

117TH CONGRESS
2D SESSION

H. RES. 911

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2022

Ms. LEE of California (for herself, Mrs. BEATTY, Ms. BASS, Mrs. WATSON COLEMAN, Ms. JACKSON LEE, Ms. SEWELL, Mr. DANNY K. DAVIS of Illinois, Mr. PAYNE, Ms. MOORE of Wisconsin, Ms. DEAN, Mr. BACON, Ms. TITUS, Mr. CICILLINE, Mr. TAKANO, Mr. CÁRDENAS, Ms. WILLIAMS of Georgia, Mr. SMITH of Washington, Mr. LARSON of Connecticut, Ms. MENG, Mr. TONKO, Mr. CARSON, Mr. JONES, Mr. SOTO, Mr. DEUTCH, Mrs. HAYES, and Ms. JOHNSON of Texas) 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 they are infected;

Whereas in the United States, more than 700,000 people with AIDS have died since the beginning of the epidemic, including nearly 16,000 in 2018;

Whereas each year nearly 40,000 people 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 AIDS 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 6th leading cause of death for Black men overall and for Black women ages 25 to 34, and the 5th for Black men ages 35 to 44 and 4th for Black women ages 35 to 44, ranking higher than their respective counterparts in any other racial or ethnic group;

Whereas, in 2018, 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 2018, over 16,000 African Americans were diagnosed with HIV;

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, 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 infections 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 infections (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 infections 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 infection is heterosexual contact, followed by intravenous drug use;

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

Whereas, in 2010, the most recent data available, there were more than 20,000 inmates with HIV/AIDS in State and Federal prisons, a prevalence that is 4 times the rate of HIV in the general population;

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/Latino women;

Whereas transgender women in the United States are at high risk for 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 infections in the region;

Whereas socioeconomic issues impact the rates of HIV infection 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 we are 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 testing, education, counseling, and harm reduction practices are all critical to prevent HIV;

Whereas life-saving 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 infection 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 twenty-fourth 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, 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 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, evidence-based, prevention, treat-
15 ment, care, and support services to people living
16 with and vulnerable to HIV/AIDS;

1 (4) supports the implementation of the National
2 HIV/AIDS Strategy and its goals to reduce new
3 HIV infections, increase access to care and improve
4 health outcomes for people living with HIV, reduce
5 HIV-related disparities and health inequities, and
6 achieve a more coordinated national response to the
7 HIV/AIDS epidemic;

8 (5) supports reducing the impact of incarcer-
9 ation as a driver of new HIV infections within the
10 African-American community;

11 (6) supports reducing the number of HIV infec-
12 tions in the African-American community resulting
13 from intravenous drug use;

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

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

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

6 (10) 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.

○