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“And all the centuries passed and they survived and became a kind of people that the world had never known. In the center of themselves they alone bore their suffering while the world theorized about their humanity or gazed on them with icy dismay. Now nothing. No gestures, no greetings, no embraces. What’s gone and past help, should be past action.”

**NMAC Calls for Comprehensive Health Response to
Reported Increase in HIV Incidence in the U.S.**

August 3, 2008 – Washington, DC – Re-evaluation of HIV incidence data at the Centers for Disease Control and Prevention (CDC) has revealed that over 55,500 new HIV cases occurred each year from 2003-2006, with 56,300 cases in 2006 alone. These numbers are approximately 40% higher than the CDC’s previous estimate of 40,000 new HIV cases annually, an estimate that had remained the same for over ten years.

“We applaud the CDC’s efforts to provide a clearer picture of the AIDS epidemic,” says Paul Kawata, Executive Director of the National Minority AIDS Council (NMAC). “While the Federal government’s focus in recent years on testing, care and treatment has saved the lives of many people living with HIV/AIDS, these new numbers clearly indicate that this approach has done little to prevent new infections.”

NMAC supports the formation of a comprehensive national strategy to address HIV/AIDS in this country that includes input from all people vested in the fight against AIDS – from elected officials and health care workers, to vaccine researchers and people living with HIV/AIDS. Ravinia Hayes-Cozier, NMAC’s Director of Government Relations and Public Policy explains, “These numbers are unacceptable for all of America. At NMAC, we consider HIV/AIDS just one symptom of an overall health emergency in this country – particularly in communities of color, which have been disproportionately impacted by HIV/AIDS since the epidemic began three decades ago.

“Ethnicity is not a risk factor for HIV/AIDS, which, of course, can impact anyone, regardless of age, gender or race. However, the limited access to support services – such as education and health care – and high rates of homelessness, malnutrition, substance use, incarceration and poverty – unfortunately found in many minority communities has left their members immuno-suppressed and more susceptible to HIV/AIDS and its co-

morbidities, like diabetes, tuberculosis, heart disease, hypertension and hepatitis A, B and C.”

Indeed, the distribution of HIV in communities of color has remained relatively the same, despite the new numbers from the CDC. Nearly half – 45% - of all new HIV cases occur among African Americans, followed by Latinos at 17%; Asian and Pacific Islanders at 2%, and Native Americans at 1%. African American women and men who have sex with men (MSM) of color also are testing positive for HIV in shockingly high numbers.

In addition to a comprehensive, national health strategy that includes HIV/AIDS prevention, testing, treatment and care, NMAC calls on federal and state government agencies, faith- and community-based organizations, AIDS service organizations and other stakeholders in the epidemic to increase their support for the following:

- **Comprehensive sex education for all young people – and their families.** We need to ensure that all generations in this country can protect themselves and others from HIV transmission, and can serve as peer educators for others.
- **HIV vaccine research.** We must support the development of an HIV vaccine that works for everyone – and the only way any viral epidemic has been stopped in recent history is through the development of a vaccine.
- **Expanded programs for low-income housing, utility bill relief and food stamp initiatives for those living with HIV/AIDS and its co-morbidities.** We cannot build the health of a nation without ensuring access to the basic necessities of life.
- **Programs addressing the unique health needs of girls and women.** In many families, the primary caretakers are women, many of whom sacrifice their health for their children and are not aware of their own susceptibility to HIV and other diseases.
- **Initiatives addressing stigma around HIV and homosexuality.** These will empower young MSM of color to learn and experience their sexuality safely, in a society that understands and accepts them.
- **Expansion of harm reduction and substance use programs.** Harm reduction offers many people access to drug rehabilitation and care. These programs, however, must not only treat addicts, but their families as well, particularly when children may be separated from their parents/guardians entering care.
- **Providing incarcerated persons living with HIV/AIDS access to discharge planning and treatment, as well as delivering comprehensive HIV/AIDS prevention education in correctional facilities.** Prisoners who have access to condoms, voluntary testing and comprehensive health care will be less likely to

contract or transmit HIV while incarcerated and when returning to their communities.

- **Programs that support, and increase the visibility of, HIV/AIDS prevention, treatment and care programs at the grassroots level.** We need to continue to build the infrastructure of faith- and community-based organizations delivering services to those hardest hit by the AIDS epidemic.

“We cannot worry about assigning blame around HIV/AIDS, nor should any elected U.S. official claim ignorance about, and remain complacent on, the AIDS epidemic in this country,” says Kawata. "Having a clearer picture of HIV incidence in the U.S. offers us yet another opportunity to work and speak out together in the fight against HIV/AIDS. The very future of our communities depends on it.”

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The National Minority AIDS Council (NMAC) was founded in 1987 to develop leadership within communities of color to address challenges of HIV/AIDS. NMAC has responded to the needs of communities of color by developing programs enhancing the skills necessary to confront this health crisis, including a public policy education program; national and regional training conferences; treatment and research programs and trainings; numerous publications and a website: www.nmac.org. The agency also serves an association of AIDS service organizations, F/CBOs, hospitals, clinics, health departments and other groups assisting people and families living with and affected by the AIDS epidemic. NMAC's advocacy efforts are funded through private funders and donors only.