

119TH CONGRESS
2D SESSION

H. RES. 1039

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2026

Ms. WATERS (for herself, Mr. POCAN, Mrs. WATSON COLEMAN, Mr. GARCIA of California, Mr. COHEN, Mr. DAVIS of Illinois, Ms. NORTON, Ms. WILLIAMS of Georgia, Mr. MFUME, Mr. CARTER of Louisiana, Ms. TLAIB, Mr. CARSON, Ms. SIMON, Mr. KRISHNAMOORTHY, Ms. CLARKE of New York, Ms. BARRAGÁN, Mrs. McIVER, Ms. SEWELL, Mrs. RAMIREZ, Ms. McCLELLAN, Mr. CLEAVER, Ms. KELLY of Illinois, Mr. THOMPSON of Mississippi, Mr. BELL, Ms. WILSON of Florida, Ms. KAMLAGER-DOVE, Mr. THANEDAR, Mrs. GRIJALVA, Ms. FRIEDMAN, and Mr. TAKANO) 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 (in this preamble referred to as CDC) estimated that in the United States, more than 1,200,000 people are living with human immunodeficiency virus (in this preamble referred to as HIV), and 13 percent do not know they are infected;

Whereas, in the United States, more than 700,000 people with HIV/AIDS have died since the beginning of the epidemic;

Whereas, in 2022, there were an estimated 31,800 new HIV infections in the United States, including about 11,900 African-Americans;

Whereas, since the beginning of the HIV/AIDS epidemic in the United States, African-Americans have been disproportionately affected by the disease;

Whereas Black Americans affected by HIV/AIDS are confronted with greater barriers in accessing care and treatment and face higher morbidity and mortality outcomes than whites;

Whereas Black Americans represent only 12 percent of the population of the United States, but they account for 39 percent of new HIV diagnoses, 40 percent of people living with HIV/AIDS, and 43 percent of deaths among people with HIV/AIDS;

Whereas the rate of new HIV diagnoses among Black Americans is about 8 times that of whites;

Whereas Black women account for about half of new HIV diagnoses among women;

Whereas Black young people account for about half of new HIV diagnoses among young people ages 13 to 24;

Whereas, in 2021, HIV was the eighth-leading cause of death for Black men and for Black women ages 25 to 34;

Whereas Black gay and bisexual men have been disproportionately impacted by HIV/AIDS in the United States;

Whereas Black gay and bisexual men account for 49 percent of all Black people living with HIV and 30 percent of all gay and bisexual men living with HIV;

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

Whereas the disproportionate incarceration rates of Black men may contribute to the disproportionate rates of HIV transmissions among Black men and Black women;

Whereas transgender women, including Black transgender women, in the United States are at high risk for HIV;

Whereas socioeconomic issues impact the rates of HIV transmission among African-Americans 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 in combating the HIV/AIDS epidemic;

Whereas, between 2010 and 2022, there has been a 12-percent decline in the number of new HIV diagnoses in the United States overall and a 22-percent decline in the number of new HIV diagnoses among Black Americans;

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 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 Minority AIDS Initiative assists with leadership development of community-based organizations (CBOs), builds community prevention infrastructure, promotes technical assistance among CBOs, and raises awareness among minority communities;

Whereas 2025 marks the 27th year of the Minority AIDS Initiative, which has successfully established lifesaving services and programs to address the needs of minority 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 work-

place, community relations, health communication, and the ability to positively affect community health status;

Whereas greater cultural competency of health care providers is associated with increased quality and equity of HIV care;

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 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 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 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, leading to better health outcomes for African-Americans living with or at risk of HIV;

Whereas “National Black HIV/AIDS Awareness Day” was founded to raise awareness about HIV/AIDS among Black Americans and 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

1 health centers, and health departments that are pro-
2 viding effective, culturally competent, evidence-based
3 prevention, treatment, care, and support services to
4 people living with and vulnerable to HIV/AIDS;

5 (4) supports the implementation of the National
6 HIV/AIDS Strategy and its goals to reduce new
7 HIV cases, increase access to care and treatment,
8 and improve health outcomes for people living with
9 HIV, reduce HIV-related disparities and health in-
10 equities, and achieve a more coordinated national re-
11 sponse to the HIV/AIDS epidemic;

12 (5) requests the Secretary of Health and
13 Human Services to prioritize the distribution of Mi-
14 nority AIDS Initiative grants to HIV-based agencies
15 that are minority led with preference given to orga-
16 nizations led by people who identify as African-
17 American/Black, Latino, American Indian/Alaska
18 Native, Asian-American, or Native Hawaiian/Pacific
19 Islander;

20 (6) supports reducing the impact of incarcer-
21 ation as a driver of new HIV transmission rates
22 within the African-American community;

23 (7) supports reducing the number of HIV
24 transmissions in the African-American community
25 resulting from intravenous drug use;

1 (8) supports effective and comprehensive HIV
2 prevention education programs in order to promote
3 the early identification of HIV through voluntary
4 routine testing and to connect those in need to clini-
5 cally and culturally appropriate care and treatment
6 as early as possible;

7 (9) encourages State and local governments, in-
8 cluding their public health agencies, and community-
9 based organizations to share and disseminate that
10 when people living with HIV are on treatment and
11 have an undetectable viral load, they protect their
12 own health and they cannot transmit HIV to their
13 sexual partners;

14 (10) supports appropriate funding for HIV/
15 AIDS prevention, care, treatment, research, and
16 housing, including community-based approaches to
17 fight stigma, discrimination, racism, sexism,
18 homophobia, and transphobia;

19 (11) encourages comprehensive prevention,
20 treatment, and care strategies that empower public
21 health workers, educators, faith leaders, and other
22 stakeholders to engage their communities to help de-
23 crease violence, discrimination, and stigma toward
24 individuals who disclose their sexual orientation,
25 gender identity, or HIV status; and

1 (12) encourages State, local, and Federal agen-
2 cies to consistently partner and formally engage with
3 network leaders comprised of subject matter experts
4 with lived experience to uphold the meaningful in-
5 volvement of people living with HIV as laid out in
6 the Denver Principles of 1983.

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