Domestic AIDS Policy Experts Provide Frank Assessment of U.S. Leadership, Including Recent Success and Most Urgent Unmet Needs

WASHINGTON, DC -- This morning -- days before the opening of the XIX International AIDS Conference in Washington, DC -- leading national experts on domestic AIDS policies gathered at the National Press Club to call on elected leaders across the country to “end AIDS in America” by providing the right leadership, making the necessary investments and implementing the best, most scientifically-proven policies.

“Thanks to our government finally lifting the HIV travel ban, in just days 25,000 delegates and 2,000 journalists will gather in Washington for the first International AIDS Conference in the Unites States in 22 years,” said Carl Schmid, deputy executive director at The AIDS Institute.

“New scientific advancements, coupled with what we have learned in the past on how to prevent HIV and correct public policy decisions in Washington and the states, all together could actually end AIDS in America.”

Also during this morning’s pre-International AIDS Conference briefing, experts from a diverse array of HIV/AIDS organizations assessed the current state of AIDS in America, including how the implementation of healthcare reform and federal funding cuts could impact goals laid out nearly two years ago in the National HIV/AIDS Strategy.

Julie Scofield, Executive Director, National Alliance of State & Territorial AIDS Directors, said, “The Obama Administration put forth an ambitious National HIV/AIDS Strategy – which seeks to reduce the number of new infections, increase access to care, and reduce health disparities on a disease that has mostly affected gay men, African Americans, and the poor. In order for us to achieve those goals, adequate resources are necessary. President Obama has proposed critically important increases in funding, but unfortunately Congress has been unwilling to support these essential budget requests.”

Ronald Johnson, Vice-President of Policy & Advocacy, AIDS United, echoed Scofield’s remarks citing that, “Implementation of the Affordable Care Act (ACA) and maintaining Medicaid, Medicare and the Ryan White Program, which provide healthcare to low income people with HIV, are all critical to ensuring people with HIV receive treatment. Unfortunately, all of these programs are under attack by Congress and some states have already signaled they will not participate in the Medicaid expansion or set up insurance exchanges. It is time to stop the political fighting and move to full implementation of the ACA --not only in Washington, but in each of the states.”

Cornelius Baker, Senior Advisor, National Black Gay Men’s Advocacy Coalition, focused his remarks on drawing attention to those communities currently most impacted by HIV/AIDS.
Baker stated, “Today, in America, nearly 1.2 million people are living with HIV/AIDS – the highest number ever of Americans living with the virus – with nearly 50,000 new infections every year. While we’ve made progress in our battle against AIDS, too many Americans still die of this disease. Yet, AIDS is not on the minds of the people or many of our elected officials. In order to end AIDS in the U.S., the leadership of policy makers in Washington, at both ends of Pennsylvania Avenue, and in state capitals, is needed – desperately.”

Schmid concluded stating, “As our country prepares to host this year’s global AIDS conference, it’s imperative we take a look at what our elected leaders are doing domestically to end this epidemic, especially since 40% of the new cases of infections happening in America each year are among our youth under the age of 29.”

Today's briefing included policy experts from just a few of the organizations that are part of AIDS In America, a coalition of national and regional U.S. HIV/AIDS federal policy advocacy organizations that will be participating in the XIX International AIDS Conference. The conference is the premiere place for the exchange of new scientific knowledge and dialogue on the most pressing topics related to HIV and AIDS. The conference will include participation from policy makers and advocates, as well as persons living with HIV and AIDS from around the world.

You can read bios of each speaker here: [http://scr.bi/PjUJkk](http://scr.bi/PjUJkk) and access a full list of AIDS In America member organizations and contact information here: [http://www.scribd.com/doc/99590132](http://www.scribd.com/doc/99590132).

** Interview requests for the policy experts who participated in today's briefing (quoted), please contact Brad Luna at brad@lunamediagroup.com or 202-821-8140. 

###
The “Pre-International AIDS Conference Briefing: Assessing Domestic Policy Efforts to End AIDS in the U.S.” is organized by AIDS In America, a coalition of national and regional U.S. HIV/AIDS federal policy advocacy organizations.
Pre-International AIDS Conference Briefing: Assessing Domestic Policy Efforts to End AIDS in the U.S.

Speaker Biographies

Carl Schmid, Deputy Executive Director, The AIDS Institute

Carl Schmid has been with The AIDS Institute, a national public policy, advocacy and research organization, since February 2004. He is co-chair of the AIDS Budget and Appropriations Coalition; a Convening Group member of the Federal AIDS Policy Partnership, and co-chair of an HIV Testing Reimbursement Work Group. He is a former chair of the HIV Prevention Action Coalition and the Ryan White Reauthorization Work Group. He remains active in those coalitions and others that advocate for Medicaid, Medicare, and Healthcare Reform; the AIDS Drug Assistance Program; and Hepatitis. He was a member of the Presidential Advisory Council on HIV/AIDS from 2007-09, and chaired its Domestic Subcommittee. In 2010 he was named by POZ Magazine as one of the 100 most effective AIDS fighters and by Whitman Walker Health as one of the 25 individuals who have played prominent roles in the fight against HIV in DC. Mr. Schmid earned a B.A. in Public Affairs and a M.B.A. in International Affairs from the George Washington University in Washington, D.C.

A. Cornelius Baker, National Policy Advisor, National Black Gay Men's Advocacy Coalition

A. Cornelius Baker is the senior advisor for National Black Gay Men's Advocacy Coalition. He is also a technical advisor at FHI 360 where he is project director of the CDC’s Testing Makes Us Stronger campaign and co-project director for NIAID-funded Be the Generation Bridge. In 2009 he was appointed to serve on the President’s Advisory Council on HIV/AIDS (PACHA). For the past two decades, Mr. Baker has worked in the local and Federal Government sectors, community-based and national advocacy and service delivery and on a variety of workgroups to advance the nation's response to the HIV epidemic and LGBT health. Mr. Baker also has received numerous awards and recognition for his work and contributions toward ending the HIV epidemic for all people and communities, including the 2011 McGovern Award from the University of Texas School of Public Health.

Julie Scofield, Executive Director, National Alliance of State and Territorial AIDS Directors

Julie Scofield joined the National Alliance of State and Territorial AIDS Directors (NASTAD) as their first Executive Director in February 1993. Under Ms. Scofield's leadership, NASTAD has grown from a staff of one, to a highly respected national HIV/AIDS organization of 30 FTEs and major programs in the areas of HIV prevention, care and treatment, viral hepatitis, government relations, and global HIV/AIDS technical assistance. Prior to opening NASTAD’s national office, Ms. Scofield served as legislative assistant in the Washington, D.C. office of former New York State Governor Mario M. Cuomo. Ms. Scofield represented Governor Cuomo on HIV/AIDS and science and technology policy and funding issues before Congress and the Administration from 1987 to 1993. Ms. Scofield served on the legislative staff of former U.S. Representative Stan Lundine (D-NY) from 1981 to 1987.

Ronald Johnson, VP of Policy & Advocacy, AIDS United

Ronald S. Johnson currently serves as the Vice President of Policy and Advocacy of AIDS United, a national organization that achieves its mission to end the HIV/AIDS epidemic in the United States through national, regional and local policy/advocacy, strategic grantmaking, and organizational capacity building. AIDS United was formed from the merger of AIDS Action and the National AIDS Fund. Mr. Johnson had served as the Deputy Director of AIDS Action. Prior to joining AIDS Action, Mr. Johnson served as the Associate Executive Director of Gay Men's Health Crisis (GMHC). In that capacity, he managed GMHC's public policy, advocacy and government relations functions and served as a member of the senior management. Prior to coming to GMHC in November 1997, Mr. Johnson served for five years in the Office of the Mayor, City of New York as the first Citywide Coordinator for AIDS Policy. Mr. Johnson also has served as the executive director of a community-based organization, the Minority Task Force on AIDS. Mr. Johnson has served on numerous boards of directors of non-profit agencies, including Gay Men's Health Crisis, Lambda Legal, and the NAMES Project, and was a member of the Presidential Advisory Council on HIV/AIDS from 1996-2001.
Figure 1. Estimates of Annual HIV Infections and People Living with HIV/AIDS (1977-2006)

Sources: Hall et al, JAMA, 2008; and MMWR, October 3, 2008.

- New HIV Infections
- People living with HIV/AIDS

# of People

200,000 400,000 600,000 800,000 1,000,000 1,200,000

Selected Stages Of HIV Care — United States

Number And Percentage Of HIV-Infected Persons Engaged In

Suppressed Viral Load (≥200 copies/ml)

On ART

Engaged In HIV Care

Linked to HIV Care

HIV-Diagnosed

Total HIV-Infected
2009, for the most-affected Subpopulations

Estimated New HIV Infections in the U.S.
Figure 3. Estimated Risk for HIV Infection for High-Risk Groups (Infections per 100,000 people in each group, 2006)

Estimated Group Size:

- Black Male IDUs: 3,344
- Hispanic Male IDUs: 7,776
- White Male IDUs: 1,710
- Black Female IDUs: 1,273
- Hispanic Female IDUs: 1,620
- White Female IDUs: 10,046

<table>
<thead>
<tr>
<th></th>
<th>HOPWA</th>
<th>NIH: AIDS Research</th>
<th>Ryan White Program</th>
<th>CDC: HIV Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senate FY 2013</td>
<td>$3.339 m (+$0.01 m)</td>
<td>$3.07 m (+$0.06 m)</td>
<td>$2.47 m (+$0.47 m)</td>
<td>$7.86 m (+$1.4 m)</td>
</tr>
<tr>
<td>House FY 2013</td>
<td>$3.32 m</td>
<td>$3.01 m</td>
<td>$2.42 m</td>
<td>$7.86 m</td>
</tr>
</tbody>
</table>

Federal Appropriations for HIV/AIDS Programs
Attending Medical Offices, 2010

Estimates of Insurance Coverage Among Patients with HIV

- Medicaid & Medicare: 2,348 (12%)
- Medicare: 7,009 (36%)
- Private: 2,525 (13%)
- Missing: 1,622 (8%)
- Ryun White/Uninsured: 4,580 (24%)
- 1,091 (6%) beneficiary

n = 19,235 patients surveyed
On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation’s first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015.

**Vision for the National HIV/AIDS Strategy**

_The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination._

The development of the NHAS is important because it is an effort to reflect on what is and is not working in order to increase the outcomes that we receive for our public and private investments. The Strategy is intended to refocus our existing efforts and deliver better results to the American people within current funding levels, as well as make the case for new investments. It is also a new attempt to set clear priorities and provide leadership for all public and private stake-holders to align their efforts toward a common purpose.

Thirty years ago, the first cases of human immunodeficiency virus (HIV) garnered the world’s attention. Since then, over 575,000 Americans have lost their lives to AIDS and more than 56,000 people in the United States become infected with HIV each year. Currently, there are more than 1.1 million Americans living with HIV. Moreover, almost half of all Americans know someone living with HIV.

Our country is at a crossroads. Right now, we are experiencing a domestic epidemic that demands a renewed commitment, increased public attention, and leadership. We have the knowledge and tools needed to slow the spread of HIV infection and improve the health of people living with HIV. Despite this potential, however, the public’s sense of urgency associated with combating the epidemic appears to be declining. In 1995, 44% of the general public indicated that HIV/AIDS was the most urgent health problem facing the nation, compared to only 6% in March 2009. While HIV transmission rates have been reduced substantially over time and people with HIV are living longer and more productive lives, approximately 56,000 people become infected each year and more Americans are living with HIV than ever before. Unless we take bold actions, we face a new era of rising infections, greater challenges in serving people living with HIV, and higher healthcare costs.

### Goals of the National HIV/AIDS Strategy

**Reducing New HIV Infections**
- By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

**Increasing Access to Care and Improving Health Outcomes for People Living with HIV**
- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (from 26,824 to 35,078 people).
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% (or 237,924 people in continuous care to 260,739 people in continuous care).
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people). (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV.)

**Reducing HIV-Related Health Disparities**
- Improve access to prevention and care services for all Americans.
- By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

To accomplish the Strategy’s goals, we must undertake a more coordinated national response to the epidemic. This will require increasing the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments, as well as developing improved mechanisms to monitor and report on progress toward achieving national goals. Towards these ends, accompanying the release of the Strategy the White House also issued a NHAS Federal Implementation Plan that outlines key, short-term actions to be undertaken by the Federal government to execute the recommendations outlined in the Strategy. Additionally, the White House issued a Presidential Memorandum directing agencies to take specific steps to implement this Strategy.
Implementing the NHAS does not fall to the Federal government alone. The release of the NHAS is just beginning. Success will require the commitment of all parts of society, including state, local and tribal governments, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others.

Countless Americans have devoted their lives to fighting the HIV epidemic and thanks to their tireless work we have made real inroads. People living with HIV have transformed how we engage community members in setting policy, conducting research, and providing services. Researchers have produced a wealth of information about the disease, including a number of critical tools and interventions to diagnose, prevent, and treat HIV. Successful prevention efforts have averted more than 350,000 new infections in the United States. And healthcare and other services providers have taught us how to provide quality services in diverse settings and develop medical homes for people with HIV. This moment represents an opportunity for the nation. Now is the time to build on and refocus our existing efforts to deliver better results for the American people.

What You Can Do

- Read the Strategy and accompanying Federal Implementation Plan available online at AIDS.gov.
- Follow updates on the Strategy on AIDS.gov and the AIDS.gov blog (http://blog.aids.gov/) which features posts from the Office of National AIDS Policy, HHS officials, and others.
- Inform others about the Strategy and encourage their engagement in activities that help achieve its goals.
- Discuss what your agency or organization can do in new or different ways to better serve your constituents and align your efforts with the Strategy.

Developing the Strategy

The Strategy and the action steps it contains are the result of broad-based engagement with Federal and community partners. Since taking office, the Obama Administration has taken extraordinary steps to engage the public to evaluate what we are doing right and identify new approaches that will strengthen our response to the domestic epidemic.

The Office of National AIDS Policy hosted 14 HIV/AIDS Community Discussions with thousands of Americans across the country. They also reviewed suggestions from the public via the White House website, organized a series of expert meetings on several HIV-specific topics, and worked with Federal and community partners who organized their own meetings to support the development of a national strategy. The White House also convened a panel of Federal officials from across government to assist in reviewing the public recommendations, assessing the scientific evidence for or against various recommendations, and making their own recommendations for the Strategy.

Action Steps

Reducing New HIV Infections

- Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches
- Educate all Americans about the threat of HIV and how to prevent it

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

Reducing HIV-Related Disparities and Health Inequities

- Reduce HIV-related mortality in communities at high risk for HIV infection
- Adopt community-level approaches to reduce HIV infection in high-risk communities
- Reduce stigma and discrimination against people living with HIV

Achieving a More Coordinated National Response to the HIV Epidemic

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments
- Develop improved mechanisms to monitor and report on progress toward achieving national goals

- Participate in state and local discussions about how HIV prevention, care and treatment efforts can be fine-tuned to better serve vulnerable populations and contribute to realizing the Strategy’s goals.
- Engage new partners in HIV prevention, care, and treatment and stigma-reduction efforts to strengthen our collective efforts and reach more people.

The National HIV/AIDS Strategy provides a basic framework for moving forward. With government at all levels doing its part, a committed private sector, and leadership from people living with HIV and affected communities, the United States can dramatically reduce HIV transmission and better support people living with HIV and their families.

6 If the HIV transmission rate remained constant at 5.0 persons infected each year per 100 people living with HIV, within a decade, the number of new infections would increase to more than 75,000 per year and the number of people living with HIV would grow to more than 1,500,000 (JAIDS, in press).
YOU ARE INVITED TO ATTEND:

Achieving the Goals of the U.S. National HIV/AIDS Strategy
A Community Perspective

2012 INTERNATIONAL AIDS CONFERENCE

Thursday, July 26 2012 / 6:30-8:30 PM

Walter E Washington Convention Center
Mini Room 10 Washington, DC Session ID number: 1519

Session description: The Obama Administration has established a National HIV/AIDS Strategy that seeks to reduce new HIV infections, increase access to care and treatment, and reduce HIV-related health disparities in the US. National HIV advocacy leaders will offer their perspectives on how actions taken by the Administration and the US Congress are impacting implementation of the Strategy. Discussion will focus on the availability of resources to carry out prevention, care and treatment, and research programs, and policy positions on such issues as health care reform and the ability to carry out scientific-based prevention programs. The panel will explore whether the needs of specific populations most impacted by HIV are addressed. The role of the private sector and philanthropy in achieving the goals of the Strategy will be discussed. Panelists will identify potential obstacles that can derail implementation of the Strategy and offer suggestions on how the goals can be achieved.

Moderator: Carl Schmid, Deputy Executive Director, The AIDS Institute

Reducing New HIV Infections
   Terrance Moore National Alliance of State and Territorial AIDS Directors (NASTAD)
Increasing Access to Care and Improving Health Outcomes for People Living with HIV
   Andrea Weddle, HIV Medicine Association (HIVMA)
Reducing HIV-Related Health Disparities
   Kali Lindsey, National Minority AIDS Council (NMAC)
The Role of Private Sector Partnerships
   Victor Barnes, Acting Executive Director, AIDS United

RSVP’s suggested to: RSVP@theaidsinstitute.org

This session is brought to you by: AIDS In America, a coalition of Executive Directors and Senior policy staff from over 20 national and regional HIV/AIDS organizations working to ensure that the federal policies needed to end HIV in the U.S. are in place.

For more information, please visit: www.AIDSinAmerica.org
**AIDS In America**  
**Coalition Member Contact Names**

The media contact for the AIDS In America coalition is Brad Luna of Luna Media Group. You can reach him by phone at 202-812-8140 or by email at brad@lunamediagroup.com.

**AIDS Alliance for Children, Youth & Families**

We were established in 1994 to give voice to the needs of women, children, youth, and families living with and affected by HIV and AIDS.

We **bsite:** [www.aids-alliance.org](http://www.aids-alliance.org)

**Media Contact:**  
Michael Ruppal, Executive Director  
813-505-1946 cell  
mruppal@theaidsinstitute.org

**Alternate Contact:**  
Marylin Merida, Board President  
813-974-8850  
MMerida@theaidsinstitute.org

**The AIDS Institute**

The AIDS Institute is a national nonprofit organization that promotes action for social change through public policy, research, advocacy and education. The organization’s offices are located in Washington DC and Tampa, Florida.

We **bsite:** [www.theaidsinstitute.org](http://www.theaidsinstitute.org)

**Media Contact:**  
Carl Schmid  
The AIDS Institute  
202 669 8267  
cschmid@theaidsinstitute.org

**Alternate Contact:**  
Michael Ruppal  
Executive Director  
813-505-1946 cell  
mruppal@theaidsinstitute.org

**AIDS United**

AIDS United is a national organization with the mission to end the AIDS epidemic in the U.S. AIDS United supports more than 400 grassroots organizations annually that provide HIV prevention, care and support services to underserved individuals and populations most impacted by the HIV/AIDS epidemic including communities of color, women and people living with HIV/AIDS in the U.S. South.

We **bsite:** [www.aidsunited.org](http://www.aidsunited.org)

**Media Contact:**  
Victor Barnes, Interim President and CEO  
202-408-4848, ext. 211  
vbarnes@aidsunited.org

**Alternate Contact:**  
Ronald Johnson, Vice President of Policy & Advocacy  
202-408-4848, ext. 246  
rjohnson@aidsunited.org
American Academy of HIV Medicine

The American Academy of HIV Medicine (AAHIVM) is a not-for-profit professional organization that supports the HIV practitioner and promotes accessible, quality care for all Americans living with HIV disease. Our membership of HIV practitioners and credentialed providers give direct care to more than three-fourths of HIV patients in the US.

Website: www.aahivm.org

Media Contact:
Amber McCracken, Communications Director
703-599-0134
amber@aahivm.org

amfAR, the Foundation for AIDS Research

Research funder and advocate for evidence based and strategic policy.

Website: www.amfar.org

Media Contact:
Chris Collins, Vice President and Director, Public Policy
202-492-5807
chris.collins@amfar.org

Communities Advocating for Emergency AIDS Relief (CAEAR) Coalition

Founded in 1991 it is a national advocacy organization that is focused on policy, and funding for the Ryan White Program, with a special emphasis on the hardest hit HIV epicenters in America and the directly funded community health centers that provide HIV care in geographically isolated and under resourced parts of the United States.

Website: www.caear.org

Media Contact: Ernest Hopkins, Chairman
415-987-8855
ehopkins@sfaf.org

Alternate Contact: Matthew Lesieur, Vice Chair
347-756-0627
MatthewL@villagecare.org

Community Access National Network

The Community Access National Network (CANN) works to improve access to comprehensive medical services for people living with HIV and Hepatitis C. These services must be affordable to the people who need them regardless of insurance status, income, or geographic location.
HealthHIV

As one of the largest national HIV nonprofits, HealthHIV distinguishes itself by focusing on the integration of HIV and primary care -- from prevention and care to treatment and support services. HealthHIV provides medical and consumer education, training, capacity building, advocacy, and health services research to diverse stakeholders, providers, professionals and organizations, with a focus on minority communities. HealthHIV provides data, context and perspective to inform the changing healthcare landscape and its impact on HIV disease.

Website: www.healthhhiv.org

Media Contact:
Brian Hujdich, Executive Director
202-507-4725
brian@healthhhiv.org

Alternate Contact:
Victor Maldonado, Communications Manager
202-507-4733
victor@healthhhiv.org

HIV Medicine Association

The HIV Medicine Association (HIVMA) is the professional home for more than 5,000 physicians, scientists, and other health care professionals dedicated to the field of HIV/AIDS. Nested within the Infectious Diseases Society of America (IDSA), HIVMA promotes quality in HIV care and advocates policies that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice.

Website: www.hivma.org

Media Contact:
John Heys, Communications/Public Affairs Officer
703-299-0412
jheys@idsociety.org

Alternate Contact:
Andrea Weddle, Executive Director
703-299-0915
aweddle@hivma.org

Latino Commission on AIDS

The Latino Commission on AIDS founded in 1990 dedicated to addressing the health challenges and addressing the impact of HIV/AIDS. The Commission is the leading organization coordinating National Hispanic Hepatitis Awareness Day, National Latino AIDS Awareness Day and other prevention, research, capacity building and advocacy programs across the United States and its territories.

Website: www.latinoaids.org
National AIDS Housing Coalition

NAHC is a national housing policy and advocacy membership organization working to end the HIV/AIDS epidemic by ensuring that persons living with HIV/AIDS have quality, affordable and appropriate housing. NAHC works to synthesize and disseminate the research documenting housing’s connection to better individual and community health outcomes.

Website: www.nationalaidshousing.org

The National Alliance of State and Territorial AIDS Directors

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the nation’s chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments. NASTAD provides national leadership to achieve these goals, and to educate about and advocate for the necessary federal funding to achieve them, as well as to promote communication between state and local health departments and HIV/AIDS and viral hepatitis care and treatment programs. NASTAD supports and encourages the use of applied scientific knowledge and input from affected communities to guide the development of effective policies and programs.

Website: www.NASTAD.org

National Association of People with AIDS

Founded in 1983, NAPWA is the largest and oldest advocacy organization for People Living with HIV/AIDS (PLWHA), and the most trusted voice in the HIV/AIDS community that advocates for the lives and dignity of all people living with and affected by HIV/AIDS, especially the more than 1.2 million Americans who live with it today.

Website: www.napwa.org
The National Black Gay Men’s Advocacy Coalition (NBGMAC)

Website: www.nbmac.org

The National Black Gay Men’s Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy, education and leadership development. NBGMAC was founded in April 2006 following months of strategic organizing by Black gay activist concerned about the lack of a coordinated federal response to the disproportionate burden of HIV on Black gay men.

Media Contact: A. Cornelius Baker, Senior Advisor
202-489-7490
acorneliusbaker@nbmac.org

Alternate Contact: Venton Jones, Communications & Member Education Manager
214-335-2227
ventonjones@nbmac.org

National Black Leadership Commission on AIDS, Inc.

Works to educate, mobilize and empower Black leaders to meet the challenges of HIV/AIDS and other health disparities in their local communities.

Website: www.nblca.org

Media Contact: C. Virginia Fields, President & CEO
212-614-2082
cvafields@aol.com

Alternate Contact: Philip Hilton, VP for Administration
212-614-2082
pahilton56@nblca.org

National Black Women's HIV/AIDS Network (NBWHAN)

The National Black Women’s HIV/AIDS Network (NBWHAN) is organized to provide leadership and expertise in the prevention and spread of HIV/AIDS and other health disparities that affect black women and girls nationally and internationally. Our mission is to reduce the burden of morbidity, mortality and stigma of HIV/AIDS and other health disparities associated with gender, social, and economic inequities among Black women and girls.

Website: www.nbwhan.org

Media Contact: Ivy Turnbull, Vice Chair
888-812-0043
nbwhan@yahoo.com

Alternate Contact: Barbara Joseph, Chair
888-812-0043
nbwhan@yahoo.com
National Minority AIDS Council

Since 1987, NMAC has advanced its mission through a variety of public policy education programs; national conferences; treatment and research programs and trainings; electronic and printed resource materials; and a website: www.nmac.org. NMAC represents a coalition of 3,000 faith, community-based organizations delivering HIV/AIDS services in communities of color nationwide.

**Website:** www.nmac.org

**Media Contact:**
Kali Lindsey, Legislative and Public Affairs Director
917-304-3038
klindsey@nmac.org

**Alternate Contact:**
Daniel Montoya, Deputy Executive Director
202-680-3824
dmontoya@nmac.org

Southern AIDS Coalition

The Southern AIDS Coalition (SAC) was formed in 2001 as a membership organization comprised of government representatives, community organizations, advocates, people living with HIV disease, and business entities. The Southern AIDS Coalition works to provide Southerners in 16 states and the District of Columbia with the opportunity to receive adequate HIV/AIDS and STD prevention information, treatment, support services, and housing.

**Website:** http://www.southernaidscollection.org/

**Media Contact:**
Michael Murphree, Executive Director
205-977-5910
mmurphree@southernaidscollection.org

**Alternate Contact:**
Rainey Campbell, Administrator
205-977-5910
rcopps@southernaidscollection.org

UCHAPS

Coalition of public health and community leaders implementing municipal HIV prevention programs in most heavily impacted urban areas in US. Cities include: New York, Philadelphia, Baltimore, DC, Fort Lauderdale, Atlanta, Houston, Los Angeles and San Francisco.

**Website:** www.uchaps.org

**Media Contact:**
Marsha A. Martin, Director
202-744-3990
Marsha@uchaps.org

**Alternate Contact:**
Dea Varsovczky, Program Manager
718-791-2206
Dea@uchaps.org