with the AIDS virus don't even know it. You can't protect yourself or your partner if you don't know your status.

**3 GET TREATED.** 70 percent of HIV-positive people in America are not in proper treatment and care. AIDS is not the death sentence it once was. Early treatment can prolong your life.

**4 GET INVOLVED.** AIDS is spreading through our communities because not enough of us are involved in efforts to stop it. There are many ways to get involved in the fight:

- Volunteer
- Make a donation
- Become a regular contributor
- Join a board
- Deliver a meal
- Talk to your neighbors, friends and family about HIV/AIDS
- Write a letter to your Mayor, Governor, the President



**Black Voices  
ON AIDS**

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*Saving Ourselves: The State of AIDS in Black America, 2008* is a publication of the Black AIDS Institute, 1833 West Eighth Street, Los Angeles, California 90057-4257, 213-353-3610, 213-989-0181 fax, info@BlackAIDS.org, www.BlackAIDS.org.

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A version of “Welcome to the Movement” was first published on TheRoot.com.

Photography: Cover: Darien Davis; pages 7 and 28: Duane Cramer; page 74: Alan Bell.

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This report was made possible by the generous support of the MAC AIDS Fund, Elton John AIDS Foundation and Ford Foundation.

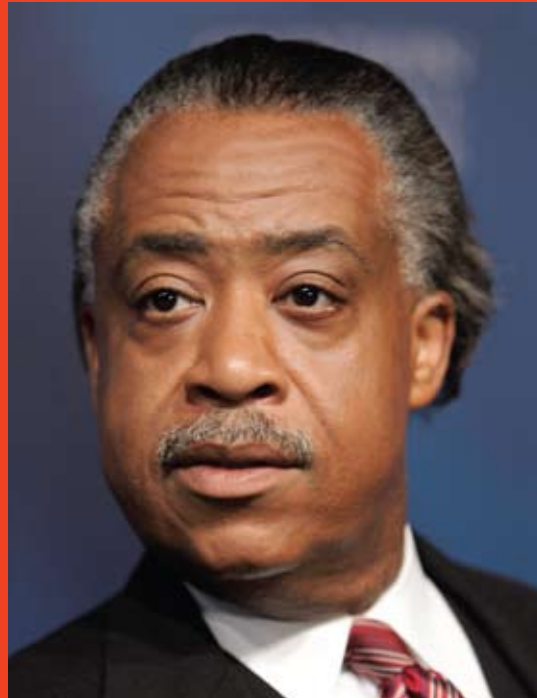
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**Dr. Dorothy I. Height**  
Chair and President Emerita  
National Council of Negro Women



**The Honorable Kendrick B. Meek**  
17th Congressional District, Florida  
United States House of Representatives



FROM THE CEO

# Welcome to the Movement

**I've been trying to get Black folks to pay attention to the AIDS epidemic in our community for over 20 years. But in the heat of the presidential primaries, I learned everything I need to know about mobilizing Black folk, and I owe it all to Barack Obama.**

In October 2007, polls showed that Black voters backed Hillary Clinton over Obama for the Democratic presidential nomination by a whopping margin: 57 to 33 percent. It remained unclear who would win the nomination at this report's writing, but what was clear was that Obama had regenerated his own campaign by revving up Black America. In the Nevada caucuses and the South Carolina primary, exit polls showed more than 80 percent of Black voters backed him.

So what changed?

In the words of Bill Schneider, CNN's senior political analyst, "What appears to have changed is Obama's electability." Black people were reluctant to support Sen. Obama because they didn't think a Black man could be elected president and they didn't want to be disappointed. "Now they believe," said Schneider.

Today, we need to believe more than ever—and I'm not even talking about believing in a candidate. I'm talking about believing in our own possibilities. I travel all over this country talking to Black folks. Whether its race-based performance gaps in schools, mobilizing against HIV/AIDS or participating in our democracy by voting, the answer is often the same: "What difference does it



make?” Many of us don’t believe our efforts matter.

We’ve said it before, and we’ll have to keep pointing it out as long as it’s true: No matter how you look at it—through the lens of age, gender, sexual orientation, socio-economic status or region of the country where we live—Black people bear the brunt of the AIDS epidemic in America. The chartbook that opens this report paints the outlines of an ugly picture: Nearly 50 percent of the estimated 1.2 million Americans living with HIV/AIDS are Black; 40 percent of the new cases among men are Black; 60 percent among women; 70 percent among teens.

It is no wonder that many of us have felt demoralized. We have a lot of seemingly intractable issues before us. I’m not an expert on education, or the justice system, but I know a thing or two about HIV/AIDS. I’ve worked on prevention, treatment and research, and I’ve lived with the disease for over 26 years. I can tell you we can win the fight against AIDS.

It won’t be easy. As Obama warned during his victory speech in South Carolina, “The change we seek has always required great struggle and great sacrifice.” But with AIDS, we are already starting to see that change. Black institutions from the NAACP to BET and Black thought leaders from Bishop T.D. Jakes to Danny Glover have stepped forward to issue a declaration of commitment and call to action to end AIDS in Black America. And Black America is slowly starting to not just understand that AIDS is a serious problem but also to believe we can end it.

In this report, our annual update on the State of AIDS in Black America, we lay out the plans those believers have crafted. The organizations and campaigns discussed in the State of Our Movement chapter represent a snapshot of a larger, burgeoning movement. These are the groups that have answered the 2006 call to action by crafting and publishing action plans to which they can be held accountable. They stand as a spear point on what is and must be a broader, community-wide commitment to change the course of AIDS in Black America.

During the presidential debate in Nevada, Sen. Clinton said, “The three of us [Sens. Clinton, Edwards and Obama] are here in large measure because [Dr. Martin Luther King’s] dreams have been realized.” Clearly, having a Black man or a woman as their party’s likely standard bearer for president of the United States is evidence of progress toward the realization of Dr. King’s dream. But Dr. King’s dream cannot be manifested in who is running for or even elected to the presidency of the United States. That dream was about the people. And right now, when it comes to the AIDS crisis, the people are in trouble.

Still, I am hopeful that change is on the way. Not because of who will be elected president, but because I am finally seeing Black folks believe they can end AIDS.









## EXECUTIVE SUMMARY

# Evaluating the State of Our Movement

**The 2008 edition of the Black AIDS Institute's State of AIDS in Black America series charts a remarkable level of new commitments from traditional Black organizations in the fight against AIDS. Blacks account for half of the estimated 1.2 million HIV-positive Americans and, given that stunning fact, our community clearly has much work to do. But just as clearly, traditional Black community leaders have begun to engage the fight.**

The Institute surveyed 16 organizations (see Appendix) that have joined the Black AIDS Mobilization, a campaign to craft a national community plan of action against HIV/AIDS. Each organization is developing its own individual plan for incorporating HIV/AIDS into its broader work. According to our survey, 12 of 16 organizations had completed their plans at year's end. Within the next five years, those organizations' collective programming commitments will:

- Facilitate HIV counseling, testing and linkages to care for an estimated 250,000 Black people;
- Disseminate HIV health education materials to a total of 77,450 individuals in the Black community;
- Host 600 health education events

focusing on HIV prevention, education, treatment and care, with an emphasis on challenging AIDS-related stigmas;

- Produce 30 public service announcements and 30 short TV series focusing on HIV/AIDS in Black America.

"The era of Black America turning a blind eye to the AIDS epidemic is over," said Black AIDS Institute CEO Phill Wilson. "But now that we've agreed it's a problem, the hard work really begins."

*Saving Ourselves* also outlines the state of the crisis in Black communities around the country with a chart pack of key data and updates on the political and policymaking challenges in both prevention and treatment. In 2005, the most recent stats available, African Americans accounted for:

- 49 percent of people newly infected with HIV
- 60 percent of newly-infected women
- 70 percent of newly-infected teens (in 2004)

As *Saving Ourselves* goes to press, Black America is bracing for new data from the Centers for Disease Control and Prevention that is expected to substantially increase the number of people estimated to be living with HIV in our community.

# The Black Epidemic By the Numbers

The Latest Available Stats on the  
African American Epidemic

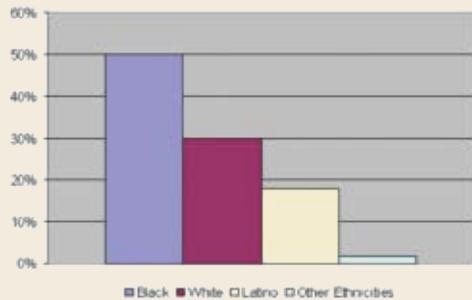


# Who's Getting Infected in America

## By Percent

**R**acial/Ethnic Percentages of New HIV/AIDS Diagnoses in 2005

- Black: 49 percent
- White: 30 percent
- Latino: 18 percent
- Other Ethnicities: 2 percent

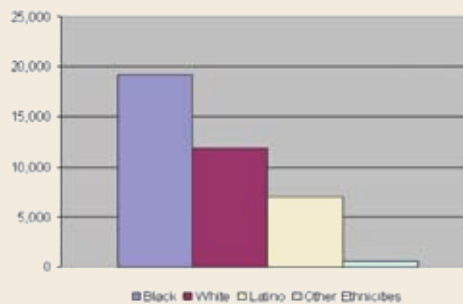


Source: CDC. HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 1. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.

## In Numbers

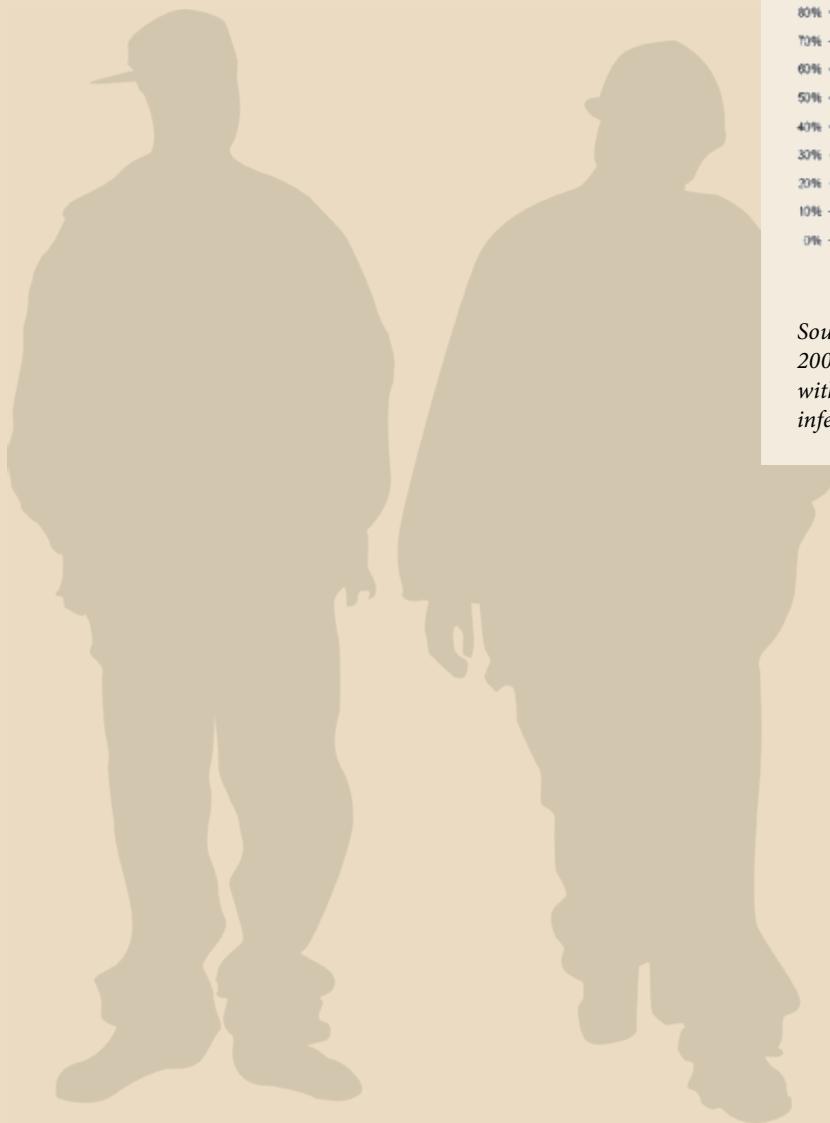
**N**umber of New HIV/AIDS Diagnoses by Race/Ethnicity in 2005

- Black: 18,121
- White: 11,559
- Latino: 6,782
- Other Ethnicities: 612
- Total: 37,331\*



Source: CDC. HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 1. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.  
\*Includes persons of unknown race.

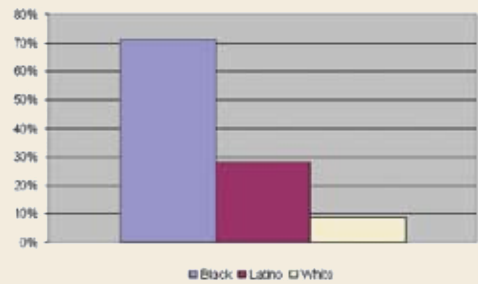




## HIV Rates

**H**IV Infection Rate Per 100,000 People by Race/Ethnicity in 2005

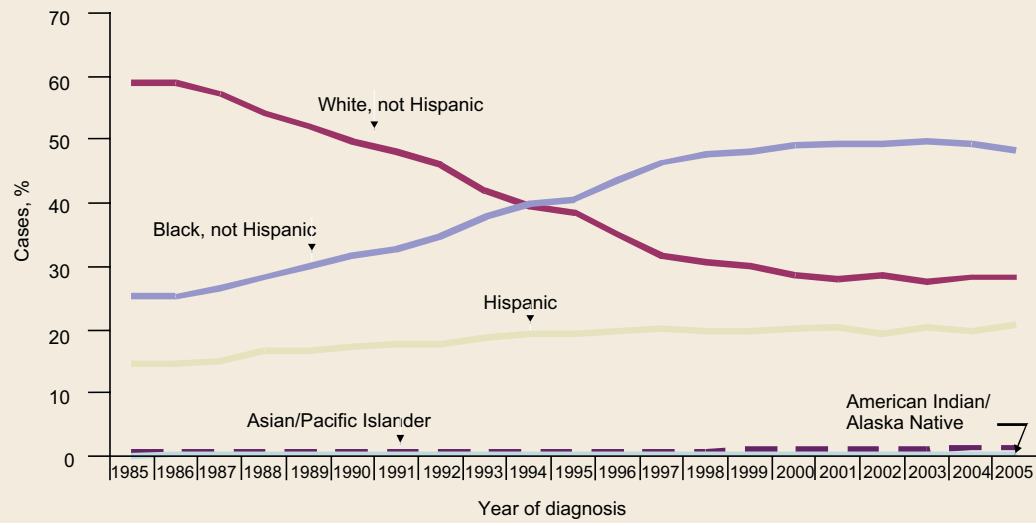
Black: 71.3  
Latino: 27.8  
White: 8.8



Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 5b. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.*

# 20 Years of Diagnoses

Racial/Ethnic Percentages of Annual AIDS Diagnoses, 1985-2004



Source: CDC. HIV/AIDS Surveillance by Race/Ethnicity. Online slide set at [www.cdc.gov/hiv/topics/surveillance/resources/slides/race-ethnicity](http://www.cdc.gov/hiv/topics/surveillance/resources/slides/race-ethnicity), accessed September 3, 2007.

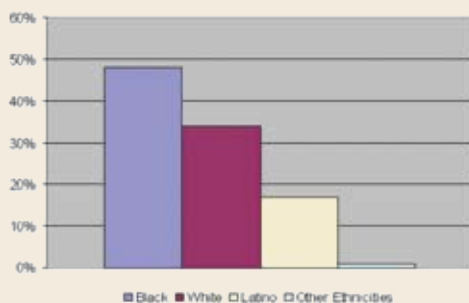




## All Positive Americans

Racial/Ethnic Percentages of All People Living with HIV/AIDS (as of 2005)

Black: 47 percent  
 White: 34 percent  
 Latino: 17 percent  
 Other Ethnicities: 1 percent

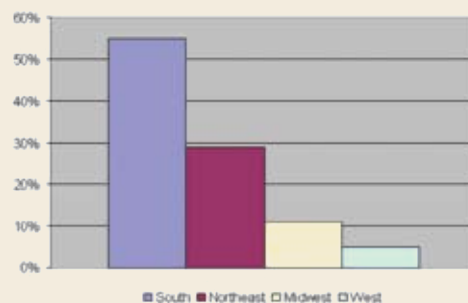


Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 9. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.*

## Where Newly HIV+ Live

Regional Percentages of New HIV Diagnoses, 2001-2004

South: 55 percent  
 Northeast: 29 percent  
 Midwest: 11 percent  
 West: 5 percent



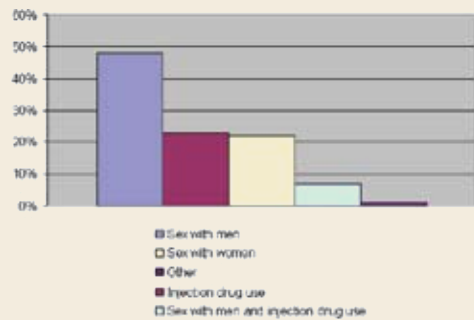
Source: CDC. *Trends in HIV/AIDS Diagnoses – 33 States, 2001-2004. Morbidity and Mortality Weekly Report, Nov. 18, 2005.*



# Black Men

**T**ransmission Routes of Black Men  
Living with HIV/AIDS, as of 2005

- Sex with men: 48 percent
- Injection drug use: 23 percent
- Sex with women: 22 percent
- Sex with men and injection drug use: 7 percent
- Other: 1 percent

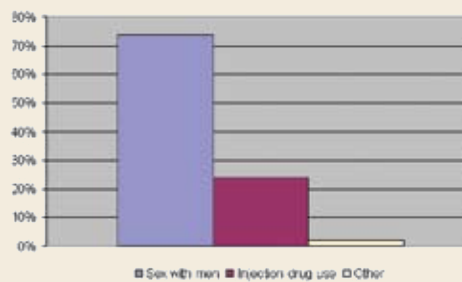


Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 9. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.*

# Black Women

**T**ransmission Routes of Black Women  
Living with HIV/AIDS, as of 2005

- Sex with men: 74 percent
- Injection drug use: 24 percent
- Other: 2 percent



Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 9. Data based on 33 states with long-term HIV tracking systems that count infections by recording patients' names.*





## Unanswered Questions

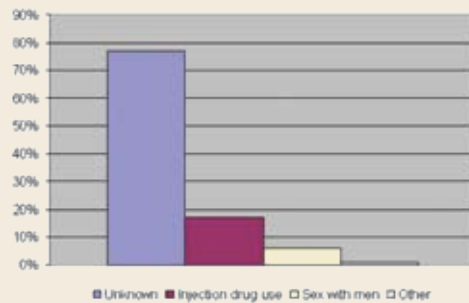
**H**IV Risk of Male Sex Partners of Black Women Who Tested Positive in 2004

Unknown: 77 percent

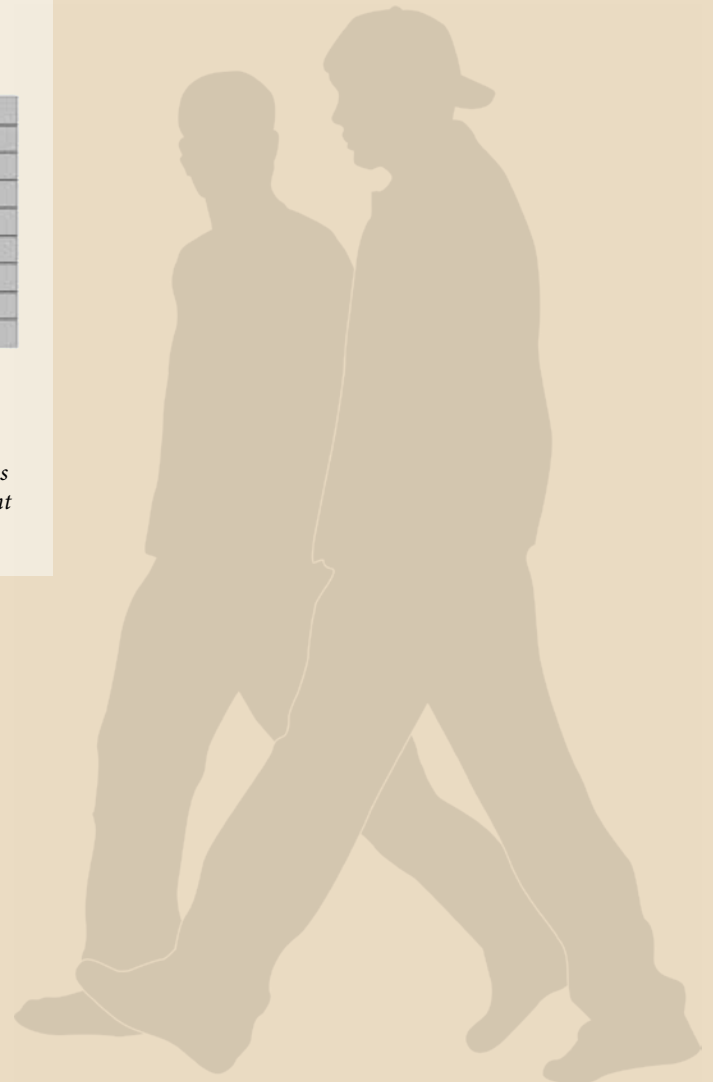
Injection drug use: 17 percent

Sex with men: 6 percent

Other: Less than 1 percent



Source: CDC. *HIV/AIDS Surveillance Report, 2004. Vol. 16, Table 22. Data based on 42 states with long-term HIV tracking systems that count infections by recording patients' names.*

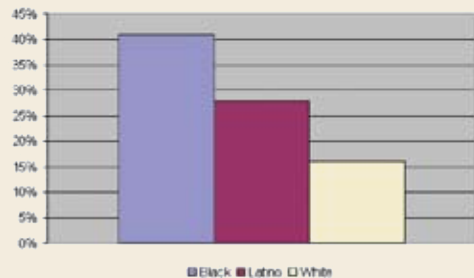


# Who's Getting Tested

## Know Their Status

Estimated Percentage of All People Under Age 65 Who were Tested for HIV in the Previous 12 Months

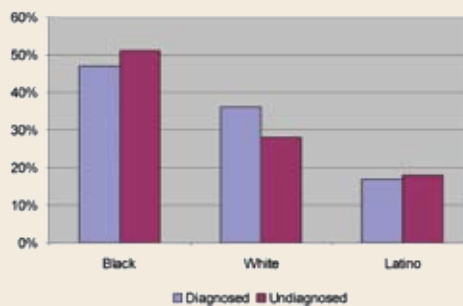
Black: 41 percent  
 Latino: 28 percent  
 White: 16 percent



Source: Kaiser Family Foundation. Survey of Americans on HIV/AIDS. Additional Findings: HIV Testing, May 2006.

## Undiscovered Infections

Estimated Percentage of HIV-Positive People Who Do Not Know They are Infected



Source: Glynn MK and Rhodes P. Estimated HIV Prevalence in the United States at the end of 2003. Presentation at the 2005 National HIV Prevention Conference, June 14, 2005. Cited in CDC presentation to Black AIDS Institute physicians' forum, October 2006.



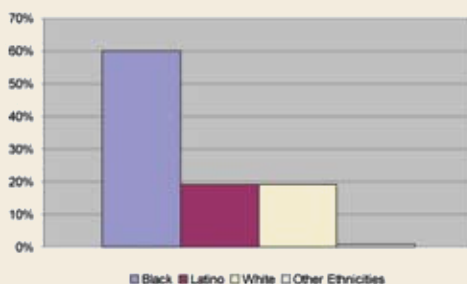
# An Up-Close Look at Today's Infections



## Women

### Race/Ethnicity of Women Who Tested HIV-Positive in 2005

Black: 60 percent  
 Latino: 19 percent  
 White: 19 percent  
 Other Ethnicities: 1 percent

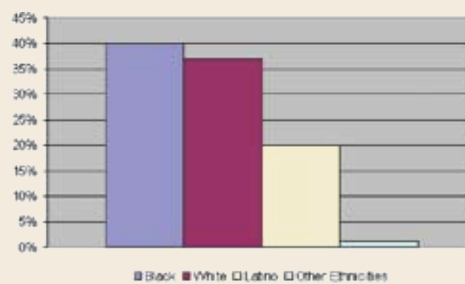


Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 22.* Data based on 38 states with HIV tracking systems that counted infections by recording patients' names as of December 2005.

## Men

### Race/Ethnicity of Men Who Tested HIV-Positive in 2005

Black: 40 percent  
 White: 37 percent  
 Latino: 20 percent  
 Other Ethnicities: 1 percent

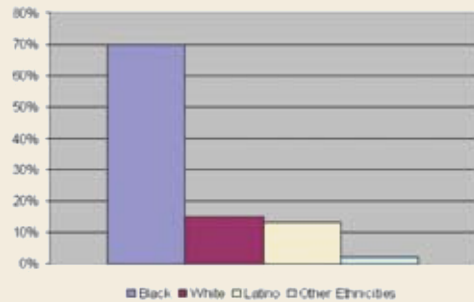


Source: CDC. *HIV/AIDS Surveillance Report, 2005. Vol. 17, Table 20.* Data based on 38 states with HIV tracking systems that counted infections by recording patients' names as of December 2005.

# Youth

## New HIV/AIDS Cases Among Teens in 2004

Black: 70 percent  
White: 15 percent  
Latino: 13 percent  
Other Ethnicities: 2 percent



Source: CDC. *HIV/AIDS Surveillance in Adolescents and Young Adults* online slide set, Slide 6. Data based on 33 states with HIV tracking systems that count infections by recording patients' names since at least 2000.



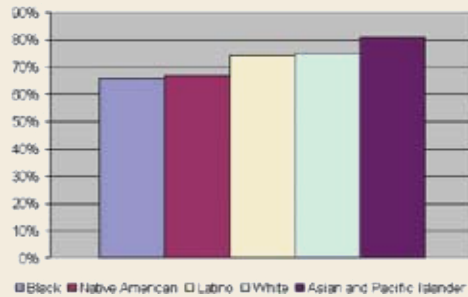
# Who's Getting Treated



## Survival Rate

Percentage of People Diagnosed with AIDS between 1997 and 2004 Who Were Still Alive 9 Years Later

- Black: 66 percent
- Native American: 67 percent
- Latino: 74 percent
- White: 75 percent
- Asian and Pacific Islander: 81 percent



Source: CDC. *HIV/AIDS Surveillance Report*, 2005. Vol. 17, Figure 4; CDC. *HIV/AIDS Among African Americans. HIV/AIDS Fact Sheet*. June 2007.



# Who's Still Dying of AIDS in America

## A Record of Lives Lost

Annual AIDS Deaths by Race/Ethnicity, 1985-2004

<i>Year of Death</i>	<i>White, not Hispanic</i>	<i>Black, not Hispanic</i>	<i>Hispanic</i>	<i>Other Ethnicities</i>	<i>All Groups</i>	<i>Percent Black</i>
1985	4,005	1,757	1,021	36	6,819	25.77%
1986	7,011	3,029	1,807	74	11,921	25.41%
1987	8,886	4,554	2,492	106	16,038	28.40%
1988	10,930	6,108	3,500	199	20,692	29.52%
1989	14,452	8,028	4,625	143	27,328	29.38%
1990	16,434	9,107	5,208	238	30,987	29.39%
1991	18,719	10,939	6,173	319	36,150	30.26%
1992	20,157	13,205	7,064	326	40,752	32.40%
1993	21,300	15,278	7,604	413	44,595	34.26%
1994	22,538	17,806	8,759	516	49,477	35.99%
1995	21,968	19,062	9,136	539	50,705	37.59%
1996	14,558	15,894	6,904	386	37,742	42.11%
1997	7,351	10,464	4,079	231	22,125	47.02%
1998	6,082	8,997	3,371	186	18,636	48.28%
1999	5,620	8,860	3,232	184	17,896	49.51%
2000	5,310	8,560	3,010	159	17,039	50.24%
2001	5,184	8,962	3,188	178	17,512	51.18%
2002	5,205	8,929	3,103	175	17,412	51.28%
2003	5,081	8,905	3,529	154	17,669	50.40%
2004	4,309	7,939	3,212	173	15,633	50.78%
Cumulative	225,100	196,383	91,017	4,770	517,270	37.96%

Source: CDC. *Deaths among Adults and Adolescents with AIDS by Race/Ethnicity, 1985-2004, United States.* Black AIDS Institute requested data.

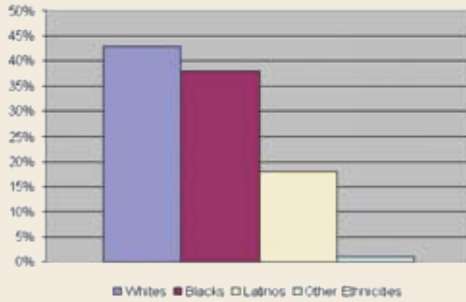




## Blacks' Share

**B**lacks as Percentage of Total AIDS Deaths (as of 2004)

- Whites: 43 percent
- Blacks: 38 percent
- Latinos: 18 percent
- Other Ethnicities: 1 percent



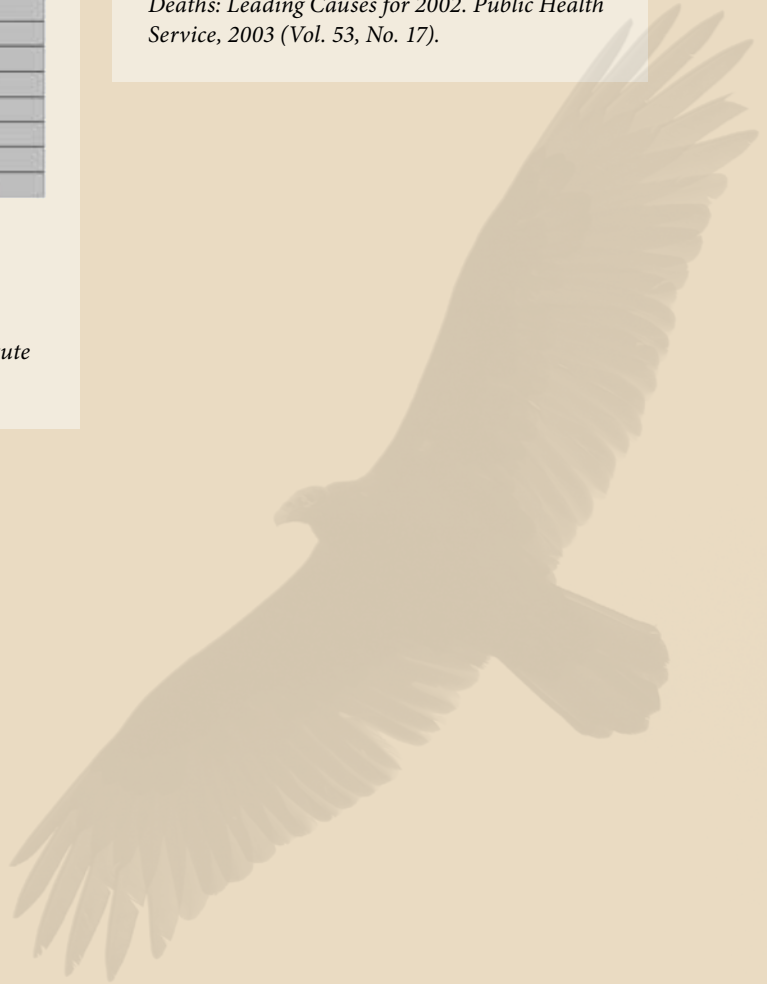
Source: CDC. *Deaths among Adults and Adolescents with AIDS by Race/Ethnicity, 1985-2004, United States. Black AIDS Institute requested data.*

## No. 2 Cause

**F**ive Leading Causes of Death Among Blacks, Ages 25-44 (as of 2002)

1. Heart Disease
2. HIV Infection
3. Unintentional Injury
4. Assault
5. Malignant Tumors

Source: CDC. *National Vital Statistics Reports, Deaths: Leading Causes for 2002. Public Health Service, 2003 (Vol. 53, No. 17).*

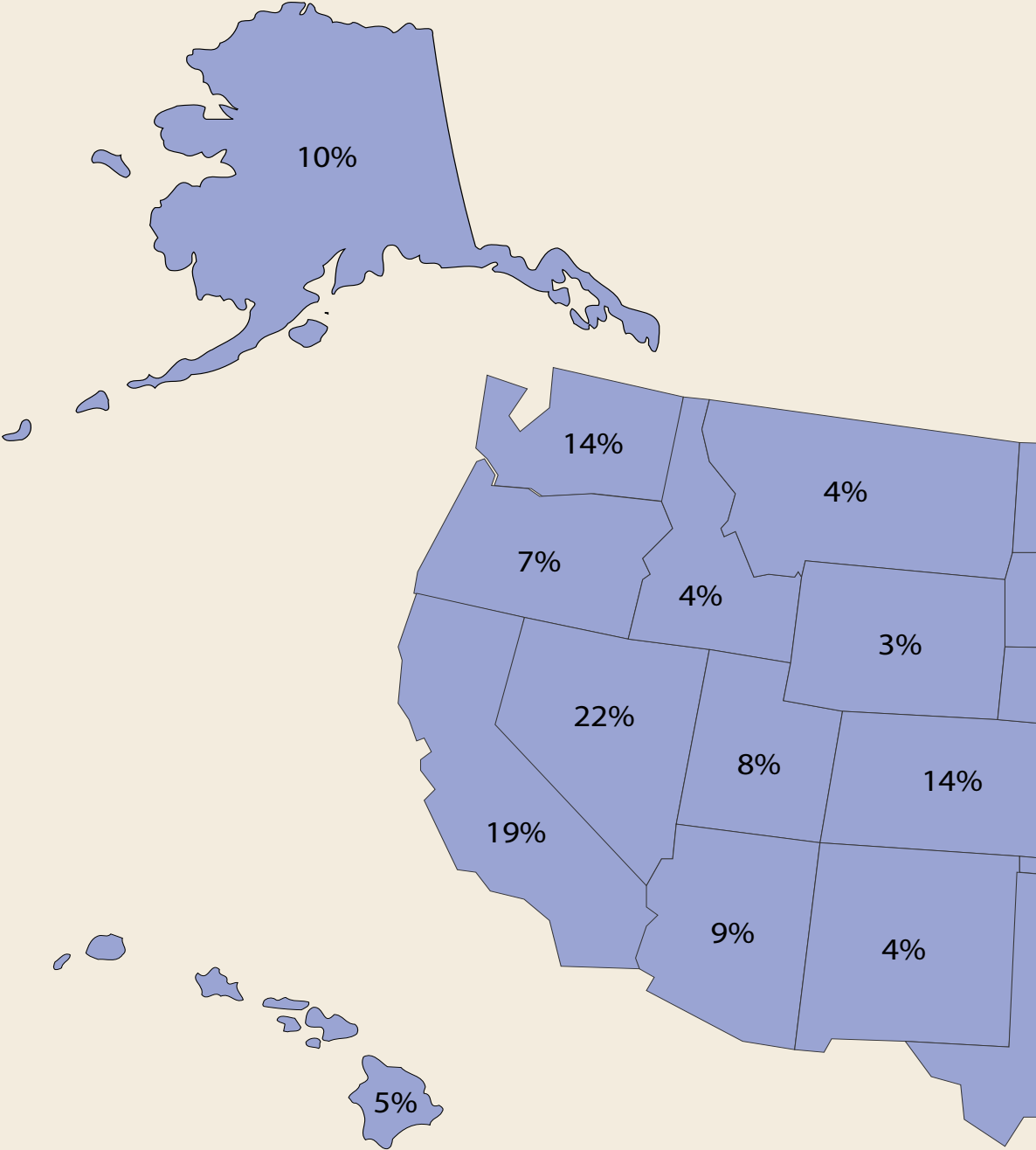




# State-by-State Black AIDS Rates vs. Black Census Figures

	% of AIDS Cases	% of Black Pop.		% of AIDS Cases	% of Black Pop.
Alabama	63%	26%	Montana	4%	<1%
Alaska	10%	3%	Nebraska	25%	4%
Arizona	9%	3%	Nevada	22%	7%
Arkansas	40%	16%	New Hampshire	12%	1%
California	19%	6%	New Jersey	55%	13%
Colorado	14%	4%	New Mexico	4%	2%
Connecticut	33%	9%	New York	46%	15%
Delaware	68%	19%	North Carolina	69%	21%
District of Columbia	82%	57%	North Dakota	16%	1%
Florida	49%	15%	Ohio	42%	12%
Georgia	70%	29%	Oklahoma	21%	7%
Hawaii	5%	2%	Oregon	7%	2%
Idaho	4%	<1%	Pennsylvania	53%	10%
Illinois	52%	15%	Rhode Island	27%	5%
Indiana	33%	8%	South Carolina	73%	29%
Iowa	18%	2%	South Dakota	16%	1%
Kansas	21%	6%	Tennessee	52%	16%
Kentucky	31%	7%	Texas	35%	11%
Louisiana	66%	32%	Utah	8%	1%
Maine	6%	1%	Vermont	10%	1%
Maryland	80%	27%	Virginia	59%	19%
Massachusetts	29%	6%	Washington	14%	3%
Michigan	58%	14%	West Virginia	22%	3%
Minnesota	31%	4%	Wisconsin	37%	6%
Mississippi	73%	37%	Wyoming	3%	1%
Missouri	41%	11%			

Sources: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request, November 2005. Urban Institute and Kaiser Commission on Medicaid and the Uninsured. Estimates based on the Census Bureau's March 2004 and 2005 Current Population Survey (CPS: Annual Social and Economic Supplements).

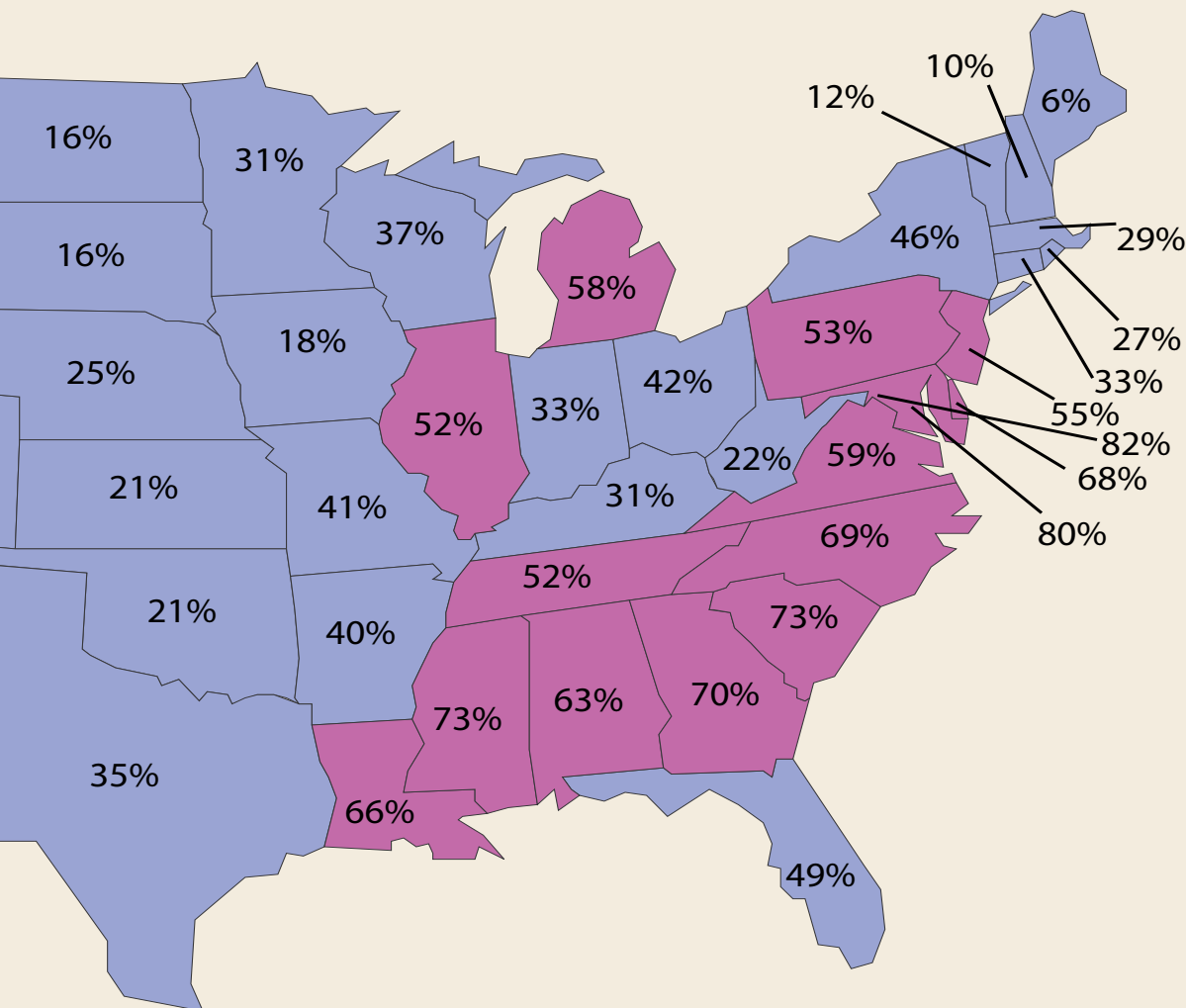


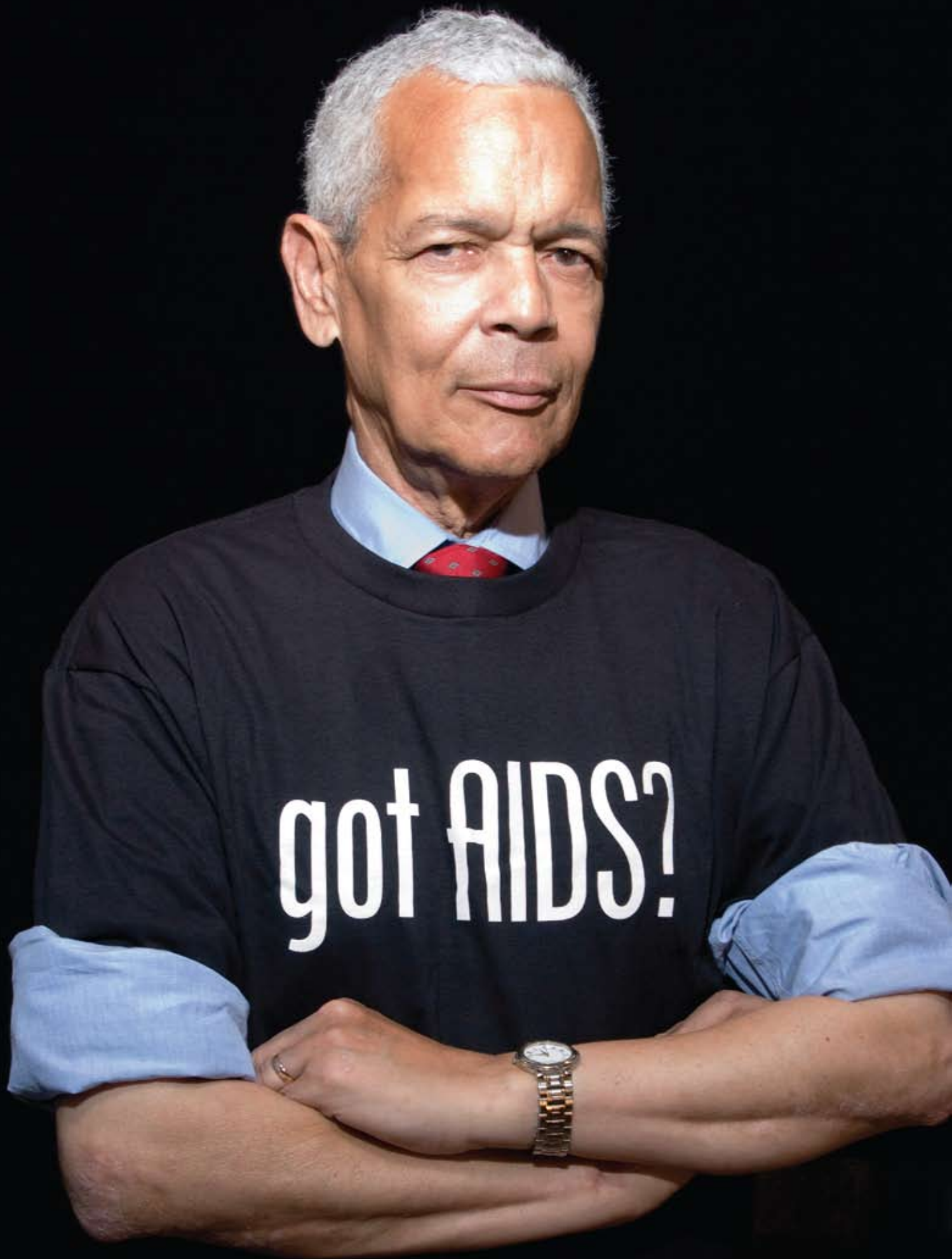


# The National Picture: Black AIDS State-by-State

Percentage of people living with AIDS in each state who is African American, as of 2004. In 15 states, more than half of the population of people living with AIDS is Black.

Source: *Statehealthfacts.org*. All percentages have been rounded.





# The State of Prevention

## A New Understanding

**The biggest AIDS news of 2007 hadn't actually happened, yet, at year's end. In late fall, as the U.S. Centers for Disease Control and Prevention prepared its annual update on the epidemic's growth, AIDS service providers and activists began buzzing about a troubling rumor. CDC staffers had leaked news that the agency was finalizing a new study that would radically reshape our understanding of the domestic AIDS epidemic. At this report's writing, the study was still in development, but everyone familiar with its content agreed on one thing: Bad is about to get a good bit worse.**

Since the mid 1990s, the CDC has put the number of people newly infected with HIV each year at just under 40,000. The most recent estimate, for 2005, found 37,331<sup>1</sup> new infections, for instance; African Americans once again accounted for roughly half of those.<sup>2</sup> That annual tally is drawn from a complex formula that, CDC says, is both imprecise and outdated. It's based on the number of positive HIV tests logged by local health departments and reported to the CDC, which then extrapolates a larger number to account for those who are believed to be positive but have not sought tests. CDC

points to a host of studies in determining that roughly a quarter of Americans who are positive have not been tested.

CDC has revamped that counting method, and the study that caused so much fuss in late 2007 will establish new infection estimates based on the new system researchers have created. The old system's problem, CDC says, is that it's too historical. It tells researchers how many people were infected, but not *when* they got infected. So, it can't differentiate between someone who contracted the virus, say, six months before getting diagnosed and someone who got it six *years* previously, but delayed getting a test. And that blind spot means we have had little confidence in how fast or slow the epidemic is growing. Do the 37,331 people who were diagnosed in 2005 represent new infections, or just new diagnoses? The CDC hasn't been able to answer that question—until now.

New technology—called STAHRS, for serological testing algorithm for recent HIV seroconversion—allows researchers to differentiate between an old, undiagnosed HIV infection and one recently contracted. Researchers test HIV-positive blood samples for the number of HIV antibodies present—

the more there, the longer the infection has been around.

Using this technology, the CDC has crafted a new system for estimating the epidemic's size and annual growth—and, according to those familiar with the method, that estimate is dramatically higher than previous ones. Researchers who have tried to recreate the counting process using what they know of the new system have offered a wide but uniformly startling range of predictions: The new count is expected to boost the number of Americans believed to be infected by anywhere from 10 to 50 percent. If existing trends hold, African Americans will account for half of those infections.

But CDC itself has remained remarkably tight-lipped about the details of the study, declining to either fully explain the new counting system or reveal the new estimates it has found. “The good news is that the new technology used in this system will provide us with a better picture of HIV infections in the U.S. than ever before,” CDC spokesperson Jennifer Ruth told the Black AIDS Institute in November. “We will be able to identify the leading edge of the epidemic. ... Over time, we believe this will allow us to better direct and measure progress in populations at highest risk.”

Weeks after the rumors peaked in November, the feds held a briefing for AIDS service providers. HIV-prevention chief Kevin Fenton would say only, “There has been quite a bit of buzz about this recently and, yes, we are developing new [HIV] incidence estimates,” adding that they will offer “different estimates than have been published previously.” At this report's writing, the study was still undergoing peer-review to be published in an unnamed scientific journal.

The CDC's caution in discussing the study is a sign of the increasingly contentious nature of tracking HIV. In December, the United Nations' AIDS program, UNAIDS, acknowledged that its estimate for the

number of people infected globally has been too large by nearly a fifth. The announcement came after years of criticism from outside researchers that UN's numbers were inflated, particularly its estimate for India. Such disputes can be frustrating distractions from the larger point: Even the new, lower UNAIDS estimate puts the global count of HIV-positive people at 33.2 million.<sup>3</sup>

The CDC is itself no stranger to criticism, from all political quarters, that its numbers are overstated. When the agency first released an alarming set of findings from smaller-scale studies tracking HIV among Black gay and bisexual men, many in the community blasted the data as unrepresentative. Several subsequent studies have borne those numbers out, but the agency spent some time defending its initial findings. CDC officials are eager to avoid any similar dustups around its new counting system, and are thus insuring a thorough outside review before publicizing them. “It would not be responsible for CDC to discuss specific data before we are certain that the new estimates are reliable,” Fenton told press at a December CDC meeting in Atlanta.

## Disturbing Local Trends

**Whatever the CDC's new numbers eventually show, city-level data on HIV infections released in late 2007 have already revealed striking new trends in the epidemic's progression.**

Late last year, **Washington, D.C.**, which has the highest AIDS rate in the country, updated its tracking of the epidemic for the first time since 2000. Washington had been among a handful of cities that have been slow to switch to a system that tracks people who test HIV positive rather than only patients who are diagnosed with AIDS. Throughout the late 1990s, the CDC cajoled state and local health departments to make that switch, and to track HIV by recording the names of those diagnosed. CDC argued that, given

that today's drugs can prevent indefinitely an AIDS diagnosis, the only way to accurately monitor the epidemic is to count infections. Many community advocates, on the other hand, objected to the change; they raised not only privacy concerns but also fears that still-strong stigma will discourage people from getting tested if they know their names will be reported to the government. Nonetheless, Washington, D.C., has now begun tracking HIV, and in November 2007 it offered a detailed snapshot of what it has found.

Surprisingly, D.C. researchers discovered that the most new HIV infections between 2001 and 2006 were transmitted through heterosexual sex, which accounted for more than a third, or 37.4 percent, of reported HIV diagnoses.<sup>4</sup> This finding is counter to both the historical and national trends, in which the leading routes of transmission have been through men having sex with men and injection drug use. "It blows the stereotype out of the water," D.C.'s HIV/AIDS Administration director Shannon Hader told the *Washington Post*. "HIV is everybody's disease here." (A quarter of the D.C. cases were transmitted through men having sex with men and 13 percent through injection drug use.<sup>5</sup>)

Biologically, HIV is far more easily transmitted to the receptive partner in anal sex, because of the porous inner lining of the anus, than in other types of intercourse. Similarly, because of the direct route to the bloodstream, injection drug use offers a highly efficient path for infection. But the presence of other untreated sexually transmitted diseases significantly increases the likelihood of HIV transmission during vaginal intercourse when one partner is HIV-positive. Researchers believe such untreated STDs offer one of a number of explanations for the disproportionate rate of HIV infection among Black women—African Americans are more likely than others to have STDs that have not been diagnosed and treated.<sup>6</sup>

And Washington, D.C.'s study indeed

echoed the national trend of African Americans being most heavily impacted. African Americans accounted for 80 percent of the infections reported between 2001 and 2006 and a stunning nine out of ten infections among women.<sup>7</sup> Blacks represent 60 percent of Washington, D.C.'s population.

Meanwhile, in **New York City**, health officials found an equally troubling counter-trend. There, researchers found young Black gay and bisexual men driving an alarming spike in new infections among gay men under 30. In a study released in September, the city health department reported that new infections among gay and bisexual men 30 and over have plummeted between 2001 and 2006—plunging by 22 percent. But among men under 30, infections have shot up by 33 percent; among teens, new infections categorized as "men who have sex with men" climbed by 22 percent. Men under 30 now make up 44 percent of new HIV diagnoses among gay and bisexual men in New York City.<sup>8</sup>

The racial disparity within this trend is striking. Among teens, Blacks accounted for 90 percent of new diagnoses in 2006. New infections among Black gay and bisexual men of all ages were double that among whites.<sup>9</sup> "These numbers are devastating," said Debra Frasier-Howse, then-president of the National Black Leadership Commission on AIDS. "After 26 years of AIDS, we cannot drift backward. We must ask all New Yorkers to accept some responsibility for helping our young people protect themselves. Their lives are not dispensable."

## Circumcision as HIV Prevention

**The year also saw two important developments in the scientific effort to slow HIV's spread—one an advancement; the other a significant setback.**

HIV prevention has always proceeded along two paths. Most people are familiar with what have been called “behavioral interventions” to stop HIV. These are the efforts to encourage and support individuals and communities in making healthy choices—using clean needles, wearing condoms, reducing your number of sex partners and learning your status. But there’s another aspect of HIV prevention, which has been dubbed “biomedical” prevention. In this realm, science is working furiously to come up with ways to cut off HIV’s routes of transmission from one person to another.

One novel development in biomedical prevention charged to the forefront in 2007: male circumcision. Researchers have long pursued the question of whether circumci-

sion reduces the likelihood that the insertive partner in intercourse will contract HIV, if their partner is positive. But by early 2007, the question was largely settled: It does, and it reduces the likelihood by a remarkable amount.

Studies in South Africa, Kenya and Uganda have found that removing a man’s foreskin can make him as much as 60 percent less likely to contract HIV. Clinical trials in each of these three countries divided participants into groups of uncircumcised men and men who agreed to be circumcised, then monitored the HIV infection rates in each cohort over time. In all three countries, the results so dramatically established the benefit of circumcision that officials halted their studies for ethical reasons. (There does



## Standardized Testing Revisited

**I**n September 2006, the CDC issued its new guidelines for health care providers conducting HIV tests. The new guidelines aim to get more people into testing by streamlining the process, and they mark a dramatic shift in how HIV testing is conducted in America. Here are the big changes:

**Everybody gets tested.** For years health care providers and patients alike have groped for a reliable formula to determine who needs to get tested when. The old rules urged testing for certain “high-risk individuals”—injection drug users, people who have anal sex, etc.—and in geographic areas that have higher HIV prevalence. The new guidelines toss all of these maddening calculations out. Now, the CDC says, everybody aged 13 to 64 who comes in to a health care facility should be given HIV tests as part of their routine medi-

cal care.

**It’s on you to say no.** Because of the stigma associated with HIV and the discrimination that was rife when HIV tests first became available in 1985, public health has always gone out of its way to soothe the anxieties of people getting tested. So for years health care providers were urged to obtain explicit, written consent before testing someone for HIV. But providers complained that this process was cumbersome and expensive, particularly in emergency rooms. So now, the CDC says, getting the patient’s consent for providing care in general covers HIV testing, too, although, patients should still be informed that they’ll be tested in advance, so that they may turn it down if they wish.

**Seek counsel elsewhere.** HIV testing has always been closely linked with HIV prevention counseling. Whenever someone got tested, he or she first spoke with a counselor about HIV risks and how to reduce them. But, again, providers fretted that this process proved unwieldy for their operations and, moreover, discouraged people from getting tested. So while the new CDC guidelines still stress the import of counseling, they no longer urge that it be part of the testing process.



not appear to be a significant reduction in risk for the female partner of a circumcised male who is HIV positive.)<sup>10</sup> The last trials were halted in 2006, and by early 2007 policy makers and advocates were debating whether and how to promote widespread circumcision as a prevention tool for men.

So why does removing the foreskin reduce HIV risk? Several things about foreskin are believed to make it a more welcoming host for the virus than the dry, external skin of a circumcised penis. Most notably, it has a higher density of the cells HIV targets to enter the body, and lab studies have shown infection occurring more easily as a result. Some also argue that foreskin is more likely to have small tears during intercourse, creating a more direct route to the bloodstream for HIV. Others suggest HIV may survive better in the “micro-environment” that exists between unretracted foreskin and the penis glans.<sup>11</sup> Whatever the full explanation, credible scientists worldwide now agree that circumcision helps stop HIV transmission.

But the real world is not a scientific study. There are many valid reasons men would not choose to get circumcised—from culture to religion to sexual pleasure and aesthetics. And there’s enough distrust, globally, of top-down public health to render a campaign urging men to alter their penises a delicate matter, at best. So the challenge for public health now becomes educating everyone about the link between HIV risk and circumcision and supporting those who chose it, without ostracizing those who do not.

Thus far, that conversation has taken place largely in sub-Saharan Africa, where the studies were conducted. Ultimately, however, American public health officials will likely have to decide how to address the question in the United States as well. The large majority of American men are already circumcised: 77 percent, according to one older, 1992 study. But while 81 percent of white men in that study were circumcised,

just 65 percent of Black men were.<sup>12</sup> A more recent study found the percentage of Black newborns who are circumcised rose from 58 percent to 64 percent between 1979 and 1999.<sup>13</sup>

In the Black community, where both significant and justified distrust lingers between the community and public health agencies, it will be particularly important that all sides start this conversation from a place of education. There are many ways to prevent the spread of HIV, and the more tools we have at our disposal the better. So the question is not what choice any individual makes about circumcision, but whether that choice is an informed one. It is public health’s responsibility to make sure people get information in a nonjudgmental way—and it is our individual responsibility to put aside reflexive distrust and consider what’s the best tool for each of us to use in staying sexually healthy.

## Vaccine Setbacks

**Perhaps the most well-known form of “biomedical prevention” is an HIV vaccine. Researchers have been struggling ever since HIV was identified to find a way to vaccinate people against it, just as we are vaccinated against things ranging from measles to the annual flu virus strains. Vaccines against small pox were so successful that the disease has been eradicated in the United States. Thus far, however, vaccine researchers have been stymied by HIV’s famously wily and complex nature.**

HIV mutates with exceptional speed, and no vaccine has been able to keep pace. Typically, vaccines work by stimulating your body’s own production of what’s called “antibodies” to fight a given infection. With HIV constantly morphing and changing in the body, no single antibody has worked. But in 2004, the drug company Merck believed it had found a solution to the mutation riddle.

It started with a group of sex workers in

Kenya. Throughout the epidemic, there have been random discoveries of people who, despite exposure to the virus, don't get infected. This cohort of Kenyan women had been exposed to HIV repeatedly, but never developed an infection. Researchers explored why and discovered that the women's immune systems appeared to be naturally fighting off HIV with cells specifically geared against it, rather than by developing antibodies. The shocking discovery touched off a race to develop a vaccine that replicated these HIV-targeting immune cells.

The idea of an immune-cell-driven vaccine is even more promising because it also holds potential as a treatment option: Those who are already infected with HIV could theoretically take the vaccine and develop a natural defense against the virus' progression to AIDS and illness. Scientists scrambled to make these dreams reality.

Merck's research showed the most promise, and in late 2004 the company partnered with the U.S. government to conduct a large-scale clinical trial. They enrolled thousands of HIV-negative volunteers from around the world, gave some of them the vaccine and others a placebo, and monitored the future HIV infection rates in the two cohorts. This sort of clinical trial is the second of three steps a drug or vaccine typically must go through to win Food and Drug Administration approval—and it's a stage no previous HIV vaccine effort had ever reached. People in the AIDS world began buzzing about the potential of a breakthrough on par with the mid-1990s discovery of antiretroviral combination therapy.

Then, late last year, the bottom fell out.

During a routine safety check-in on volunteers, an independent oversight board monitoring the trial declared that the vaccine appeared to be utterly useless. The monitors found virtually no difference in the HIV infection rates between the cohort taking the vaccine and the one taking a placebo.

In fact, the infection rate among those who took the vaccine was slightly higher. And among those who had become infected since the trial began, it found no evidence that the vaccine slowed the virus' progression in the body. Merck closed the trial in September.<sup>14</sup>

Roughly 30 other vaccine trials are still underway around the world, but most experts believe the Merck failure leaves us more than a decade away from finding an HIV vaccine. "It took 47 years after the polio virus was discovered before a vaccine was developed. Chicken pox took 42 years," said Dr. Seth Berkley, head of the International Vaccine Advocacy Coalition, at the time the Merck trial flopped. "History tells us it takes a long time to develop a vaccine, but it also tells us it's the only way to eliminate a plague like AIDS. No viral epidemic has been defeated without a vaccine. It's also vital that everybody keeps straight what we know and what we don't know. We know the Merck vaccine didn't work. We don't know why."

Berkley is right to remind us that the long, slow vaccine hunt must indeed go on. But the sobering news of 2007 also offers another important reminder: While we must continue to aggressively pursue scientific breakthroughs, there is no silver bullet against HIV. Stopping the virus, with or without a vaccine, means changing the social, political, economic and individual emotional environments that have allowed it to thrive. And that will also take lots of relentless, hard work. It will take the hard work of community leaders who continue to make the epidemic a priority; of media makers who continue to keep communities informed about the epidemic and hold policymakers accountable for their response to it; and of individuals who must make informed choices about how to live healthy lives alongside this epidemic.

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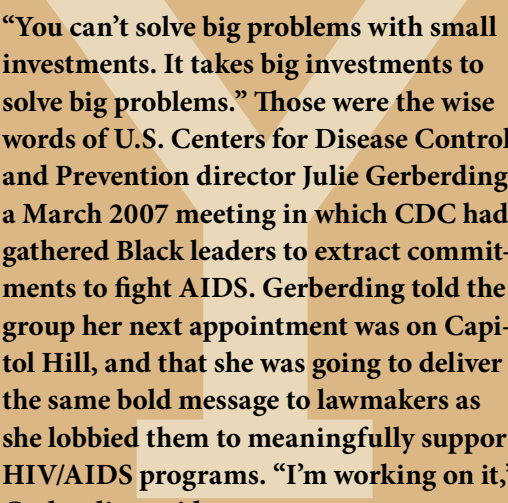
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# The State of Treatment

## Waiting for Change



**“You can’t solve big problems with small investments. It takes big investments to solve big problems.” Those were the wise words of U.S. Centers for Disease Control and Prevention director Julie Gerberding at a March 2007 meeting in which CDC had gathered Black leaders to extract commitments to fight AIDS. Gerberding told the group her next appointment was on Capitol Hill, and that she was going to deliver the same bold message to lawmakers as she lobbied them to meaningfully support HIV/AIDS programs. “I’m working on it,” Gerberding said.**

She hasn’t yet succeeded. As the Bush era closes out in 2008, it completes eight years of active neglect for the AIDS care and treatment safety net that has been crucial to African Americans’ survival. Two-thirds of Blacks who are getting treatment for HIV pay for it with the support of public insurance programs, ranging from Medicaid and Medicare to the AIDS Drug Assistance Program. Since 2001, those systems have plunged steadily into crisis, facing annual budget shortfalls and waiting lists that, in 2006, stretched long enough that people died while lingering in line.

And now, thanks to an ambitious HIV testing campaign spearheaded by Gerberding’s CDC, the AIDS care and treatment money crunch is poised to get even worse.

There are more Americans living with HIV today than ever before, an estimated 1.2 million. But only about half of those people are in care for their infection. The other half are divided equally into two categories: Those who have been diagnosed but, for one reason or another, have not gotten into care; and those who don’t know they’re infected.<sup>1</sup> The undiagnosed group is disproportionately Black—more than half of infected African Americans in 2003 didn’t know they had the virus.<sup>2</sup>

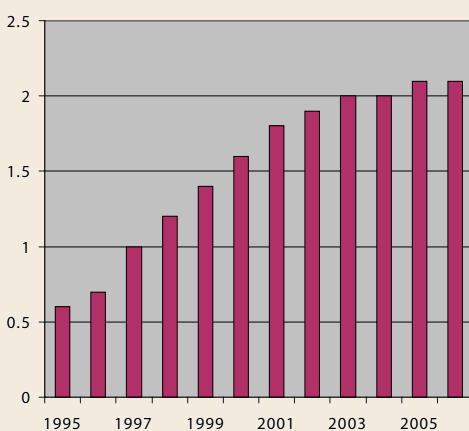
CDC believes the driving force for new infections every year is this massive group of roughly a quarter million undiagnosed Americans. So the agency has intensified its efforts to identify those individuals, both with public education campaigns and by streamlining HIV testing procedures (see “Standardized Testing Revisited” on page 32). But the CDC’s testing campaign begs a troubling question: What’s going to happen to these 250,000 newly-diagnosed people once they know they are positive? Our care



## The Bush Legacy

Since 2001, the federal AIDS care budget has failed to keep pace with the epidemic. The Ryan White CARE Act is the primary federal vehicle for funding AIDS care programs, supporting services ranging from support groups and mental health counseling to drug rehab. But while federal health monitors announced in 2005 that there are more Americans living with HIV or AIDS than ever before (over a million), Congress has kept the Ryan White budget essentially flat since 2003.

Ryan White CARE Act funding, fiscal years 1995 to 2006 (in billions):



Sources: Kaiser Family Foundation. *Trends in U.S. Government Funding for HIV/AIDS, Fiscal Years 1981 to 2004*. Fig. 4. March 2004. And, U.S. House of Representatives, Appropriations Committee. *Highlights of the Fiscal Year 2006 Labor, HHS, Education & Related Agencies Appropriations Conference Report*. Nov. 16, 2005.

and treatment safety net already can't handle its caseload; how will it absorb so many more patients?

Already, local level data suggest the care

and treatment needs will grow exponentially in the course of the CDC's campaign. In New York City, the consortium of public hospitals—the nation's largest—began an aggressive HIV testing program in fiscal year 2005. By fiscal year 2006 the consortium had increased its testing volume by 57 percent and the number of new HIV diagnoses nearly doubled.<sup>3</sup>

CDC acknowledges the concerns about how its testing push will strain the care network, but wisely points out that we don't have the option of being paralyzed by the challenge—either way, these people are ultimately going to need care. The only question is whether they will get it early enough to save their lives and to prevent them from further spreading the virus. “Whichever way you look at it, we're going to have to deal with this,” CDC's HIV prevention chief Kevin Fenton told the Black AIDS Institute. “The long-term costs of not diagnosing these people are going to be tremendous.”

Which means the CDC's testing campaign is forcing a critical decision moment for America and its leaders: Are we going to commit the resources necessary to stop the epidemic and keep people healthy now, or are we going to continue to ignore the building problem until it becomes unmanageable?

## Measuring Our Next Leader

**The outgoing Bush administration had made its answer to that question clear: It has spent the last seven years steadfastly refusing to commit resources to the domestic epidemic, and there is no indication that will change in the administration's final year. But 2008 will witness a massive change in political leadership. Whether Republican or Democrat, the next president will represent a decisive political break from the Bush era. We have some indica-**

### tion of what that change will mean for AIDS.

In October and November of 2007, the Black AIDS Institute surveyed all declared Republican and Democratic candidates on a host of issues relevant to the Black epidemic. We also reviewed previous public statements and culled research by other AIDS groups on each candidate. We published the resulting candidate review in the report *We Demand Accountability: The 2008 Presidential Elections and the Black AIDS Epidemic* (available at [www.BlackAIDS.org](http://www.BlackAIDS.org)). The report revealed a dramatic contrast between what the Democratic and Republican fields have committed to doing about the domestic treatment and care crisis. Regardless of which candidate ultimately wins each party's nomination, Black America must prepared to insist they make fixing the AIDS safety net a priority.

On the Democratic side, at this report's writing the only remaining candidates were Illinois Sen. Barack Obama and New York Sen. Hillary Clinton. Both Clinton and Obama, as well as all Democratic candidates, vowed at some point in the primary campaign that, if elected, they would work to boost funding for the Ryan White CARE Act. The CARE Act is the primary federal vehicle for funding state and local level AIDS care programs, ranging from support groups to primary care doctors and medications.

Ryan White today faces two grave challenges. The first is straightforward: It's collapsing under the weight of the need while federal funding fails to keep up. The AIDS Drug Assistance Program, which subsidizes meds for people who neither qualify for Medicaid nor earn enough to purchase private insurance, has been the most notoriously underfunded. But AIDS service providers around the country have reported for years that they are simply unable to meet their clients' needs. The program just needs more money.

The second challenge for Ryan White

## Who Needs It?

When the AIDS care safety net frays, who loses out? You guessed it—African Americans.

Number of people the CARE Act serves:  
530,000

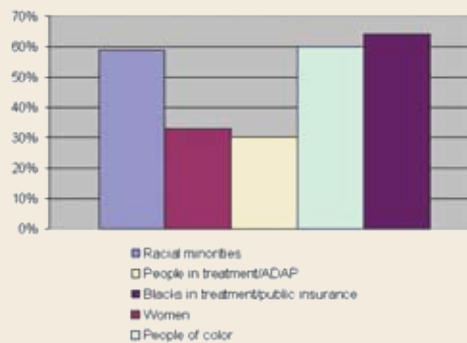
Share who are racial minorities: 59%

Share who are women: 33%

Share of people in AIDS treatment paying with ADAP: 30%

Share of those who are people of color: 60%

Share of Blacks in treatment paying with public insurance: 64%



Source: Presentation by Deborah Parham Hopson, HIV/AIDS Bureau of the Health Resources and Services Administration at Black AIDS Institute briefing, October 13, 2006. Washington, D.C.

is more complex. Congress must reauthorize the program every five years. But at the most recent reauthorization, in 2005, a bitter geographic feud erupted as Southern states argued the system for allocating money unfairly favored large, Northern cities that have had epidemics for many years. The South's epidemic, meanwhile, is arguably today's AIDS frontline: More than half of all new HIV diagnoses between 2001 and 2004 were found in the South.<sup>4</sup> Lawmakers must figure out how to rewrite the funding formula to reflect the geography of today's epidemic



## How the Safety Net Works

Public funding for HIV/AIDS services in the U.S. comes from both federal and state coffers, and is spent at the city level. State money is added to an annual allotment dished out by the feds through the Ryan White CARE Act. Unlike most social safety net programs, the CARE Act is not an entitlement program, which means it is budgeted in one lump sum payment that must be renegotiated every year. Since the Bush administration took office, CARE Act funding has failed to keep pace with the rapidly expanding epidemic. Since fiscal year 2003, in fact, the CARE Act's budget has remained largely flat.

The CARE Act is divided into several "titles," with the bulk of the money spent on Titles I, II and III.

**TITLE I** pays for a range of emergency support and medical services, including primary care, mental health, cash assistance, case management and more. The CARE Act divides the nation into 51 major metropolitan areas, and disperses these funds to community boards that work with local health departments to spend it.

Title I money funds nearly three million health care visits a year. **About two-thirds of the people who use these services are people of color and nearly a third are women.**

In FY2004, Washington cut funding for this title of the program, causing several metropolitan areas to restrict access to some

services, scale back the scope of others, and simply stop offering others altogether. The FY2005 budget flat-funded this title, leaving the previous year's budget cuts in place.

**TITLE II** funds states to provide treatment for people with AIDS who are uninsured, including paying for the AIDS Drug Assistance Program, or ADAP. **More than 30 percent of people with AIDS who are in treatment are paying for it through ADAP, and 60 percent of those people are of color.**

Three quarters of the money states use to pay for this treatment comes from Title II. And every year since the discovery of combination therapy, states have faced funding shortages, in many cases leading them to limit or discontinue services.

**TITLE III** directly funds over 300 community-based clinics and health services centers in 41 states, plus Washington, D.C., Puerto Rico and the Virgin Islands. These funds are meant to support health care providers that are working in communities with the greatest risk for HIV—Black neighborhoods, low income areas and among women. But this title is also the primary route for funding services in rural areas; half of the grantees work in rural communities. **Seventy percent of their clients are people of color.**

In addition to providing healthcare, Title III clinics test more than 400,000 people for HIV every year.

At the current funding level, 30 percent of the agencies funded by Title III say they are unable to provide services to everyone seeking them, according to a survey conducted by the CAEAR Coalition.

*Source: The CAEAR Coalition, an umbrella organization representing AIDS service agencies funded by the Ryan White CARE Act.*

without undermining progress in older epidemics in places like New York City, San Francisco and Chicago.

Both Clinton and Obama had dedicated themselves to resolving these twin challenges. Both have said Ryan White requires

more funding overall. Though, notably, both represent areas of old epidemics as lawmakers and Clinton, at least, was instrumental in blocking Southern advocates' 2006 efforts to rewrite the funding formula in a way that she said was unfair to New York.



Similarly, both Clinton and Obama had declared their strong support for a bill that would open Medicaid to people diagnosed with HIV but not yet sick with AIDS; Clinton is a lead sponsor of the bill, called the Early Treatment for HIV Act.<sup>5</sup> State Medicaid programs around the country already face dire cash crises, and already spend billions of dollars a year on AIDS drugs—overall, Medicaid spent \$6 billion on AIDS drugs in fiscal year 2006.<sup>6</sup> So there is great reluctance at both the federal and state level to expand the program further. However, AIDS treatment is predicated on catching the virus *before* it advances to sickness. Yet, as the rules now stand, poor people living with HIV cannot qualify for Medicaid to get treatment until *after* they get sick and develop AIDS. The rule makes little sense from a health care perspective or from a financial perspective, since delaying treatment means only that it will be more expensive and less successful when the virus inevitably advances.

But while both Democratic candidates still in the race at this report's writing had vowed to fix Ryan White and expand Medicaid, both much preferred to lump their solutions to the AIDS treatment crisis in with their larger health reform proposals. There is no doubt that America's larger inefficiencies, inadequacies and racial disparities stand in the way of comprehensive AIDS treatment reforms. But Black America must nonetheless insist that whoever emerges as the Democratic candidate articulate a full plan for fixing the AIDS treatment safety net, whether their broader reforms succeed or not. Moreover, those broader reforms will doubtless take time. How will the nominee get appropriate treatment and care for the quarter million Americans who are HIV-positive and not in care *today*?

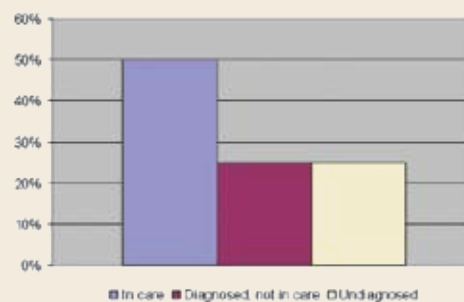
On the Republican side, meanwhile, all three remaining candidates with viable delegate counts at this report's writing had troubling records on AIDS treatment and

## Not in Treatment

The U.S. Centers for Disease Control and Prevention estimates that only half of the 1.2 million people living with HIV in America are in care. Among those not in care, about half don't even know they are infected.

Percentage of HIV Positive Americans Who are In Care

In care: 50 percent  
Diagnosed, not in care: 25 percent  
Undiagnosed: 25 percent



Source: Fenton, Kevin. *The Challenges and Opportunities Associated with Identifying Those with HIV Infection and Linking Them to Care*. U.S. Centers for Disease Control and Prevention. Slide presentation. March 31, 2007.

care. Mike Huckabee, Sen. John McCain and Mitt Romney all remained largely silent on what they would do about the domestic treatment crisis. Huckabee was the only one of the three candidates to address the issue at all. He said in a December 2007 statement that his administration would have an overarching national plan for dealing with AIDS in the U.S., noting that “we must... provide more access to care.”<sup>7</sup> McCain, meanwhile, did not support the Early Treatment for HIV Act in the Senate and has



otherwise been silent on the matter.

Whoever emerges as the candidates, Black Republican and Democratic voters alike must demand that the candidates explain how they will repair the holes in the AIDS treatment safety net. The next president's leadership on this question will be crucial. If the CDC's testing and outreach efforts are successful, the existing care and treatment safety net simply will be unable to handle the burden.

Too often, we focus in AIDS advocacy only on high-pitched ideological debates over things like abstinence-only sex education. Those are deeply important matters, to be sure. But the Bush administration's budgetary negligence reveals just how crucial the far-less sexy slog of federal appropriations is as well. No matter what sort of AIDS program we put together, if it is not adequately funded it will not work. As Gerberding explained, big problems require big investments. And if we carry on making the minimal investments in care and treatment that we have made since 2001, we're in big trouble.

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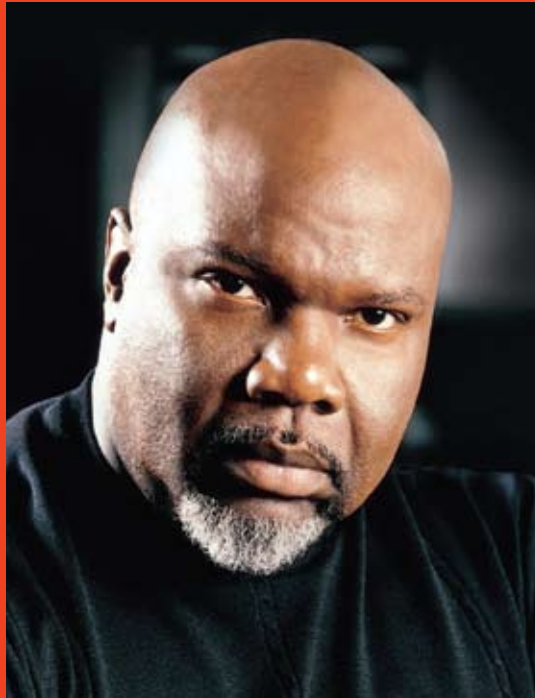
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7. Wright and Banks, 2007.



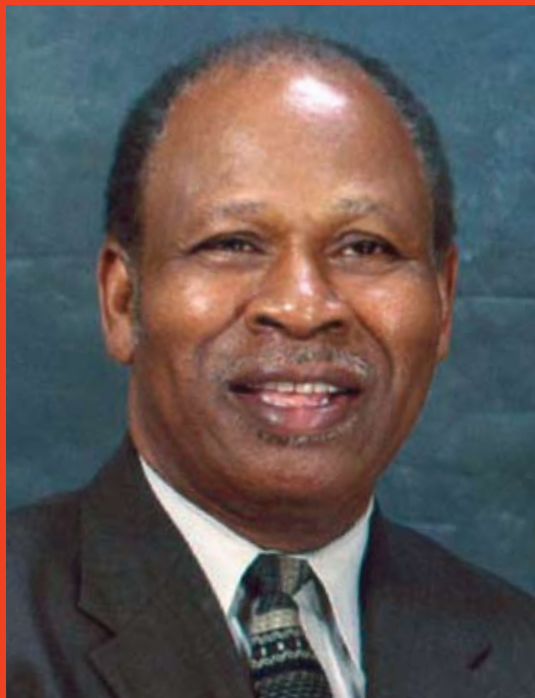
**Jerry Lopes**  
President, Program Operations and Affiliations  
American Urban Radio Networks



**Bishop T.D. Jakes, Sr.**  
Senior Pastor  
The Potter's House



**Marva Smith Battle-Bey**  
President  
National Coalition of 100 Black Women



**John B. Smith, Sr.**  
Chairman  
National Newspaper Publishers Association

# The State of Our Movement

## Five-Year Goals and Commitments

**In 2006, at a series of events in the United States and in Canada, a coalition of prominent Black leaders including people such as Julian Bond, Danny Glover and Harry Belafonte, as well as the leaders of more than a dozen national Black organizations, issued a national call to action. The Declaration of Commitment to End the AIDS Epidemic in Black America called for action in the Black community to cut HIV rates in half; double the number of Black Americans who know their status; double the number receiving medical care among those who are infected; and reduce the stigma that keeps people from getting tested and staying healthy. The declaration marked the beginning of what would be dubbed the Black AIDS Mobilization, and this report charts that new movement's progress thus far.**

This chapter looks specifically at the work of groups who have signed the declaration, but the Black AIDS Mobilization is, and must be, a much broader effort. It is an effort to engage all of Black America, from individuals to institutions, in what must be a community-wide effort. And that work is thankfully underway. The members of the Balm in Gilead's campaign to mobilize Black

faith institutions are growing every year, their work ever-expanding. Celebrities from actor Danny Glover to hip-hop artist Ludacris are making AIDS activism part of their public face. And political leaders such as the members of the Congressional Black Caucus are working to put it on government's agenda. Here we look at one slice of this burgeoning movement.

The 16 groups that, as of publication, stood as signatories to the Black AIDS Mobilization are not your typical HIV/AIDS activists and organizers—the folks who have been tackling the day-to-day hurdles of passing out condoms and watchdogging policy makers for decades. They are instead traditional national Black organizations—from political advocates to social groups—many of whom were borne out of the Civil Rights Movement. And their Declaration of Commitment stands as their vow to collectively craft and carry out a plan to save lives in the Black community.

Each of the organizations are already focused on tackling a host of challenges confronting our community, working on campaigns such as leveling the economic playing field, ending racial injustice, and advocating

for gender equity, among other issues. They have pushed and passed legislation critical to the community; confronted and partnered with corporations to improve workforce diversity; and created programs to promote economic development, communal pride, and social and economic stability within Black America. And now, these groups' leadership has agreed that championing HIV prevention, treatment and care must also become a priority item on the Black community's political and social agenda, garnering the same level of resources and community action as the challenges we've taken on and conquered in previous generations.

## A Crucial Moment in History

**Since the Centers for Disease Control and Prevention (CDC) started tracking the disease in the United States 27 years ago, HIV has devastated a disproportionate number of individuals and families in the Black community. What was first thought of as a gay white man's disease has clearly demonstrated, once again, that diseases do not discriminate. Today, regardless of how you look at the epidemic, HIV/AIDS is a major challenge for Black people.**

Yet, over the past three decades, the response to HIV/AIDS in the U.S. has been led by a small cadre of AIDS activists and organizations, many of which emerged in response to the epidemic among gay men. While scores of Black community advocates have been involved in the fight from the start, the most significant resources have often been those marshaled by white gay communities determined to stop the carnage they witnessed. Today, the infrastructure developed by those early advocates is both overwhelmed by the need and neglected by federal, state, local and private funders—

## On the Move

As of January 2008, 12 of the 16 organizations that have signed on to the Black AIDS Mobilization had completed drafts of their strategic-action plans for participating in the collective effort. Those 12 groups include:

- 100 Black Men of America
- American Urban Radio Networks
- Congressional Black Caucus Foundation
- National Action Network
- National Black Justice Coalition
- National Coalition of 100 Black Women
- National Council of Negro Women
- National Coalition of Pastors' Spouses
- National Newspaper Publishers Association
- Rainbow PUSH Coalition
- Southern Christian Leadership Conference
- The Potter's House/T.D. Jakes Ministries



many no longer have the capacity to provide effective services in Black communities, at a time when the epidemic is larger and blacker than ever.

So it is at a crucial moment that the Black AIDS Mobilization's members have stepped forward. The Black AIDS Mobilization represents the renewal of resources and energy that must emerge if we are to turn around the epidemic. The campaign focuses on four goals:

- Reducing HIV incidence in Black America;
- Increasing the number of people in Black America who know their HIV status;
- Increasing the number of Black Americans with HIV/AIDS who are receiving medical care; and
- Reducing stigma as a barrier to prevention and treatment of HIV/AIDS among Black Americans.



## Our Collective Commitments

The Black AIDS Mobilization's members have spent the last year each drafting strategic action plans for incorporating AIDS work into their broader missions over the next five years. Now, it's time to move those plans into action. If we do so, we'll make real progress on halting the epidemic in our community. As of January 2008, the members of the Black AIDS Mobilization had committed to achieve the following benchmarks in the next five years:

- 250,000 Black people brought into HIV counseling, testing and linkages to care;
- 77,450 Black people reached with HIV health-education materials;
- 600 HIV health-education events and forums held, focusing on HIV prevention, education, treatment and care. These events will particularly focus on stigma and discrimination;
- 72 markets targeted with billboard campaigns;
- 30 public service announcements produced and aired;
- 30 short television series focusing on HIV/AIDS in Black America.

As part of the mobilization, each year the Black AIDS Institute will both provide technical assistance for meeting these goals and track the overall progress of our new movement in our annual State of AIDS in Black America report.

## Our Collective Commitments

As of January 2008, 12 of the 16 Black organizations that have signed onto the Black AIDS Mobilization had completed a draft strategic-action plan to participate in the collective effort. Those 12 organizations include 100 Black Men of America, American Urban Radio Networks, Congressional Black Caucus Foundation, National Action Network, National Black Justice Coalition, National Coalition of 100 Black Women, National Council of Negro Women, National Coalition of Pastors' Spouses, National Newspaper Publishers Association, Rainbow PUSH Coalition, Southern Christian Leadership Conference, and The Potter's House/T.D. Jakes Ministries. The remaining four organizations were still in the process of drafting their plans.

Collectively, these organizations' plans add up to significant commitments in each of our four goals. If these commitments are made reality, over the next five years the Black AIDS Mobilization members will:

- Assist in providing HIV counseling, testing and linkages to care for an estimated 250,000 Black people;
- Disseminate HIV health education materials to a total of 77,450 individuals in the Black community;
- Host 600 health education events and forums focusing on HIV prevention, education, treatment and care. These events will particularly focus on the stigma and discrimination that so often complicates efforts to fight HIV in our community.

The combined efforts of the mobilization's Black media partners are of particular note. According to a 2006 survey conducted by the Kaiser Family Foundation, found that more than half of all African Americans—53 percent—list the media as their main source of information about HIV/AIDS, far dwarf-

ing both friends/family (15 percent) and health care providers (14 percent). That means Black media has a particularly grave responsibility to get accurate, compelling information out to our community. The mobilization's media members have taken that charge to heart. Their collective commitment over the next five years will produce:

- 30 public service announcements;
- Billboard campaigns in 72 markets;
- 30 short television series focusing on HIV/AIDS in Black America.

## A Closer Look

**Drilling down on the collective commitments the Black AIDS Mobilization members have made provides a fuller picture of what the campaigns will look like on the ground. The commitments span all four goals. Together, they reveal two important realities. The first is that infrastructure and capacity to impact the course of the epidemic is widely varied from organization to organization. That means that one of the most important steps in turning these and future commitments into meaningful action is providing traditional Black institutions with the training, technical support and resources they need to be successful.**

The second reality is one of perspective: These commitments show a deeply important change in Black America's approach to AIDS. That change is the switch from a paralyzed, fearful position to one in which we believe we can make a difference. If nothing else, that new perspective, shown in these plans, is a major step forward in the fight against AIDS.

## Goal: Cutting HIV Rates in Half in Five Years

Most of the 600 health education events and forums will take place as integrated parts of existing events the mobilization members

coordinate each year. Seven prominent Black organizations have committed to making HIV/AIDS major parts of their annual conferences and community events. They will provide individual health education and risk-reduction counseling, as well as educational workshops that will focus on helping participants to make changes in their lives to reduce HIV risk. This model's advantage is it makes HIV/AIDS education more readily accessible, because it integrates it into existing work rather than segregating it on its own.

## Goal: Doubling the Number of Blacks Who Know Their Status

CDC estimates that more than half of all HIV-positive African Americans don't know they are infected. Since African Americans account for roughly half of the 1.2 million Americans believed to be living with HIV today, that means more than 330,000 Blacks are walking around with undiagnosed HIV infections, leaving them at extreme risk for spreading the virus further and keeping them from getting the treatment they need to stay healthy.

Thus far, the Black AIDS Mobilization members have committed to getting 250,000 more Black people to learn whether they are infected with HIV over the next five years—a goal which, if accomplished, will mark a significant achievement. The shared strategy among all of the organizations will be to collaborate with existing HIV counseling and testing services in efforts to provide HIV screening at sponsored events, such as annual conferences, regional symposia, town hall meetings, and chapter events. The National Action Network, for instance, plans to test 1,000 people a year at each of its 30 local affiliate organizations across the U.S. for the next five years.

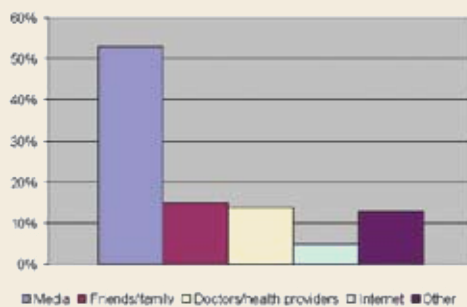


## Media Matters for HIV/AIDS

A 2006 Kaiser Family Foundation survey asked African Americans around the country to identify their main source of information about HIV/AIDS. The results were startling, if not entirely surprising—media far outpaced any other source of information, including doctors.

### African Americans' Main Source of Information about HIV/AIDS

Media: 53 percent  
 Friends/family: 15 percent  
 Doctors/health providers: 14 percent  
 Internet: 5 percent  
 Other: 13 percent



Source: Kaiser Family Foundation.

## Goal: Double the Number of HIV-Positive Blacks Getting Appropriate Care

As an extension of their commitment to HIV testing in the Black community, members of the mobilization have incorporated into their strategic plans a commitment to link-

ing those who test positive to appropriate medical care. This is to be achieved through partnerships with HIV counseling and testing providers that extend to include community-based service organizations, community clinics and medical providers. Individuals who receive HIV screening will also receive appropriate referrals to these care providers. Notably, referrals will be made for not only those who test positive and in need of treatment, but also for those who are HIV negative. Referrals will be made as individually appropriate to additional HIV prevention services, treatment for alcohol or other drug abuse or additional health screening or medical care related to other health needs.

## Goal: Eradicate Stigma

All participating organizations include objectives and activities to help reduce stigma associated with HIV. Some organizations will host community forums, while others will implement social marketing campaigns involving billboards or public service announcements aired through radio programming. Several of the campaigns will be targeted to reach specific groups within the Black community, such as youth and women. The media campaigns are a particularly crucial part of accomplishing the goal of ending stigma. One notable component of that is the National Coalition of 100 Black Women's decision to expand its billboard campaign. The campaign, which seeks to raise awareness about HIV and other health disparities and to encourage support for people living with HIV, started off in a small number of media markets. But 100 Black Women has now pledged to launch it in all 72 communities where it has chapters.

## Challenges Ahead

**As the 12 organizations that have completed their five-year strategic plans now move**



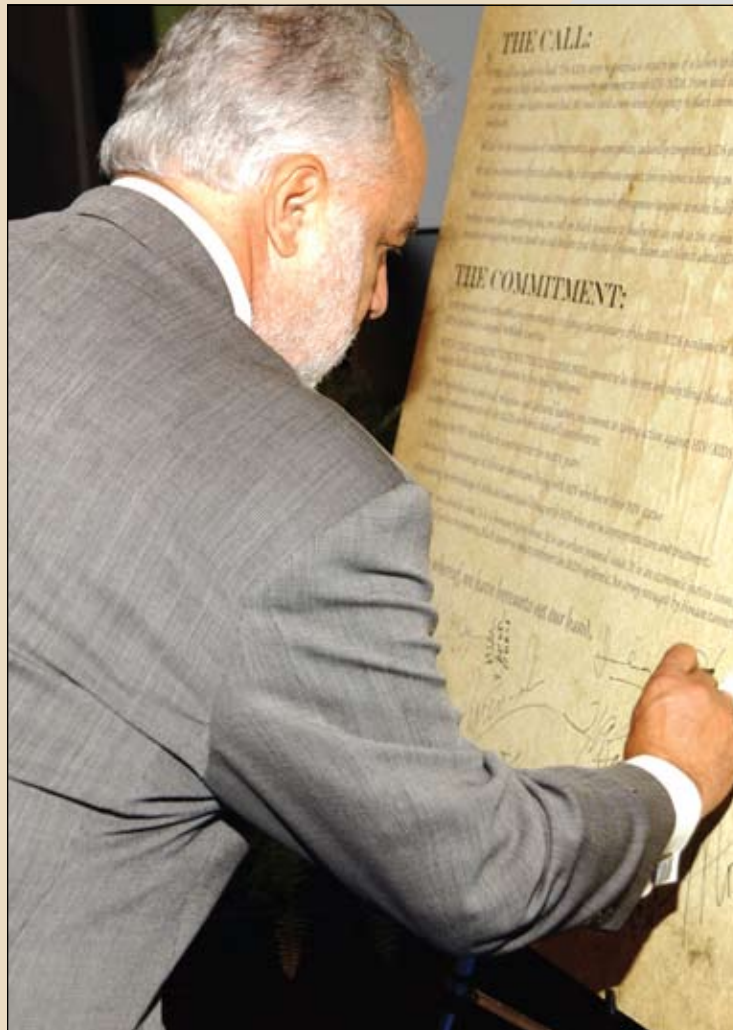
**into the action stage, there will of course be challenges. Among the largest hurdles will be resources—in terms of time, skills and, yes, money.**

When the Black AIDS Mobilization began, each organization already had a daunting list of commitments and ambitious missions that outstripped their resources. And these new commitments are additions to an already full plate. So there is no question that both public and private funders will have to do their part, too. Federal and local policy makers must understand that their efforts to stop AIDS will succeed only if they are successful in mobilizing Black America's traditional leadership; they must direct meaningful resources to these and other Black community-led campaigns or face a future in which the epidemic continues to expand. The same holds true for foundations, individual donors and other private sources of support that the larger AIDS movement has long turned to for help.

Black America must grasp a difficult but inescapable reality: Regardless of whether others aid our struggle against HIV/AIDS, we must engage it. Our community has faced and continues to face many difficult challenges, and the addition of this one is daunting. But its difficulty is matched only by the devastation it has caused and will go on causing to our families, neighborhoods and communities. We don't have a choice on this one: AIDS is here, and we will either defeat it or be destroyed by it.

# National Call to Action and Declaration of Commitment to End the AIDS Epidemic in Black America

*Danny Bakewell,  
publisher of the “Los  
Angeles Sentinel,”  
signing Declaration  
of Commitment and  
Call to Action.*



**Over twenty-five years ago, a strange new disease with no name was identified at UCLA Medical Center. In the intervening years that illness, AIDS, has become the defining health issue of our time, killing 30 million people worldwide, most of them Black.**

Today, AIDS in America has become a Black disease. No matter how you look at it, Black people bear the brunt of the AIDS epidemic in our country. Of the estimated 1.2 million Americans living with HIV/AIDS, nearly half of them are Black. African Americans represent over half of the newly-diagnosed AIDS cases in the United States, 47 percent of the new cases among men, 67 percent among women.

We have dithered too long. Our national

policymakers have lost focus. Each year, the epidemic worsens in Black neighborhoods, and each year the national commitment to interrupting its spread and keeping those already infected healthy further lags. AIDS in Black America is a difficult and multifaceted problem—but it is also a winnable war.

Black organizations—from churches to civil rights organization, from media organizations to academic institutions, cultural organizations to policy making bodies—must make fighting AIDS a top priority by setting concrete measurable goals with real deadlines that will help end the AIDS epidemic in our communities.

## The Call

- We call on leaders to lead. The AIDS story in America is mostly one of a failure to lead. Whether opinion shapers or industry titans, Black leaders must use their positions to build a mass community movement with a new sense of urgency to end the AIDS epidemic in our communities. No one should accept the idea that the presence of AIDS is inevitable.

- We call for the expansion of comprehensive AIDS prevention efforts.

- We call for a massive effort to address the disproportionate impact this epidemic is having on Black youth, women, and men who have sex with men.

- We call for a strengthening of programs that make HIV treatment accessible.

- Perhaps more than anything else, we call on Black America to finally put an end to the stigma surrounding this disease. Each person in Black America, whether positive or negative, must stand up and declare that the era of shame, blame and silence about AIDS is over.

## The Commitment

We have an extraordinary opportunity to change the trajectory of the AIDS epidemic in America. AIDS in America will not end, unless and until the AIDS epidemic is stopped in Black America.

With that admonition, we the undersigned, commit to do the one and only thing that can end the AIDS epidemic in Black America and America as a whole: build a mass Black Mobilization.

## The Goal

End the AIDS epidemic in Black America in five years.

## The Objectives

1. Reduce HIV rates in Black America by 50 percent.
2. Increase the percentage of African Americans living with HIV who know their HIV status by 50 percent.
3. Increase the percentage of African Americans living with HIV who are in appropriate care and treatment by 50 percent.
4. Reduce AIDS stigma in Black communities by 50 percent.

AIDS is not just a health issue. It is a human rights issue. It is an urban renewal issue. It is an economic justice issue. If we are to have any chance of winning the battle for racial justice in America, Black America must confront the AIDS epidemic. An army ravaged by disease cannot fight. A dead people cannot reap the benefits of a battle won.

In witness whereof, we have hereunto set our hand.



## APPENDIX

# Participating Organizations

## 100 Black Men of America

[www.100blackmen.org](http://www.100blackmen.org)

141 Auburn Avenue

Atlanta, GA 30303

Movement Leader:

Mr. John Hammond, President and CEO

100 Black Men of America, Inc. (100 Black Men) is a national nonprofit organization, founded in 1963. Its mission is to improve the quality of life within Black communities and enhance educational and economic opportunities for all African Americans. 100 Black Men was created by a group of men who shared the goal of improving the African American community through economic development and education. This group consisted of a number of successful Black Men who in 1963 were in positions of leadership, such as David Dinkins, Nathaniel Goldston III, Andrew Hatcher, Dr. William Hayling, Robert Mangum, Jackie Robinson, and Livingston Wingate. These men imagined an

organization that would create programs to improve the quality of life in the Black community. A goal envisioned by each of these men was to ensure the development of Black youth, and with that vision in mind, the organization has focused a significant amount of effort in this program area.

Today, 100 Black Men has grown to become an organization that provides leadership for a worldwide network of 107 chapters and more than 10,000 members, impacting the lives of hundreds of thousands of the nation's underserved youth. Albert E. Dotson, Jr., Esq., Chairman of the Board, heads the leadership of the organization with an eye towards continuing the history of organizational excellence. 100 Black Men's programs have had a positive impact on families, communities and the nation.

100 Black Men of America acknowledges that there are underlying cultural and social factors in the Black community that must be addressed in the prevention of HIV/AIDS. There is a broadening socio-economic gap in the Black community, with the majority of HIV risk and infections being borne by

100

BLACK MEN  
OF AMERICA, INC.

individuals and families in low-income communities. Programs that are specific to HIV/AIDS need to address issues of employment, education, incarceration, addiction and stigma in addition to sexual and drug-associated risk behaviors. 100 Black Men is committed to collaborating with cultural, religious and civic organizations that historically reach Black men to recruit, involve and engage Black men in HIV/AIDS prevention. The organization is committed over the next five years to expand its capacity to achieve the goals of the Black AIDS Mobilization, which are to: 1) Reduce HIV incidence in Black America; 2) Increase the number people in Black America who know their HIV status; 3) Increase the number of Black Americans with HIV/AIDS who receive medical care for this condition; and 4) Reduce stigma as a barrier to prevention and treatment of HIV/AIDS among Black Americans.

### **Goal 1: Reducing HIV incidence in Black America**

100 Black Men's Health and Wellness program will support the reduction of HIV incidence in Black America by increasing knowledge and skills in HIV prevention and risk reduction of participants attending 100 Black Men-sponsored group level interventions designed to help individuals identify their own risk factors for HIV infection or transmission and gain the knowledge, skills and support to prevent HIV transmission. 100 Black Men will host and convene health education and risk-reduction events that will provide group level interventions that incorporate behavioral science and theory. The events will take place annually in the Atlanta area on National Black HIV/AIDS Awareness Day, National HIV Testing Day and World AIDS Day, targeting Black youth, women, and men in the Atlanta area.

### **Goal 2: Increase the number of people in Black America who know their status**

100 Black Men will partner and collaborate with community-based organizations, local health departments, and other HIV testing and counseling providers to provide HIV counseling and testing services in the Black community located in the Atlanta area. 100 Black Men will coordinate a program providing both media outreach and HIV counseling and testing in conjunction with National Black HIV/AIDS Awareness Day, National Women & Girls HIV/Awareness Day, and National HIV Testing Day.

### **Goal 3: Increase the number of Black people with HIV/AIDS who are in care**

100 Black Men will develop referral mechanisms and linkages with existing local resources to link into medical care HIV-positive individuals who are identified through HIV counseling and testing provided at 100 Black Men-sponsored events. 100 Black Men will coordinate with established HIV testing and counseling services providers to ensure that appropriate referrals are made on-site where HIV tests are taken and results are given.

### **Goal 4: Reduce stigma as a barrier to prevention and treatment**

100 Black Men will produce and disseminate special educational materials that will aim to change community norms, beliefs, and behaviors that inhibit community and individual response to HIV prevention, early entry into medical care, or that exacerbate stigma. 100 Black Men will develop and coordinate an educational campaign that

will consist of palm-cards, brochures, and other materials focusing on health education messages, prevention messages, dispelling myths, changing community norms, and addressing stigma and discrimination as a barrier to prevention and the further spread of HIV/AIDS in the Black community. The educational campaign will also specifically address Black youth, and include information tailored to meeting the HIV-prevention needs of Black youth, including information about where they can get tested and how to talk with a sex partner before engaging in risky behavior.

The 100 Black Men of America will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

## American Urban Radio Networks

[www.aurn.com](http://www.aurn.com)

960 Penn Ave., Suite 200

Pittsburgh, PA 15222

Movement Leader:

Jerry Lopes, Program Operations and Affiliations

American Urban Radio Networks (AURN) is a Black-owned radio network and is the largest radio network reaching urban America. AURN was formed in 1991, when Mutual Black Network (MBN), a division of Mutual Broadcasting System, joined Pittsburgh-based Sheridan Broadcasting Corporation (SBC), realizing that one large Black network is better than two. AURN was born out of a partnership agreement between the two networks.

As the outgrowth of the marriage between MBN and SBC, AURN's purpose

became to entertain and inform, as well as to help uplift the community. However, most importantly, AURN exists to keep the Black community informed about contemporary social issues. AURN stands with pride to serve the interests of the Black community and not only to just play the best records in the world. AURN will collaborate with the Black AIDS Institute to support the achievement of the Black AIDS Mobilization's four goals. The goals are to: 1) Reduce HIV incidence in Black America; 2) Increase the number of people in Black America who know their HIV status; 3) Increase the number Black Americans with HIV/AIDS who engage in and receive care; and 4) Reduce stigma as a barrier to prevention and treatment of HIV/AIDS among Black Americans. AURN's objectives and activities in support of these goals are as follows:

AURN will develop and disseminate both program content and public services announcements (PSA) featuring popular radio personalities—including Bobby Jones, Russ Parr, Bev Smith, Ian Smith and other entertainers—to increase the number of media impressions so as to increase knowledge about the impact of the disease on Black people; to develop in listeners accurate perceptions of their level of risk for HIV infection; and to encourage and link listeners to HIV counseling and testing, so that listeners may learn of their HIV status and, if positive for HIV, receive immediate medical care.

AURN will also collaborate with its affiliates to air consistent messages in the weeks prior to the annual national HIV/AIDS awareness and HIV testing commemorations—i.e. National Black HIV/AIDS Awareness Day, National Women & Girls HIV/AIDS Awareness Day, and National HIV Testing Day. The messages will highlight and draw community attention to activities of local health departments, local HIV counseling and testing programs, AIDS services organizations, community clinics, and local



chapters of Black organizations, including faith-based organizations.

Over the course of five years, AURN will collaborate with its affiliate stations on an ongoing basis, especially with KJLH and Steveland Morse (Wonder), to emphasize and promote HIV testing in the Black community. This will be undertaken by utilizing Wonder's Annual House of Toys event and events featuring or honoring Wonder, such as Heroes in the Struggle. To reach the 18-34 years-of-age audience, AURN will collaborate with the Russ Parr show and urban music stations. AURN will use the Bobby Jones Gospel Countdown as a vehicle to highlight HIV/AIDS work being undertaken by faith-based organizations, such as The Potter's House project, and identify other gospel talents/personalities to aid in raising awareness and providing education to the Black community. AURN will also collaborate with other media, such as BET and VIBE, and utilize their awards shows as commercial venues to emphasize testing.

The American Urban Radio Network will collaborate with the Black AIDS Institute to develop and conduct evaluations of local and national activities for the National Black AIDS Mobilization.

partisan, non-profit, public policy, research and educational organization. The mission of CBCF is to serve as the non-partisan policy-oriented catalyst that educates future leaders and promotes collaboration among legislators, business leaders, minority-focused organizational leaders and organized labor to effect positive and sustainable change in the African American community. To that end, CBCF works to broaden and elevate the influence of African Americans in the political, legislative, and public policy arenas.

The CBCF is deeply concerned that the HIV/AIDS epidemic, which is now deeply entrenched in the Black community, constitutes a national emergency and is a veritable threat to human life and the social and economic vitality of the Black community. The assault of the virus on the already poor health status of Black people, combined with poverty, has further undermined the social and economic development of the Black community throughout the U.S., in a manner that affects all socio-economic levels of the Black community.

CBCF is convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic in the U.S. to effectively respond to its impact on the Black community. Such an effort must deal with the effects of stigma, silence, discrimination and denial, all of which serve as barriers to prevention, care and treatment for infected, affected and at-risk individuals in the Black community. As part of a coordinated effort to mobilize the Black community to prevent the further spread of HIV/AIDS, CBCF is committed to pursuing the goals of the Black AIDS Mobilization, which are to:

- 1) Reduce HIV incidence in Black America;
- 2) Increase the number of people in Black America who know their HIV status;
- 3) Increase the number of Black Americans with HIV/AIDS who receive medical care; and
- 4) Reduce stigma as a barrier to prevention and treatment of HIV/AIDS among Black



## Congressional Black Caucus Foundation

1720 Massachusetts Ave., NW  
Washington, D.C. 20036

Movement Leader:

Dr. Marjorie Innocent, Associate Director of  
Research

The Congressional Black Caucus Foundation, Inc. (CBCF) was established in 1976 as a non-



Americans. CDCF will address these goals within its function and role as an advocacy organization by completing the following objectives:

Annually, between 2008 and 2013, CBCF staff will provide support for the Black Congressional Members to address HIV/AIDS as an issue during the Annual Legislative Session of the Congressional Black Caucus Foundation Conference, including providing research and special briefs on HIV/AIDS in the Black community.

Additionally, between 2008 and 2013, CBCF will engage in health-related policy research about HIV/AIDS as a health and social crisis affecting the Black community and disseminate the results to policymakers.

Finally, between 2008 and 2013, CBCF will develop and implement a multi-year Historically Black Colleges and Universities (HBCU) Project, in collaboration with the Black AIDS Institute, to develop leaders among young Black adults who are capable of going back to their communities and academic institutions and advancing a local community response to HIV and AIDS.

The CBCF will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

## National Action Network

[www.nationalactionnetwork.net](http://www.nationalactionnetwork.net)

254 N. Hillcrest Blvd.

Inglewood, CA 90301

Movement Leader:

**Tony Wafford, President, Wafford Consulting**

The National Action Network (NAN) was founded in New York City in 1991 by the Rev. Al Sharpton and a group of activists who

were committed to the principles of non-violent, direct action and civil disobedience. This approach and philosophy is inspired by the movement built and led by the Rev. Dr. Martin L. King, Jr. NAN is a Black civil rights, non-profit organization, grounded in the spirit of the civil rights movement. NAN addresses social and economic injustices that plague communities of Black people throughout the country. In an effort to achieve its mission of working toward a more just and equal society for all persons of color, NAN provides extensive voter education and awareness, and NAN's national platform promotes activism against racial profiling, police brutality, and injustice towards women, as well as activism for economic reform, public education, and a sane approach to foreign affairs, including efforts at abolishing slavery in Africa. NAN promotes job growth and improved health for Black people, including the prevention of HIV/AIDS.

NAN has a special interest in preserving the lives in the Black community and those of African descent. With HIV/AIDS proving that it is a devastating health disparity decimating lives in the Black community, NAN will utilize its strengths at the national and community levels to pursue the goals of the Black AIDS Mobilization, which are to:

- 1) Reduce HIV incidence in Black America;
- 2) Increase the number people in Black America who know their HIV status;
- 3) Increase the number of Black Americans with HIV/AIDS who receive medical care;
- and 4) Reduce stigma as a barrier to prevention and treatment of HIV/AIDS among Black Americans.

To adequately address the outlined goals, NAN will utilize the prominent voice of the Rev. Al Sharpton to mobilize its members and constituents to participate in activities with the following objectives:

Over the course of five years, NAN's 36 local organizations will each conduct two annual community HIV awareness forums



targeting the Black community. The forums will aim to increase participant knowledge about the impact of the disease on Black people; to develop accurate understanding of risk for HIV infection; and to encourage and link participants to HIV counseling and testing, as well as care where necessary. As part of these annual efforts, NAN and its local organizations will collaborate with local health departments, local HIV screening services, AIDS services organizations, community clinics, and local chapters of other national Black organizations to provide HIV counseling and testing.

Through these activities, NAN will over the next five years, assist in providing HIV counseling, testing and linkages to an estimated 36,000 Black people; disseminate HIV health education related materials to 9,250 individuals in the Black community and host 375 health education events and forums focusing on HIV prevention, education, treatment and care.

NAN will collaborate with the Black AIDS Institute to develop and conduct evaluations of local and national activities for the National Black AIDS Mobilization.

late 1960s and early 1970s. Members of this group patiently worked to find solutions to the problems of social abandonment, such as isolation due to gender or race, gender inequality, poverty, limited political influence, lack of leadership, and lack of economic development, all of which affected their families, their communities and themselves. The initial organizing group reached out to other Black women, gaining strength in numbers and in their ability to bring about change. Others took note of the group's rise as a force to be reckoned with. In 1971, an organization evolved out of this community organizing into what was then and is now called the National Coalition of 100 Black Women (NCBW). The intervening years have witnessed growth in numbers and the establishment of chapters around the country, and more recently, in locations outside of the United States. NCBW currently has more than 7,500 members in 72 chapters in 26 states and the District of Columbia, with organizing groups in St. Thomas and London.

In the interest of effectiveness, NCBW's activities addressing HIV/AIDS over the next five years will involve expanding its National Campaign to all 72 chapters and accomplishing the four Black AIDS Mobilization Goals:

## Goal 1: Reducing HIV incidence in Black America

Annually, over the next five years, NCBW will conduct HIV/AIDS symposia (Teach, Learn & Outreach) and include HIV/AIDS workshops and individual counseling at the biennial conferences. These activities will provide HIV/AIDS health education and risk-reduction services to members and will be based in behavioral science. Furthermore, both the biennial conference and the HIV/AIDS symposia will offer HIV/AIDS fact sheets that provide prevention information, including information dispelling myths regarding HIV/AIDS.



# National Coalition of 100 Black Women

[www.ncbw.org](http://www.ncbw.org)

P.O. Box 32424

Charlotte, NC 28232

Movement Leader:

Grazell Howard, Esq., First Vice-President

The National Coalition of 100 Black Women (NCBW) traces its history to the community organizing efforts of a group of committed Black women in New York City in the

## Goal 2: Increase the number of Black Americans who know their HIV status

Annually, NCBW and its chapters will reach out, develop and expand partnerships with local health departments, community-based organizations, HIV testing and counseling services, and other providers of HIV testing and counseling to negotiate and execute memoranda of understanding so those entities may provide rapid HIV testing and counseling services onsite at NCBW events, as well as provide technical assistance in providing individual health education and risk reduction counseling, including the sharing of appropriate, culturally relevant materials at the NCBW conference, HIV/AIDS symposia, and NCBW events taking place at the individual chapter level.

## Goal 3: Increase the number Black Americans with HIV/AIDS in care

NCBW will provide appropriate referrals on-site where test results as well as individual and group-level interventions are given. In collaboration with local community partners providing HIV counseling, testing and referral services, NCBW and these organizations will adhere to local, state, and federal regulations and policies that govern provision of HIV services and the CDC guidelines for HIV counseling, testing and referral. Accordingly, NCBW will collaborate with localized community based services and organizations or HIV medical clinics, to create linkages for referring infected patients for HIV medical care and case management services.

## Goal 4: Reduce stigma as a barrier to prevention and treatment

NCBW will coordinate the placement of social marketing billboards with health education messages, including messages to support prevention, dispel myths, counter community norms that inhibit prevention, and address stigma and discrimination. The billboards will be placed in all cities where the 72 chapters are located and the messages will be specifically tailored to fit each of the 72 markets (regions). NCBW will enlist communication consultants and community participation to develop and design the billboards.

NCBW will collaborate with the Black AIDS Institute to develop and conduct evaluations of local and national activities for the National Black AIDS Mobilization.

# National Coalition of Pastors' Spouses



[www.pastorspouses.com](http://www.pastorspouses.com)

950 Mt. Moriah Road

Suite # 201

Memphis, TN 38117

Movement Leader:

Vivian Berryhill, President and Founder

Founded in 2001 by Mrs. Vivian Berryhill, National Coalition of Pastors' Spouses (NCPS) is a nonprofit, nonpartisan, male and female, multi-racial network of more than 2,500 clergy spouses from varying denominations across the country. NCPS's mission is to raise awareness through health education and health information dissemination,

by working through churches and religious institutions to empower women to take action to improve health. NCPS is now leading the charge to educate and train faith leaders to take action regarding HIV/AIDS, as well as heart disease, stroke, diabetes, and teen pregnancy in the Black community.

NCPS is noting with concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic. In the U.S., the Black community is currently among the worst affected. NCPS understands that gender equality and the empowerment of women are fundamental issues involved in reducing the vulnerability of women and girls to HIV infection and AIDS, and that this highlights the important role of cultural, family, ethical and religious factors in the prevention of this disease, as well as in increasing access to treatment, care and support. NCPS is responding to the call to action to mobilize the Black community to eradicate HIV/AIDS, and will respond to this call by engaging in activities to support the following goals:

### **Goal 1: Reducing HIV incidence in Black America**

For the next five years, NCPS will conduct annual trainings for pastors' spouses and lay persons, so as to enable individuals in local faith communities to provide health education and risk reduction counseling to their peers who may be at risk of contracting or transmitting HIV.

### **Goal 2: Increase the number of Black Americans who know their HIV status**

NCPS will assist in building capacity among its partner member churches to be able to provide HIV counseling and testing services by offering or linking church members to HIV counseling, testing, motivational

interviewing, and partner notification training. NCPS will expand the collaboration it currently has with local health departments, local HIV counseling and testing programs, AIDS services organizations, community clinics and local chapters of national Black and faith-based organizations and arrange for these providers to offer HIV counseling and testing at "alternative churches" to safeguard the privacy of church-going individuals.

### **Goal 3: Increase the number of Black Americans with HIV/AIDS in care**

NCPS will collaborate with local health departments and community resources providing HIV counseling and testing so as to provide referral and linkage of individuals to appropriate prevention, treatment and other services following testing.

### **Goal 4: Reduce stigma as a barrier to prevention and treatment**

NCPS will increase distribution of the *HIV/AIDS Manual for Faith Communities*, and also plan and host a series of town hall meetings focusing on the "State of AIDS in Black America" among the 2,500 churches and members of NCPS.

In total, NCPS will, over the next five years, assist in providing HIV counseling, testing and linkages to care to an estimated 1,500 Black people; disseminate HIV health education-related materials to 15,000 individuals in the Black community and host 200 health education events and forums focusing on HIV prevention, education, treatment and care.

NCPS will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

# National Black Justice Coalition

[www.nbjcoalition.org](http://www.nbjcoalition.org)

1638 R Street NW, Suite 300

Washington, D.C. 20009

**Movement Leader:**

**Earl Plante, Chief Operating Officer**

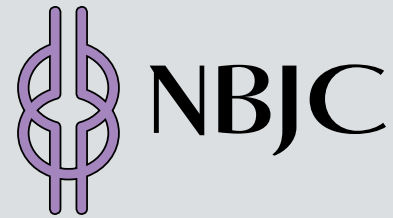
The National Black Justice Coalition (NBJC) is a civil rights organization dedicated to empowering Black same-gender-loving, lesbian, gay, bisexual and transgendered people focusing on social justice, equality and an end to racism and homophobia. NBJC envisions a world where all people are fully empowered to participate safely, openly and honestly in family, faith and community, regardless of race, gender-identity or sexual orientation. NBJC is the only national civil rights organization of concerned Black, lesbian, gay, bisexual and transgender individuals and their allies. NBJC's organization and its programs address the problem of gay inequality in America with the goal of increasing African-American support for gay and lesbian equality. NBJC actively pursues fairness for lesbian, gay, bisexual and transgender LGBT families and ways to counter anti-gay organizing within African American communities.

Activities addressing HIV/AIDS in Black America are an important component of NBJC programming. Over the next five years, the organization will increase its capacity to pursue and achieve the following goals: Reducing HIV incidence in Black America; increasing the number of people in Black America who know their HIV status; increasing the number of Black Americans with HIV/AIDS who engage in and receive care; and reducing stigma as a barrier to prevention and treatment of HIV/AIDS

among Black Americans. In pursuit of these goals, NBJC will implement the following objectives and associated activities:

As part of the planning and hosting of the "Power of Us National Conference," NBJC will collaborate with local and regional HIV/AIDS services providers to provide community, group and individual level health education and risk-reduction interventions, as well as nearby or on-site HIV counseling and testing. Additionally, NBJC will participate annually in meetings and events of the Black Leadership Forum to support efforts within this coalition to address issues of particular concern to the Black LGBT community, including HIV/AIDS. The Forum includes representatives from almost all national Black organizations. NBJC's participation in the Leadership Forum will help member organizations remain informed about the specific HIV/AIDS prevention and care needs of Black gay men and also help member organizations to remain strategically engaged in federal HIV/AIDS policy formulation.

Additionally, NBJC will collaborate with the National Black Justice Coalition Action Fund, its 501(c)(4) educational arm, to undertake a multi-state civic engagement and education initiative in an effort to disseminate health information, voter education and policy initiative information. During the national election cycle, NBJC will convene public town hall forums in 14 cities (Atlanta, New York, Chicago, Miami, Houston, Dallas, Denver, Newark, Oakland, Los Angeles, Washington, D.C., Charlotte, Detroit and Baltimore) to develop a coordinated civic engagement plan that includes a focus on health (HIV/AIDS), candidate forums, voter registration/education, and public education campaigns. NBJC will disseminate candidate profiles in key federal, state and local races. The profiles





will focus on the candidates' history of support and current positions on key issues of importance to Black same gender loving, lesbian, gay, and bisexual and transgendered people with a special focus on HIV/AIDS and the needs of Black LGBT youth. NBJC's public education campaign will make use of targeted mailings, NBJC website postings and blogs to ensure that HIV/AIDS remains a priority for elected officials, candidates and community opinion leaders.

Finally, NBJC will contribute to eradicating the stigma associated with HIV/AIDS as a barrier to preventing infection and accessing treatment. NBJC will utilize its website and blogs to maintain a heightened level of awareness and offer up-to-date information about HIV/AIDS to its constituents, who will in turn be invited to also provide op-ed pieces about HIV/AIDS in the Black LGBT community. NBJC/TV, a monthly YouTube video presentation, will include frequent segments on HIV/AIDS-related news, commentary and policy priorities.

To sum it up, NBJC for the next five years will assist in providing HIV counseling, testing, and linkages to an estimated 3,000 Black people; disseminate HIV health education-related materials to a total of 25,000 individuals in the Black community and host 100 health education events and forums focusing on HIV prevention, education, treatment and care.

NBJC will also collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

## National Council of Negro Women

[www.ncnw.org](http://www.ncnw.org)  
 633 Pennsylvania Avenue, NW  
 Washington, D.C. 20004  
 Movement Leader:  
 Dr. Avis Jones-DeWeever,  
 Director of Research, Public Policy and  
 Information

Founded in 1935 by educator and political leader Mary McLeod Bethune, the National Council of Negro Women (NCNW) represents the national and international concerns of Black women. The organization was founded on the principle of giving Black women the opportunity to realize their goals for social justice and human rights through united, constructive action. Today, the NCNW is a council of 39 affiliated African American women's organizations and more than 240 sections. This network of affiliated organizations and NCNW sections connects with nearly four million women worldwide. NCNW's mission is to lead, develop and advocate for women of African descent as they support their families and communities. NCNW fulfills its mission through research and advocacy and by providing national and community-based health, education and economic empowerment services and programs in the United States and Africa.

Activities addressing HIV/AIDS, especially as it pertains to Black women, have been and will continue to be a focus for NCNW. Over the next five years NCNW will expand its programmatic areas in research, policy and direct services to address the following goals:

## Goal 1: Reducing HIV incidence in Black America

NCNW will conduct HIV/AIDS workshops and individual health education and risk reduction counseling at the annual national conference and section events. Furthermore, NCNW, at both the national conference and the section events, will offer HIV/AIDS fact sheets that provide prevention information, including information dispelling myths regarding HIV/AIDS.

## Goal 2: Increasing the number of Black Americans who know their HIV status

Over the next five years NCNW and its sections will develop partnerships with local health departments, community-based organizations and HIV testing and counseling services providers. Through these partnerships, NCNW will provide onsite rapid HIV counseling and testing services and disseminate appropriate, culturally relevant materials at NCNW's annual conference, NCNW sponsored events, and any NCNW events that take place at the state and section level.

## Goal 3: Increasing the number Black Americans with HIV/AIDS in care

NCNW will provide appropriate referrals onsite where test results or individual and group-level interventions are given.

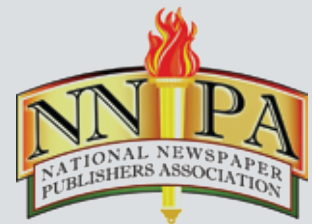
## Goal 4: Reduce stigma as a barrier to prevention and treatment

NCNW will publish on its website fact sheets, health-education information specific

to HIV/AIDS in Black women, and links to other sites with health education messages, including HIV prevention, information dispelling myths, information countering community norms that inhibit preventions, and information addressing stigma and discrimination as a barrier to preventing the further spread of HIV/AIDS in the Black community.

NCNW will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

# National Newspaper Publishers Association News Service



[www.nnpa.org](http://www.nnpa.org)  
3200 13th Street, NW  
Washington, D.C. 20010  
Movement Leader:  
Hazel Edney, Editor-in-Chief,  
NNPA News Service

*"We wish to plead our own cause. Too long have others spoken for us."*

—NNPA, *Black Press*

The National Newspaper Publishers Association (NNPA), also known as the Black Press of America, is a 67-year-old federation of more than 200 Black community newspapers located across the United States. The mission of the NNPA News Service is to produce for its member newspapers original, independent and

impactful news stories, columns, and commentaries that educate, empower and promote racial and social justice. Through this mission, the NNPA News Service continues the original mission of the Black Press.

Since World War II, NNPA has served as the news service for the Black Press, a position that it has held without peer or competitor since the Associated Negro Press dissolved in 1970. The NNPA News Service currently serves more than 200 Black-owned newspapers along with their websites, together called the Black Press USA Network. That network, along with our news website, Blackpressusa.com, serves approximately 15 million readers. As the only online community of Black newspapers, the network equips publishers with tools and resources to create and maintain a website. Since the network was introduced in June 2001, it has increased the number of NNPA members publishing online by more than 25 percent—creating and redesigning sites for a variety of papers.

NNPA has the ability to reach a large segment of the Black community. With this ability NNPA, is joining the effort of the National Black AIDS Mobilization, and is committed to addressing the following goals for the next five years:

### **Goal 1: Reducing HIV incidence in Black America**

Over the next five years, NNPA will increase the number of HIV/AIDS related stories distributed through the News Service with the purpose of educating the African-American community about every aspect of the scourge of AIDS. NNPA will also distribute HIV/AIDS-related commentary and op-eds written by both the experts and the affected, in order to educate African-Americans on the prevalence of HIV/AIDS and their personal risks for becoming infected with HIV.

### **Goal 2: Increase the number of Black Americans who know their HIV status**

NNPA will increase the number of HIV/AIDS-related stories specifically about the number of people who don't know that they are HIV-positive and distribute them through the News Service. Additionally, NNPA will run the names of famous and influential people who have publicly announced their having been tested and write stories with interviews of people who overcame the fear of being tested.

### **Goal 3: Increase the number of Black Americans with HIV/AIDS in care**

NNPA will increase the number of HIV/AIDS-related stories that give the names and locations of HIV/AIDS clinics, service organizations and special care locations. NNPA will also focus on some of the budgetary problems that these organizations experience as they serve an increasing demand. Furthermore, NNPA will distribute frequent HIV/AIDS-related commentary and op-eds that are written by community organizational heads that have special programs that serve HIV-positive individuals.

### **Goal 4: Reducing stigma as a barrier to prevention and treatment**

NNPA will increase the number of HIV/AIDS-related stories distributed through the News Service that openly challenge stigma. NNPA will interview HIV/AIDS patients who have overcome fears of being stigmatized so that they can tell their stories.

NNPA will collaborate with the Black AIDS Institute to develop and conduct



evaluation of local and national activities for the National Black AIDS Mobilization.

## RainbowPUSH Coalition Inc.

[www.rainbowpush.org](http://www.rainbowpush.org)

930 East 50th St.

Chicago, IL 60615-2702

Movement leader:

**Tommy Bennett, National Director of Community Affairs**

The RainbowPUSH Coalition is the outgrowth of the merger of Operation PUSH (People United to Serve Humanity, founded in 1971) and a political organization, the National Rainbow Coalition (founded in 1985). Founded by Rev. Jesse Jackson, the RainbowPUSH Coalition (RPC) is a progressive political and advocacy organization fighting for social and economic equality for all people of color. The coalition is made up of diverse, historically disenfranchised constituencies and their allies; RPC's work is centered on grassroots organizing, political education, faith-based outreach, economic empowerment, laborer advocacy, and health information dissemination.

The merged organizations make more efficient use of their formerly separate or shared financial resources, staff and leadership. RPC has registered hundreds of thousands of voters and assisted in the election of local, state and federal officials. RPC has also aided in mediating labor disputes, challenged broadcast station licenses to ensure equal employment opportunity, lobbied to include more minorities in the entertainment industry, and negotiated economic covenants with major corporations.

RPC activities addressing HIV/AIDS in Black America will continue to be an integral

and prominent component of health-related programming of the RPC Community Services Program, located in and serving the Chicago community. RPC is well situated to effectively contribute to the mobilization of the Black community in the fight against HIV/AIDS. RPC is a nationally prominent organization with significant credibility and influence in the Black community. Over the next five years, the organization will increase its capacity and efforts aimed at achieving the following goals:



### Goal 1: Reducing HIV incidence in Black America

RPC will host and convene health education and risk-reduction events that will provide group-level interventions that incorporate behavioral science. The events will take place annually in the Chicago area on National Black HIV/AIDS Awareness Day, National HIV Testing Day, and World AIDS Day, targeting Black youth, women and men in the Chicago area.

### Goal 2: Increasing the number of Black Americans who know their HIV status

RPC will coordinate a program providing both media outreach and HIV counseling and testing in conjunction with National Black HIV/AIDS Awareness Day, National Women & Girls HIV Awareness Day, and National HIV Testing Day, with the goal of providing HIV tests to adult Black men and women, as well as Black youth.

### Goal 3: Increasing the number of Black people with HIV/AIDS in care

RPC will coordinate with established HIV testing and counseling services



providers to ensure that appropriate referrals are provided onsite where RPC sponsored HIV tests are taken and results are given. In addition, RPC will collaborate with local community-based services and organizations or HIV medical clinics, to create and maintain linkages for referring participants as appropriate to HIV prevention, medical care and case management services, as well as other appropriate services such as mental health and alcohol and other drug treatment services.

### **Goal 4: Reducing stigma as a barrier to prevention and treatment**

RPC will develop and coordinate a TV series, produced at the RPC in-house studio, focusing on health education, prevention and dispelling myths as well as addressing stigma and discrimination. The series will also specifically address Black youth and include rap sessions focusing on HIV/AIDS transmission and how to protect oneself.

In total, RPC for the next five years will assist in providing HIV counseling, testing and linkages to care for an estimated 15,000 Black people; disseminate HIV health education-related materials to 30,000 individuals in the Black community and host 60 health education events and forums focusing on HIV prevention, education, treatment and care as well as produce and air 30 special television segments focusing on youth in Black America.

RPC will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

## **Southern Christian Leadership Conference**

[www.sclcnational.org](http://www.sclcnational.org)

320 Auburn Ave NE

Atlanta, GA 30303

**Movement Leader:**

**Ron Woods, Director of Programs and Affiliates**

The Southern Christian Leadership Conference (SCLC) was founded in 1957 by the Rev. Dr. Martin Luther King, Jr. The SCLC was one of the most significant organizations of the civil rights movement in the 1950s and 1960s; its goal was to build on the success of the Montgomery, Ala. bus boycott, which led to Alabama's segregation laws being declared unconstitutional by the U.S. Supreme Court. Led by the founder, SCLC's commitment to non-violent, civil breaking of the rules provided the moral leadership that exposed the violence and oppression used to enforce an immoral policy of segregation. The organization continues to play an active role in addressing the issues of social injustice. SCLC has been active and influential in mostly southern states, and has always been based in Atlanta, Ga., the home of many of its leaders. The SCLC is a nonprofit, non-sectarian, inter-faith advocacy organization that is committed to non-violent action to achieve social, economic and political justice.

As part of the SCLC's renewed spirit of commitment to health as a social justice issue, the SCLC will concentrate on advocacy to increase the healthcare industry's efforts to address environmental injustice, violence as

a public health issue, and HIV/AIDS.

SCLC has a vested interest in the survival of the Black community. As a leadership and advocacy organization focusing on Black health disparities, SCLC has joined the National Black AIDS Mobilization effort and is committed to addressing the following goals over the next five years to eliminate HIV/AIDS in the Black community:

### **Goal 1: Reducing HIV incidence in Black America**

SCLC will conduct HIV/AIDS workshops and individual counseling at the annual conferences. These activities will provide HIV/AIDS health education and risk-reduction services to members. Furthermore, SCLC, at the annual conferences, will provide HIV/AIDS fact sheets that provide prevention information, including dispelling of myths regarding HIV/AIDS.

### **Goal 2: Increasing the number of Black Americans who know their HIV status**

SCLC and its chapters will reach out and develop partnerships with local health departments, community-based organizations and HIV testing and counseling services and other health providers to provide onsite rapid HIV testing and counseling services and disseminate appropriate, culturally relevant materials at SCLC annual conference and any SCLC events that take place at the individual chapter level.

### **Goal 3: Increasing the number of Black Americans with HIV/AIDS in care**

SCLC will provide appropriate referrals onsite where SCLC-sponsored testing or individual- and group-level interventions are

provided. SCLC will also collaborate with local community-based services and organizations or HIV medical clinics to develop and maintain ongoing linkages for referring infected patients to HIV medical care and case management services.

### **Goal 4: Reduce stigma as a barrier to prevention and treatment**

SCLC will increase the distribution of HIV/AIDS educational materials in the at-large Black community of Atlanta. SCLC will plan and host an educational series targeting youth, young adults, and the general adult population of the African American community focusing on stigma as a barrier to HIV prevention and treatment in the Black community.

SCLC will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.

## **The Potter's House and T.D. Jakes Ministries**

[www.thepotershouse.org](http://www.thepotershouse.org)

6777 W. Kiest Blvd.

Dallas, TX 75336

Movement Leader:

Dr. Nicole McCann-Cross, Director of  
Counseling Services

The Potter's House was founded by Bishop T.D. Jakes in 1996. Based in Dallas, this multi-cultural nondenominational church, with more than 30,000 members representing more than 17 nationalities, is one of the



fastest growing mega-churches in the world. The Potter's House has a national and global reach that touches millions of people each month through more than 50 ministries, television, radio, a website that generates 1.2 million hits a month and broadcasting via Prison Satellite Network to more than 260 prisons.

The Potter's House helps to improve the lives and living conditions of people in the U.S. and around the globe through its many ministries and philanthropic ventures, and through targeted programs focused on community and economic development, youth education and college preparation, prison outreach, and national and international humanitarian, medical and disaster aid. The vision of The Potter's House and T.D. Jakes Ministries is to become a national and global voice for spiritual and life empowerment. The Potter's House's mission is to "be the voice and the hand that encourages people of all creeds and cultures to change their lives with hope, comfort and peace."

An active voice in the fight against HIV/AIDS, in 2007, Bishop T.D. Jakes launched a national and international AIDS awareness campaign, "It's Time to Step Up!" This campaign forms the foundation of the action plan that The Potter's House will pursue as part of the National Black AIDS Mobilization.

Over the coming years, The Potter's House is dedicated to: promoting general healthy living with a focus on prevention, early detection, and adherence to treatment; reducing heart disease and stroke, diabetes, and HIV/AIDS; addressing mental health needs, including depression, anxiety disorders, bipolar disease, schizophrenia, and ADHD; providing services that address dementia and issues associated with aging and caregivers; and also providing services that revolve around the gender-specific needs of men and women.

Through its many ministries, media

outlets and conferences, The Potter's House intends over the next five years to measure and document the following impacts among its constituents and recipients of services:

An increase in awareness of HIV/AIDS among persons reached by The Potter's House health education efforts;

A reduction of stigma, and the dispelling of myths and misinformation associated with testing and what an HIV diagnosis means, among persons reached by The Potter's House health education efforts;

An increase in number of The Potter's House constituents receiving HIV counseling and testing provided by The Potter's House or in collaboration with others;

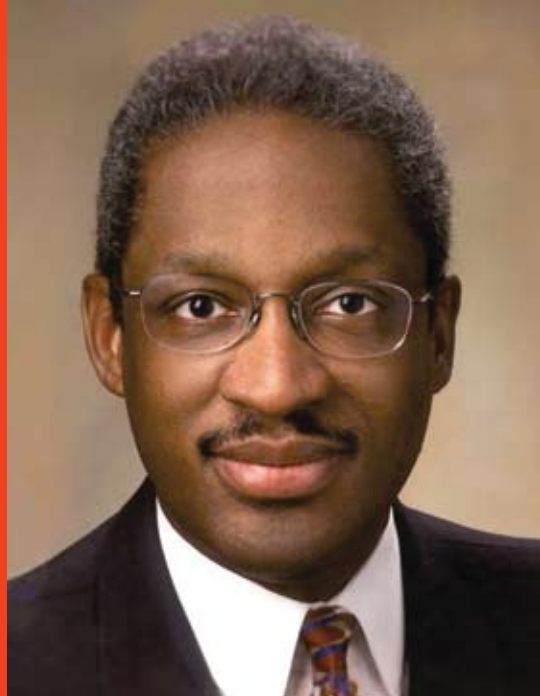
An increase in prescribed-medications adherence rates and a reduction in missed medical appointments among persons with HIV/AIDS served by The Potter's House.

The Potter's House anticipates that these activities and changes in people will help achieve the goals of reducing new infections and new AIDS diagnoses, and of decreasing the severity of the disease in individuals who have HIV, or the incidence of death. To achieve the desired impacts, The Potter's House will engage in activities that raise awareness, provide health education, encourage and support HIV antibody testing, and help infected individuals receive medical care as early as possible and adhere to their prescribed medications.

To increase awareness about HIV/AIDS, provide health education and prevention, and engage people in learning about their HIV status, The Potter's House will use venues such as conferences, programming in the electronic media, and publications to provide readily accessible information on a consistent basis that focuses attention on the importance of HIV prevention and of counseling and testing, and on the disproportionate impact of the disease on Black Americans. These efforts will seek out and make use of available opportunities to collaborate with

other faith-based organizations, and with public or private secular organizations. The Potter's House will make use of readily available HIV/AIDS health education materials and prevention models, including materials produced and disseminated by the U.S. Government. The Potter's House will also develop culturally and linguistically appropriate materials tailored to the needs of its adult and youth audiences.

The Potter's House will collaborate with the Black AIDS Institute to develop and conduct evaluation of local and national activities for the National Black AIDS Mobilization.



**Albert E. Dotson, Jr.**  
Chairman of the Board  
100 Black Men of America, Inc.



**Charles Steele, Jr.**  
President and CEO  
Southern Christian Leadership Conference



**H. Alexander Robinson**  
Chief Executive Officer  
National Black Justice Coalition



**Vivian Berryhill**  
Founder and President  
National Coalition of Pastors' Spouses

# 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 communi-**

**ties 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.**

## 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.”

■ The **African American HIV University**, the Institute's flagship training program, is a fellowship program designed to increase the quantity and quality of HIV education in Black communities by training and supporting peer educators of African descent. AAHU's treatment and science college trains Black people in the science of HIV/AIDS.



We believe when people understand the science of AIDS, they are better equipped to protect themselves from the virus, less likely to stigmatize those living with the disease or at risk of infection, better able to adhere to

*Left page: Black college students gather at annual Black Students AIDS Teach-In at Tuskegee University.*

treatment and advocate for care, and better positioned to influence public and private HIV/AIDS policies. The Prevention and Mobilization College prepares Black AIDS workers to engage and mobilize traditional Black institutions in efforts to confront HIV/AIDS and increase utilization of HIV prevention services in their communities.

■ The **International Community Treatment and Science Workshop** is a training and mentoring program to help people who are living with HIV/AIDS or who are working with community-based and non-governmental AIDS organizations to meaningfully access information presented at scientific meetings.

■ The **Drum Beat** is the Institute's Black media project designed to train Black media on how to report accurately on HIV/AIDS and tell the stories of those infected and affected. The **Black Media Task Force on AIDS**, a component of the Drum Beat Project, currently has over 1500 Black media members.

■ The Institute publishes original editorial materials on the Black AIDS epidemic. Our flagship publication is our "**State of AIDS in Black America**" series. In the past few years, the institute has published reports on Black women, Black youth, Black gay and bisexual men and treatment in Black America. Our website [www.BlackAIDS.org](http://www.BlackAIDS.org) attracts nearly 100,000 hits a month. And our weekly AIDS updates currently have over 35,000 subscribers. The **Drum Beat** newspaper is a semi-annual tabloid with a distribution of 300,000. It is distributed to Black conventions, barbershops, beauty parlors, bookstores and doctors' offices. The Institute's newest publication is **Ledge**, a magazine produced by and for Black college students and distributed on the campuses of historically Black colleges and universities around the country.

■ **Heroes in the Struggle** is a photographic tribute to the work of Black warriors

in the fight against AIDS. Featuring elected officials and other policy makers, leading Black clergy, celebrities and entertainers, journalists, caregivers, advocates and people living with HIV/AIDS, HITS travels to Black universities, museums and community-based organizations throughout the United States, providing information on HIV/AIDS, raising awareness and generating community dialogues about what Black people are doing and what we need to do to end the AIDS epidemic in our communities.

■ The Black AIDS Institute and BET, in association with the Kaiser Family Foundation, also sponsors the **Rap-It-Up Black AIDS Short-Subject Film Competition** to highlight the issue of AIDS and HIV infection within the African American community. By showcasing examples of heroism from within Black communities, we can galvanize African Americans to refocus and recommit to overcoming this epidemic.

■ The Institute provides **technical assistance** to traditional African American institutions, elected officials and churches who are interested in developing effective HIV/AIDS programs, and to AIDS organizations that would like to work more effectively with traditional African American institutions.

Finally, nearly 30,000 people participate in AIDS updates, town hall meetings or community organizing forums sponsored by the Institute annually.

■ **Leaders in the Fight to Eradicate AIDS (LifeAIDS)** is a national Black student membership organization created to

mobilize Black college students around HIV/AIDS. LifeAIDS sponsors a national **Black Student Teach-**



**In** and publishes *Ledge*, the only national AIDS magazine written, edited and published by Black students. Founded in 2004,





*Black leaders gather at National Black Leaders' Strategic Planning Summit in Scottsdale, Ariz. in March 2007.*

LifeAIDS is the nation's only AIDS organization created by Black college students to mobilize Black college students to end the AIDS epidemic in Black communities. LifeAIDS has a presence on more than 70 college campuses nationwide.

■ The **National Black AIDS Mobilization** is an unprecedented five year multi-sector collaboration between all three national Black AIDS organizations in the United States (The Balm in Gilead, the National Black Leadership Commission on AIDS and the

Black AIDS Institute) with a goal of ending the AIDS epidemic in Black America by 2012.

BAM seeks to build a new sense of urgency in Black America, so that no one accepts the idea that the presence of HIV and AIDS is inevitable. The campaign calls on traditional Black institutions, leaders and individuals to actions toward ending the AIDS epidemic in Black America.



The project has four key objectives: cut HIV rates in Black America, increase the percentage of Black Americans who know their HIV status, increase Black utilization of HIV treatment and care, and decrease HIV/AIDS stigma in Black communities.

BAM does this in two ways: identifying and recruiting traditional Black institutions and leaders, and providing Black leaders and institutions with the skills and capacity to develop strategic action plans for themselves and/or their organizations.

■ The **Test 1 Million** campaign is a two-year effort to screen one million people for HIV by December 1, 2008. The campaign began with a celebrity-studded press conference in collaboration with SAG and AFTRA at the Screen Actors Guild. Other events include



an Oakland-to-Los Angeles run where people will be tested along the California coast run route and a national "get free concert tickets in return for taking an HIV test" program in partnership with leading R&B and hip-hop artists.

an Oakland-to-Los Angeles run where people will be tested along the California coast run route and a

A man with a goatee and short hair stands in front of a chain-link fence. He is wearing a white t-shirt with the text 'TEST 1 Million' printed on it. The word 'TEST' is in red, the number '1' is in green, and 'Million' is in black. He has his hands in his pockets and is looking directly at the camera with a serious expression.

**TEST**  
**1** Million

# About the Authors

**Gil Gerald is president of Gil Gerald & Associates, Inc., a consulting firm providing technical assistance to health and human services organizations. Gil, a 1974 graduate of Pratt Institute, immersed himself in the 1980s and 1990s in the gay and lesbian civil rights movement and the community-based response to the AIDS epidemic.**



He was a founding board member of the National Minority AIDS Council and the Human Rights Campaign Fund, and served as executive director of the now-defunct National Coalition of Black Lesbians and Gays.

His writing has appeared in *In the Life: A Black Gay Anthology*, *21st Century Sexualities*, *Prevention Education for Young People*, *Journal of the National Medical Association*, *Point of View: the Magazine of the Congressional Black Caucus Foundation*, *Grassroots Fundraising Journal* and *Freedom in this Village*. Gil was also featured in the documentary *After Stonewall*.



**Kai Wright is publications editor for the Black AIDS Institute. As a writer and editor in Brooklyn, N.Y., his work explores the politics of sex, race and health. Kai has**

**reported from all over the world for leading independent and community-based publications, ranging from *Mother Jones* to *Essence* magazines, and has received several awards and fellowships for his AIDS writing.**

Kai is author of *Drifting Toward Love: Black, Brown, Gay and Coming of Age on the Streets of New York* (Beacon Press, January 2008), as well as two books of African-American history. He has developed, written and edited publications for the Institute since its founding, and has led many of the Institute's media projects, providing technical assistance to Black media in covering HIV/AIDS. He is a native of Indianapolis, Indiana. To check out more of Kai's work, visit [Kaiwright.com](http://Kaiwright.com).



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