



# African Services Committee

A Head to Know • A Heart to Feel • A Hand to Serve

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## Memo

To: Parag Mehta, Liz Engel

From: Kim Nichols

Subject: HIV/AIDS Conference Call with Transition Team 1/6/09

Date: 1/7/09

Thanks for the transparency and the sense of urgency with which you are addressing the process of setting a course on national AIDS policy and strategy.

We were unable present our brief comments, due to the time constraints of last night's call. They're presented below.

First, we would like to underscore the importance and the broad acceptability to the AIDS prevention, care, and treatment communities, including advocacy and research interests, of the AIDS Action platform of recommendations to the Presidential Transition Team. I don't think that each recommendation bears repeating here; but they provide a well-advised set of guidelines for re-shaping a sound and progressive national AIDS plan, with a number of immediate and short and medium term steps outlined.

As a service provider and immigrant advocacy organization, addressing health disparities among African Diaspora immigrants for nearly 30 years, African Services Committee is deeply aware of cross-cutting issues which affect immigrant health in the United States, and which include the HIV travel ban, immigration and labor reform, lack of affordable health insurance or a single payer system, and barriers in language access for immigrants.

Despite significant gains in global AIDS funding over the past six years, immigrants with HIV, from the hardest hit countries, number in the tens of thousands in the US. They live outside the web of private health care coverage, and on the margins of the public health system. HIV stigma in US-born minority communities is even surpassed by the burden of HIV stigma in Sub-Saharan African and Caribbean communities, and stigma is a wedge between HIV-infected or at-risk immigrants and testing, care, and support. Lack of employer-subsidized health insurance coverage, ineligibility for Medicaid or Medicare, barriers in language access to navigating health care systems, immigration legal issues, housing scarcity and mental health issues all impede the ability of the immigrant community to participate in an empowered and robust way in broad HIV prevention strategies, or engage in routine testing campaigns, find medical homes for HIV treatment, or identify supportive services (legal, housing, case management) which meet their language and identity-specific needs.

It is our hope that HHS will remove HIV as a communicable disease of public health significance for entry into the US, which will immediately reduce stigma for people living with HIV everywhere.



It is our expectation that the Obama Administration will support the coverage of the undocumented immigrant population in its comprehensive health care plan.

It is urged that the Administration support coverage in the Ryan White Care Act of essential immigrant HIV legal services, which are funded by no other source.

And it is our hope that a badly needed increase in HUD funding for HOPWA will be committed in the interest of providing stabilization to the most economically and medically vulnerable among us.

We look forward to having a more substantial opportunity to discuss these issues and include the voice of immigrants with HIV in the development of the national AIDS strategy, as it proceeds. Dora Hughes has suggested that African Services meet with Liz for further follow up, so please give us some idea of when we might be able to set up a date and time.

Sincerely,

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