

118TH CONGRESS
1ST SESSION

H. RES. 99

Supporting the goals and ideals of “National Black HIV/AIDS Awareness Day”.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2023

Ms. LEE of California (for herself, Mr. TONKO, Mrs. BEATTY, Mrs. WATSON COLEMAN, Ms. WILLIAMS of Georgia, Ms. WASSERMAN SCHULTZ, Ms. BUSH, Ms. TITUS, Mr. THOMPSON of Mississippi, Mrs. HAYES, Mr. CÁRDENAS, Mr. PAYNE, Ms. MENG, Mr. CARTER of Louisiana, Ms. NORTON, Mr. COHEN, Ms. JACKSON LEE, Mr. QUIGLEY, Mr. CICILLINE, Mr. GARCÍA of Illinois, Ms. DEAN of Pennsylvania, Ms. SEWELL, Ms. JACOBS, Mr. TAKANO, Mr. SMITH of Washington, Ms. CLARKE of New York, Ms. BLUNT ROCHESTER, Mr. SOTO, Mr. IVEY, Mr. POCAN, Mr. KRISHNAMOORTHY, Mr. HORSFORD, Ms. SCHAKOWSKY, and Mr. GRIJALVA) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Supporting the goals and ideals of “National Black HIV/AIDS Awareness Day”.

Whereas the Centers for Disease Control and Prevention (CDC) estimates that in the United States, more than 1,189,000 people are living with HIV, and 13 percent do not know their status;

Whereas in the United States, more than 700,000 people with AIDS have died since the beginning of the epidemic, including more than 290,000 African Americans;

Whereas, in 2020, 30,635 people aged 13 and older become newly diagnosed with HIV in the United States;

Whereas since the beginning of the HIV/AIDS epidemic in the United States, racial and ethnic minorities have been disproportionately affected by the disease;

Whereas African Americans are diagnosed with HIV later than their White counterparts, are confronted with greater barriers in accessing care and treatment, and face higher morbidity and mortality outcomes;

Whereas African Americans account for nearly half of all those with AIDS who have died in the United States since the beginning of the epidemic;

Whereas, in 2017, 2,620 African Americans died of HIV or AIDS, accounting for 47 percent of total deaths attributed to the disease that year;

Whereas, in 2014, HIV/AIDS was the sixth-leading cause of death for Black men overall and for Black women ages 25 to 34, and the fifth for Black men ages 35 to 44 and fourth for Black women ages 35 to 44, ranking higher than their respective counterparts in any other racial or ethnic group;

Whereas, in 2019, African Americans represented 42 percent of all people living with HIV in the United States, despite comprising just 13 percent of the United States population;

Whereas, in 2020, over 12,800 African Americans were diagnosed with HIV;

Whereas, from 2015 to 2019, HIV diagnoses for African Americans decreased by 8 percent;

Whereas African-American gay and bisexual men are more affected by HIV than any other group in the United States, accounting for a higher proportion of HIV diagnoses, those living with HIV, those ever diagnosed with AIDS, and HIV/AIDS-related deaths;

Whereas, in 2018, more than half of African Americans diagnosed with HIV were gay or bisexual men;

Whereas, in 2018, among all gay and bisexual men who had received an HIV diagnosis, African Americans accounted for the highest number (39 percent);

Whereas, according to a 2016 study by the CDC, an estimated half of Black gay men will be diagnosed with HIV in their lifetime, if current HIV diagnosis rates persist;

Whereas homophobia, stigma, religious trauma, and discrimination pose major obstacles to HIV testing, treatment, and other prevention services for gay and bisexual African-American men;

Whereas data show a 22-percent decrease in new HIV cases among Black women between 2010 and 2019;

Whereas among all women in the United States, Black women account for the largest share of 6,400 new HIV diagnoses (3,400 or 53 percent) in 2019;

Whereas African-American women face the highest risk of HIV and other sexually transmitted infections compared with women of other groups;

Whereas the rate of new HIV transmission among Black women (18.9 per 100,000) is nearly 11 times as high as the rate among White women (1.8 per 100,000) and nearly 4 times as high as the rate among Latinas (4.9 per 100,000);

Whereas among African-American women, the leading transmission category of HIV is heterosexual contact, followed by intravenous drug use;

Whereas among African-American men, the leading transmission category of HIV is male-to-male sexual contact, followed by heterosexual contact;

Whereas research indicates that the high incarceration rates of Black men may contribute to the disproportionate rates of HIV transmissions among Black women;

Whereas, in 2020, there were more than 11,000 people living with HIV in State and Federal prisons;

Whereas among incarcerated populations, African-American men are 5 times as likely as White men, and twice as likely as Hispanic/Latino men, to be diagnosed with HIV;

Whereas among incarcerated populations, African-American women are more than twice as likely to be diagnosed with HIV as White or Hispanic/Latina women;

Whereas the Williams Institute reports that HIV criminalization laws disproportionately impact African-Americans, who are more likely to be arrested and convicted of outdated laws lacking inclusion of modernized treatment access, options, and efficacy, facing longer sentences after conviction, and more likely to experience the lifelong consequences of a felony conviction including sex offender registry placement;

Whereas transgender women in the United States are at high risk for HIV, with the CDC finding that 4 in 10 transgender women surveyed in seven major United States cities have HIV;

Whereas more than half of all transgender people diagnosed with HIV are Black or African American;

Whereas, in 2018, the South made up 51 percent of the new HIV diagnoses in the United States;

Whereas African Americans are severely and disproportionately affected by HIV in the South, accounting for 52 percent of all new HIV diagnoses in the region;

Whereas socioeconomic issues impact the rates of HIV transmission among African Americans in the South and throughout the United States;

Whereas socioeconomic factors like income inequality, poverty, and lack of access to HIV prevention education and basic health services, and cultural factors like homophobia, transphobia, and racism all pose significant challenges to combating the HIV/AIDS epidemic;

Whereas the epidemic of community and interpersonal violence that communities most impacted by HIV experience disproportionately fuels the HIV epidemic;

Whereas the United States is seeing signs of progress;

Whereas, from 2014 to 2018, HIV diagnoses among African-American women fell by over 10 percent and have also fallen sharply among African Americans who inject drugs;

Whereas culturally competent outreach, testing, education, counseling, and harm reduction practices are all critical to prevent HIV;

Whereas lifesaving treatment is also a proven prevention tool, and research shows that antiretroviral drugs can reduce the amount of virus to undetectable levels (also known as viral suppression), effectively resulting in no risk of transmission of HIV;

Whereas, in 2012, the Food and Drug Administration approved preexposure prophylaxis (PrEP) as prevention for people who are HIV-negative;

Whereas PrEP can reduce the risk of HIV transmission for HIV-negative people by up to 99 percent;

Whereas, in 1998, Congress and the Clinton administration created the National Minority AIDS Initiative to help coordinate funding, build capacity, and provide prevention, care, and treatment services within the African-American, Hispanic, Asian Pacific Islander, and Native American communities;

Whereas the National Minority AIDS Initiative assists with leadership development of community-based organizations (CBOs), establishes and links provider networks, builds community prevention infrastructure, promotes technical assistance among CBOs, and raises awareness among African-American communities;

Whereas 2022 marks the 24th year of the National Minority AIDS Initiative which has successfully established life-saving services and programs to address the needs of those communities, families, and individuals most impacted and burdened by HIV;

Whereas studies show that diversity in health care leadership can enhance quality of care, quality of life in the workplace, community relations, health communication, and the ability to positively affect community health status;

Whereas HIV studies have found that patient-provider race/ethnic concordance is associated with higher provider cultural competency and that greater cultural competency of health care providers is associated with increased quality and equity of HIV care as defined by patients recording

higher levels of self-efficacy and more likely to be on and adhering to antiretroviral (ARV) therapies;

Whereas it stands to reason that the linkages between provider identity, cultural competency, and patient outcomes in the clinical setting would also apply to nonclinical settings important for advancing public health;

Whereas AIDS service organizations have played a vital role in responding to the HIV epidemic, yet many are plagued by an underrepresentation of racial and ethnic minorities in leadership positions;

Whereas research on community empowerment suggests that health outcomes are improved when individuals are engaged in advancing the health of their own communities and working with their peers and partners in health promotion and services;

Whereas a focus on equity in the provision of services suggests a diverse public health workforce can help sustain much needed attention to community-identified priorities and raise the responsiveness of the health care system to diverse populations;

Whereas, in 2010, the Obama administration unveiled the first National HIV/AIDS Strategy, which identified a set of priorities and strategic action steps tied to measurable outcomes for moving the Nation forward in addressing the domestic HIV epidemic;

Whereas, in December 2021, the National HIV/AIDS Strategy for the United States (2022–2025) was released and included actions and goals in order to reduce HIV-related disparities and inequalities;

Whereas, in 2016, Prevention Access Campaign and community members living with HIV launched the Undetectable

equals Untransmittable (U=U) movement to build and communicate a consensus about the largely unknown fact that people living with HIV who are on treatment and have an undetectable viral load cannot sexually transmit HIV;

Whereas when people living with HIV are on treatment and have an undetectable viral load, they protect their own health, they cannot transmit HIV to their sexual partners, and their HIV is untransmittable;

Whereas, in 2013, the National Association for the Advancement of Colored People (NAACP) released a manual of best practices for faith leaders to mobilize communities, advocate for community support for people infected with and affected by HIV/AIDS, and organize dialogues on HIV/AIDS as a social justice issue as part of “The Black Church and HIV: The Social Justice Imperative”;

Whereas the Affordable Care Act’s expansion of Medicaid and reforms to the individual insurance market have helped lower the uninsured rates for nonelderly African Americans by more than one-third between 2013 and 2016, leading to better health outcomes for African Americans living with or at risk of HIV;

Whereas “National Black HIV/AIDS Awareness Day” was founded by 5 national organizations in 1999 to provide capacity-building assistance to Black communities and organizations; and

Whereas, each year on February 7, individuals, organizations, and policymakers across the Nation participate in “National Black HIV/AIDS Awareness Day” to promote HIV education, testing, community involvement, and treatment in Black communities: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) supports the goals and ideals of “National
3 Black HIV/AIDS Awareness Day”;

4 (2) encourages State and local governments, in-
5 cluding their public health agencies, and media orga-
6 nizations to recognize and support such day, to pub-
7 licize its importance among their communities, and
8 to encourage individuals, especially African Ameri-
9 cans, to get tested for HIV;

10 (3) commends the work of AIDS service organi-
11 zations, community-based organizations, faith-based
12 organizations, health care providers, community
13 health centers, and health departments that are pro-
14 viding effective, culturally competent, evidence-
15 based, prevention, treatment, care, and support serv-
16 ices to people living with and vulnerable to HIV/
17 AIDS;

18 (4) supports the implementation of the National
19 HIV/AIDS Strategy and its goals to reduce new
20 HIV cases, increase access to care and improve
21 health outcomes for people living with HIV, reduce
22 HIV-related disparities and health inequities, and
23 achieve a more coordinated national response to the
24 HIV/AIDS epidemic;

1 (5) requests the Secretary of the Department of
2 Health and Human Services to prioritize the dis-
3 tribution of National Minority AIDS Initiative
4 grants to HIV-based agencies that are minority-led
5 with preference given to organizations led by people
6 who identify as African American/Black, Latino,
7 American Indian/Alaska Native, Asian American, or
8 Native Hawaiian/Pacific Islander;

9 (6) supports reducing the impact of incarcer-
10 ation as a driver of new HIV transmission rates
11 within the African-American community;

12 (7) supports reducing the number of HIV
13 transmissions in the African-American community
14 resulting from intravenous drug use;

15 (8) supports effective and comprehensive HIV
16 prevention education programs to promote the early
17 identification of HIV through voluntary routine test-
18 ing, and to connect those in need to clinically and
19 culturally appropriate care and treatment as early as
20 possible;

21 (9) encourages State and local governments, in-
22 cluding their public health agencies, and community-
23 based organizations to share and disseminate
24 Undetectable equals Untransmittable (U=U) infor-
25 mation;

1 (10) supports appropriate funding for HIV/
2 AIDS prevention, care, treatment, research, and
3 housing, including community-based approaches to
4 fight stigma, discrimination, racism, sexism,
5 homophobia, and transphobia;

6 (11) encourages comprehensive prevention,
7 treatment, and care strategies that empower public
8 health workers, educators, faith leaders, and other
9 stakeholders to engage their communities to help de-
10 crease violence, discrimination, and stigma toward
11 individuals who disclose their sexual orientation,
12 gender identity, or HIV status; and

13 (12) encourages State, local, and Federal agen-
14 cies to consistently partner and formally engage with
15 network leaders comprised of subject matter experts
16 with lived experience to uphold the meaningful in-
17 volvement of people living with HIV as laid out in
18 the Denver Principles of 1983.

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