

113TH CONGRESS
1ST SESSION

H. RES. 59

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 6, 2013

Ms. LEE of California (for herself, Mr. McDERMOTT, Ms. SEWELL of Alabama, Mr. HIMES, Ms. ROYBAL-ALLARD, Ms. CASTOR of Florida, Mr. WATT, Ms. WASSERMAN SCHULTZ, Mr. GRIJALVA, Ms. HAHN, Ms. SCHWARTZ, Ms. MCCOLLUM, Ms. SLAUGHTER, Mr. SMITH of Washington, Mr. LEWIS, Ms. JACKSON LEE, Ms. BORDALLO, Mr. BUTTERFIELD, Mr. CUMMINGS, Mrs. BEATTY, Ms. MOORE, Mr. CONYERS, Mr. CLAY, Mr. CICILLINE, Mrs. CHRISTENSEN, Mr. HASTINGS of Florida, Mr. AL GREEN of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. JOHNSON of Georgia, Ms. WILSON of Florida, Mr. RICHMOND, Ms. FRANKEL of Florida, Ms. WATERS, Ms. FUDGE, Mr. BISHOP of Georgia, Mr. RUSH, Mr. DANNY K. DAVIS of Illinois, Mr. ELLISON, Ms. NORTON, Mr. JEFFRIES, Mr. RANGEL, Mr. HONDA, Mr. SERRANO, and Ms. EDWARDS) 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 1,100,000 people are living with HIV, and 21 percent do not know they are infected;

Whereas in 2010, approximately 47,129 people were diagnosed with HIV in the United States, about 1 person infected with HIV every 11 minutes;

Whereas African-Americans represented 44 percent of all people living with HIV in the United States in 2009;

Whereas in 2010, nearly 21,000 African-Americans were diagnosed with HIV/AIDS, contracting HIV at a rate 7.9 times as high as the rate in Whites;

Whereas although African-American teenagers (ages 13 to 19) represent only 15 percent of all teenagers in the United States, they accounted for 69 percent of new HIV cases reported among teenagers in 2010;

Whereas new HIV infections among African-American men who have sex with men (MSM) ages 13 to 29, increased 48 percent from 2006 through 2009;

Whereas young gay men of color bear a disproportionate burden of the epidemic, with the majority of new HIV infections in 2010 occurring among 13- to 24-year-old African-American MSM, accounting for 45 percent of new infections among African-American MSM and 55 percent of all new infections among young MSM;

Whereas in 2010, African-American women accounted for 68 percent of new HIV infections among women and had an infection rate that was 20 times higher than that of White women;

Whereas among African-American men, the leading transmission category of HIV infection in 2010 was sexual contact with other men, followed by heterosexual contact and intravenous drug use;

Whereas in 2008, HIV/AIDS prevalence among men in prisons was 1.4 percent;

Whereas in 2010, African-American males were imprisoned at a rate nearly 7 times that of White males;

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

Whereas the CDC notes that socioeconomic issues impact the rates of HIV infection among African-Americans, and studies have found an association between higher AIDS rates and lower incomes;

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

Whereas the CDC estimates that among persons whose diagnosis of AIDS had been made during 1997 to 2004, African-Americans had the poorest survival rates of any racial or ethnic group, with 66 percent surviving after 9 years compared with 67 percent of American Indians and Alaska Natives, 74 percent of Hispanics, 75 percent of Whites, and 81 percent of Asians and Pacific Islanders;

Whereas approximately 619,400 people have died of AIDS in the United States from the beginning of the HIV/AIDS epidemic through 2012, and African-Americans account for approximately 40 percent of such deaths;

Whereas in 2007, HIV was the ninth leading cause of death for all African-Americans, and the third leading cause of death for both African-American men and African-American women between the ages of 35 to 44;

Whereas life-saving treatment is also proven prevention, and research shows that antiretroviral drugs can reduce the risk of transmitting HIV/AIDS by up to 96 percent;

Whereas the Food and Drug Administration has approved pre-exposure prophylaxis as prevention for people who are HIV-negative;

Whereas a sequester that triggers a 5.2-percent reduction across nondefense spending, as part of the Budget Control Act, would result in harmful cuts to programs that would significantly undermine the domestic HIV/AIDS response;

Whereas according to amfAR, the Foundation for AIDS Research, and the National Minority AIDS Council (NMAC), such cuts to domestic HIV/AIDS services and research would result in the loss of HIV/AIDS treatment for 6,500 people of color in the AIDS Drug Assistance Program, as well as housing assistance for 1,850 households, and delay the development of life-saving treatment, vaccines, and behavioral interventions;

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 in 2012 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 first annual National Black HIV/AIDS Awareness Day was organized on February 23, 2001; and

Whereas February 7 of each year is now recognized as National Black HIV/AIDS Awareness Day with the slogan “Get Educated! Get Tested! Get Involved! Get Treated!”:
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 all encourage individuals, especially African-Amer-
9 icans, to get tested for HIV;

10 (3) commends the work of AIDS service organi-
11 zations and community and faith-based organiza-
12 tions that are providing effective, evidence-based,
13 prevention, treatment, care, and support services to
14 people living with and vulnerable to HIV/AIDS;

15 (4) supports the implementation of the National
16 HIV/AIDS Strategy and its goals to reduce new
17 HIV infections, increase access to care and improve

1 health outcomes for people living with HIV, reduce
2 HIV-related disparities and health inequities, and
3 achieve a more coordinated national response to the
4 HIV/AIDS epidemic;

5 (5) supports reducing the impact of incarceration
6 as a driver of new HIV infections within the
7 African-American community;

8 (6) supports reducing the number of HIV infec-
9 tions in the African-American community resulting
10 from intravenous drug use;

11 (7) supports effective and comprehensive HIV
12 prevention education programs to promote the early
13 identification of HIV through voluntary routine test-
14 ing, and to connect those in need to clinically and
15 culturally appropriate care and treatment as early as
16 possible;

17 (8) supports appropriate funding for HIV/AIDS
18 prevention, care, treatment, research, and housing,
19 including community based approaches to fight stig-
20 ma, discrimination, and homophobia; and

21 (9) encourages a comprehensive prevention and
22 treatment strategy that empowers public health
23 workers, educators, faith leaders, and other stake-
24 holders to engage their communities to help decrease
25 violence, discrimination, and stigma towards individ-

- 1 uals who disclose their sexual orientation or HIV
- 2 status, and normalize voluntary testing practices.

