



STAND AGAINST AIDS

November 7, 2008

Mr. John Podesta
The Obama-Biden Transition Project
c/o Center for American Progress
1333 H St., NW, 10th Flr
Washington DC 20005



Dear Mr. Podesta:

The Campaign to End AIDS respectfully submits this report from The Stand Against AIDS. The Stand Against AIDS, a project of the Campaign to End AIDS (C2EA), started as a multi-arm cross-country road trip and march to demand that the next U.S. president create a national strategy to end AIDS within 100 days of taking office.

C2EA is a diverse coalition of people living with HIV/AIDS, their advocates and their loved ones. Together, we're demanding that our leaders exert the political will to stop the epidemic, in the U.S. and abroad, once and for all. Hundreds of people living with HIV/AIDS, their loved ones, advocates and activists from around the country participated national caravans to Oxford, MS the weeks leading up to the September 26th, 2008 Presidential Debate. A group of approximately 20 people walked from Jackson MS, to Oxford MS, 178 miles over the course of 10 days to deliver this essential demand that the United States develop a National AIDS Strategy to end AIDS.

We know that President Obama has been hearing from some of the best policy minds in the country regarding the needs of people living with HIV/AIDS, but we also wanted to make sure he had the opportunity to hear directly from those people who are HIV+, consumers of HIV/AIDS services, those who have historically been excluded from the decision making tables – the members of the Campaign to End AIDS. C2EA is very pleased to know that President-elect Obama has committed to developing a National AIDS Strategy. In demanding a national strategy to end AIDS within his first 100 days in office, we will be holding him accountable with:

- Identifying a high level person who reports directly to the President to shepherd the plan.
- Identifying an office within the government where this plan will sit.
- Identifying a process whereby people living with HIV/AIDS will be involved in the development of the plan.
- Identifying a process for intergovernmental collaboration in the development and implementation of the plan.
- Identify initial goals, objectives and timeline for the comprehensive strategy.

We know that there are a great number of priorities that President Obama will be addressing and know that addressing the HIV/AIDS epidemic here in the United States is among those priorities that require immediate attention. We thank you for taking the time to read this report and hope that we can work together in addressing the development of a National AIDS Strategy in President Obama's first 100 days.

Sincerely,

Christine Campbell

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STAND AGAINST AIDS



The Stand Against AIDS A Call from the Community for President Obama to Develop a National AIDS Strategy November 2008

The Stand Against AIDS, a project of the Campaign to End AIDS (C2EA), started as a multi-arm cross-country road trip and march to demand that the next U.S. president create a national strategy to end AIDS within 100 days of taking office. C2EA is a diverse coalition of people living with HIV/AIDS, their advocates and their loved ones. Together, we're demanding that our leaders exert the political will to stop the epidemic, in the U.S. and abroad, once and for all.

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Beginning in mid-September, people living with HIV/AIDS, their advocates and allies traveled in eight different automotive caravans and one walking caravan (from Jackson MS to Oxford MS) from around the country building support along the way for a National AIDS Strategy. The activists converged in Oxford, Mississippi on September 23, 2008, for three days of action leading up to the first presidential debate between then Sens. Barack Obama and John McCain on September 26, 2008.

Events included a press conference highlighting the domestic HIV/AIDS crisis, and commemorating those Americans that die each day with AIDS; The Stand Against AIDS rally laying out what we demand of our next president; Affinity groups consisting of different elements of the HIV/AIDS community defining how they need to be reflected in a National AIDS Strategy focusing on ending the HIV/AIDS epidemic; a Message in a Bottle Town Hall Meeting sharing the regional needs and the needs recorded by the affinity groups and a Mock Funeral March based on Proverbs 29:18 "Where there is no vision (National AIDS Strategy) the people perish".

This report reflects the nine themes that emerged during The Stand regarding what must be included in a National AIDS Strategy focused on ending AIDS.

1. PLWHAs Leadership In The Development Of The Plan: For the National AIDS Strategy to be effective, PLWHAs including people receiving services, need to be an integral part of the development and implementation of the plan. Some recommendations include having youth, people over 50, women, and post incarcerated as well as racial, ethnic, regional and sexual orientation diversity.





STAND AGAINST AIDS



2. Strategies To Address HIV/AIDS Stigma, (transgender, homophobia, faith community, race, sexuality – homo and hetero): Stigma is a major factor in PLWHAS accessing and maintaining services throughout the country. The National AIDS Strategy needs to include specific, measurable objectives that directly attack HIV/AIDS stigma. These strategies need to be codified, such as the American with Disabilities Act, including clear guidelines as it relates to addressing stigma. Advocacy needs to be part of this work
3. Research Targeted To Specific Groups such as women, MSM, transgender, youth, 50+ and post incarcerated: Traditionally HIV/AIDS research has not adequately addressed the differences within in the population in both the areas of treatment and prevention. As we move forward we need to know the effects of different treatment and prevention intervention, such as the DEBI's and the effect medication has on different populations. Areas that were specifically discussed included how medications effect youth and older Americans; how HIV/AIDS medication interacts with hormone therapy used by transgenders, how generalizable are the DEBI interventions, research's consistent oversight of treatment and prevention studies targeted to women.
4. Housing: The National AIDS Strategy focusing on ending AIDS needs to address adequate affordable safe housing in urban, suburban, and rural areas; be able to be a mix of supportive, harm reduction, clean and sober housing; housing that adequately addresses the needs of the transgender community; be culturally and age appropriate and address the unique needs of those coming out of jails and prisons.
5. Universal Health Care With Quality Standards For HIV/AIDS – The National AID Strategy needs to include funding for treatment, ensure lifesaving HIV treatment and care for all people living with HIV through universal health care initiatives, reconstruction of Ryan White legislation as part of the effort for all Americans to receive quality health care and utilizing 2005 recommendations on HIV care expansion from the Institutes of Medicine. As an interim step towards universal health care, expand current entitlements nationwide to people who are HIV+ to assure for medication and treatment for all that need it.
6. Inclusive of all of the diverse elements of the HIV/AIDS community: The National AIDS strategy needs to reflect the diversity of the community inclusive of the different sectors of the community that have developed specific strategies. (for instance, National Latino AIDS Agenda and Black Mobilization to end the AIDS epidemic in Black America) In addition the plan needs to incorporate the rights expressed in the Denver Principles and the Youth Declaration of Rights.





STAND AGAINST AIDS



7. Comprehensive sex education: Not only does there need to be adequate funding for this, policies need to be developed and implemented so that this can be incorporated into schools across the country. Abstinence needs to be one of the elements of comprehensive sex-education.
8. Preventions strategies based on science – The National AIDS Strategy needs to have a goal of eliminating new HIV infections, ensure all HIV testing initiatives include a link to guaranteed HIV treatment and prevention services, eliminates funding for ineffective abstinence-only-until-marriage programs, while creating a dedicated funding stream for comprehensive sex education , end the ban on federal syringe exchange funding and build support at all levels of government for strong and consistently accessible AIDS housing efforts.
9. Reflective of regional differences: Cost of living, culture and needs differ from region to region and a National AIDS Strategy needs to be flexible enough to address these differences. We must also incorporate both national and regional accountability for the development and implementation of this plan.

Elements of a National AIDS Strategy – Affinity Sessions and Town Hall Meeting

This section is a report out of the series of Affinity Sessions that met in Oxford during the days of action portion of the Stand Against AIDS. Affinity Groups were identified by the community. Any and all suggested groups were included. Each group was given the following questions for discussion:

- How would a national plan to end AIDS be relevant to your affinity group?
- How is your group represented or underrepresented in HIV/AIDS advocacy?
- How has your group been affected by the HIV/AIDS epidemic?
- What can be done to support your group’s further HIV/AIDS activism/advocacy as it relates to the development of a national plan to end AIDS?

They were then asked to provide feedback by responding to the following format: “We demand a National Strategy to End AIDS : (*identified group*) demands (*concept, service area or need*) be part of that plan”. We then used the Message in a Bottle Town Hall Meeting to report out the affinity groups needs. In addition, as the caravans were traveling through the country, travelers participated in events where people who were unable to attend the events in Oxford would be able to provide input using the format described above. These ideas were also presented in the Message in a Bottle Town Hall Meeting. (*See Appendix I for detail record of individual and caravan feedback*) Below is synopsis of the Affinity Groups:



50+ demand that Seniors protection health be part of the plan: AARP has no HIV component; retirement age is too high; people cannot access services when needed; there is not enough safe adequate housing for this population; there is not enough representation, need more senior citizen health and nursing homes,



STAND AGAINST AIDS

someone 50+ and HIV+ on the national board, comprehensive healthcare act made into law and specific on geriatric and HIV, revisit the age of retirement for HIV+ individuals, targeted prevention and education program, research on HIV+ Seniors, comprehensive plan for 50+, treatment, care, build bridges/linkages to 50+ advocacy organizations, prevention for 50+ including senior service centers, housing takes into account 50+ citizens.

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Youth demand that the US National Youth Declaration of Rights is part of the plan: Need culturally competent education, comprehensive education, more access to council; voices to be heard, clarity with privacy and disclosure (HIPPA), comprehensive prevention tools, mass media awareness campaigns, mental health/crisis/coping counseling, awareness strategies made by and for young people that really reaches young people, mental health services – pre and post test counseling; suicide prevention, truly compassionate counseling

Women demand that safe housing, better housing, violence against women strategies, access to care, access to affordable female condoms and stigma reduction be part of the plan: Address for women stigma, safe supportive housing for women, violence and abuse directed at women, include lesbians, research for women and HIV, biomedical interventions for women, female controlled prevention tools to reduce risk, integration of women services (battered women shelters, etc) with HIV services, role of faith based to support women, focus on advocacy addressing women.

Harm reduction: Lift of federal band on syringe exchange, treatment on demand for HIV positive people, national needle exchange for all and nationally funded, national plan on education/teaching based on science, demand all HIV+ people receive treatment on demand, education in public schools, start harm reduction education early – with focus on building values, self-worth.

Heterosexual Men demand that more groups for HIV positive men who are heterosexual be part of the plan: CDC to recognize heterosexual men, include non-gay identified men, recognize that heterosexual positive men may not be as visible – need to target services – e.g., utilize agencies targeting heterosexual men to deliver AIDS services, addressing stigma, equal services for all HIV+ persons, regardless of your sexual orientation. Through stigma and misinformation heterosexual men are underrepresented.

Faith based demand that a faith based AIDS ministry be part of that plan: stigma reduction; funding under a non-partisan restriction; continuous education for our leaders, HIV education to dispel stigma, restructuring a 501(c)3 to include HIV services, continuous education to church leaders, administrators and instructors, bring sexuality to faith based organizations in respectful and affirmative consideration, support from faith-based institutions, nurture affirmative, faith based AIDS ministries, include training for faith based leaders.

Southern States demand that funding, housing, harm reduction, prevention and stigma be part of that plan: advocacy training, national certification in HIV specialist management for PLWHAS, building organizational capacity to include advocacy, funding for more doctors, correct and accurate media messaging for HIV/AIDS in the South, AIDS housing and Harm reduction, recognize and





STAND AGAINST AIDS

address increasing HIV incidence in South, more HIV Doctors in South, transportation, funding for advocacy and grassroots capacity building.

Transgender demands that safe housing, national funding and advocacy be part of the plan: allocate funds for hormonal and psychiatric care through Medicaid, national education, job services and training, national funding for emancipated youth seeking transgendered guidance, funding organizations and all major capacity building, national transgender representation/representative, (male to female and female to male), allocated support services funding for transgendered individuals, funding for respectful healthcare and medical providers, provide condoms in city and state facilities, affordable and safe housing for transgendered families, singles and couples, safe housing; mental health services; job services; programs for transgender youth; capacity building.



A PROJECT OF

Gay men demand that financing for community based programs be part of that plan; support system; involvement from faith based, Campaign Against Homophobia, more community based support systems for gay men/MSMs.

Latinos demand that adoption of the National Latino AIDS Agenda be part of that plan: Language barriers, illegal immigration for prevention, more culturally sensitive services; Educational funding to address language barriers/issues, illegal immigrants health care and housing, outreach funding for prevention in churches schools and communities and to empower the Latino woman, more cultural sensitive services, AIDS education/condom distribution in prison due to the high incarceration rate of Latinos, recognize barriers: language, religious, immigration, focus on unique needs of Latinas, understand/recognize diversity in Latino community.

Discordant couples demand that counseling, disclosure and more studies be part of that plan: support, safe place for that support, more research for PEP/vaginal and anal microbicides, more prevention programs for discordant couples, more prevention programs for discordant couples, more accessible services, more counseling services, representation on a national level from discordant couples, include discordant couples in NAS, recognize challenges to prevention, expand access to relevant prevention strategies, counseling and support for disclosure to negative partners, incorporate Swiss Statement in guidelines, recommendations and research.

African Americans demand that creation of a level playing field to remove barriers be part of that plan: a good portion of the African American community doesn't see the epidemic, there is resistance to talk about it, need more advocacy with purpose, dealing with self-inflicting wounds, racism, homelessness, homophobia, legitimize HIV/AIDS in African American community, measure outcomes of advocacy and activism.

Post Incarcerated demand appropriate services upon release is part of the plan: mandatory testing, address Section 8 negative affects, address voting rights, implement transitional care, provide 60 days of medication upon release, funding for peer led counseling, active referral services with pre-release case management, life skills building, partnership between HC providers, parole agents, HIV+ incarceration- peer led counseling, transitional services, education, housing, life skill building (job skills, etc.), Linkages between systems – parole, health care and faith based, full integration in society post release (including voting rights), Opt-





STAND AGAINST AIDS

in HIV testing entering and leaving prisons and jails, post incarceration re-entry services.

Conclusion

The Stand Against AIDS started on the caravans to Oxford Mississippi, but did not end on October 26, 2008. The Stand goes on until our President Obama fulfills his promise to America to develop and implement a National AIDS Strategy to end AIDS. We do not pretend that developing a comprehensive domestic strategy to end AIDS is an easy task. It will take hard work and partnership between the government and the community. The Stand Partners (see attached) look forward to working with the next president in its development and implementation of a National AIDS Strategy to end AIDS as well as holding ourselves and the next president accountable in bringing this epidemic to an end.

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APPENDIX I Individuals and Organizations from the Caravans

1. JM - GLBT community be part of the plan more awareness, intervention and outreach, more funding for housing, more accessible testing sites, more community involvement, remove stigma that comes with HIV/AIDS
2. Chris - Quality nutrition care be part of the plan: enhance funding for quality nutrition programs, which dramatically impacts improved health; strategic approach rather than silos of funding/organization
3. DF - Aggressive prevention be part of that plan; prevention of all kinds be integrated in the public school curriculum
4. DJ – HIV Prevention: Black Male and female condoms be part of the plan: prevention and education within the AA community; sex education in middle and high schools, community based, on the street, behavioral intervention programs
5. Dallas: funding, backing from faith community, education in faith community, restructuring 501 (c) 3 to engage in advocacy.
6. Florida Caravan: Needing comprehensive sex education, housing, relationships, human rights
7. JG - – Transgender needs be part of the plan; track HIV in the trans community; Trace HIV in the deaf community; remember gay bisexual men; rescind “No Promo Homo”, fund support services
8. LDF – serodiscordant couples be part of the plan; the faith community be engaged, expand the free testing sites to churches, all pregnant women should be required to test, anyone presenting at emergency rooms for service should be required to test for HIV/AIDS; private physician should be required to report their HIV/AIDS patient numbers to CDC
9. CB – Honesty with self is part of the plan; close your mouth and open your ears; learn something about HIV; embrace one person that you know has HIV; get tested; stay strapped with protection and knowledge.
10. AIDS Gwinnet – Everyone e part of that plan; HIV testing – National Health Standard - Ryan White – equitable health care in every region; greater funds for research; national prevention policy beyond abstinence; national prevention media campaign.
11. LL – Rural areas be part of that plan; Quality health care for everyone with HIV, regardless of location, National HIV Testing Program – Get everyone tested.
12. KC – Alabama is part of the plan: more housing, funding for transportation, medical needs, preventative care – meds, testing available for general public, education/informed people teaching classes teach HIV, more medical treatment for people in prison – men and women





STAND AGAINST AIDS



A PROJECT OF

- 13. SJ – drug therapy be part of the plan: access for PWA to receive drugs, more funds for therapy and drugs, work on AIDS vaccine, more research, faster access to new treatments
- 14. Antonio – Birmingham be part of the plan: pray, more money, meds
- 15. HASA (HIV/AIDS Services Agency – NY) for all – Equalize and expand HIV/AIDS services everywhere
- 16. BPJ – Rural areas be part of the plan: more money for AIDS programs, improved medications, better transportation, more and better housing funds, better diets for AIDS people
- 17. Laura – Clinical training for providers be part of the plan: provide increased funding to the national AETC programs, expand training for medical case management, continue funding for rapid HIV test training, include funding for training on multiple diagnosis including HIV mental health and substance abuse
- 18. CHA – open talking about sex in the US be part of the plan: increase out patient HIV primary treatment funding, work on decreasing stigma, free HIV tests nationwide
- 19. A cure for HIV/AIDS, more funds for HIV/AIDS, better care for HIV/AIDS, more awareness of HIV/AIDS, more programs for HIV/AIDS
- 20. KR – Funding for Georgia is part of the plan: those services are available for this growing epidemic, funding to adequately provide services.
- 21. YMW – A comprehensive sex education program is part of the plan: all school age children receive comprehensive health education, school nurses and nutrition address the needs of children, high school children required to pass sex-ed for graduation, state and privately funded universities accepting state money integrate HIV education, prevention and outreach programs into student services, federal government gives to US citizens the same due diligence as it does with other countries via PEPFAR monies.
- 22. JRDII – All the world be part of the plan: testing for all; follow-up and management of needed services
- 23. QL – Ending AIDS is part of the plan: a cure, more money toward the cure, more research for a cure, more training, peace love, well being to live in USA
- 24. CF – Research regarding opportunistic diseases/viral infections, more proactive health services, co-pay budgeting issues, housing issues, more dental budgeting, federal dollars allocated by HRSA to states.
- 25. Jacque – The working poor be part of the plan:., co-payment assistance for the insured who earn >300% FPL but not enough to afford medications
- 26. AIDS come to an End – a cure
- 27. JPK – Recognition of the stigma of HIV be part of the plan: National Social Marketing campaign, increase in HIV testing in underserved communities, mandatory testing in all correctional facilities, sex education is taught in public schools, a cure for HIV/AIDS.





STAND AGAINST AIDS



A PROJECT OF

28. **Chicago:** Have more opportunities for education and resources; be true to yourself and others.

29. Give more medicine for everyone, needle exchange program, better sex education in schools, to care for all our brothers and sisters in Christ, prayerfully – the body of Christ is infected with HIV,

30. to invest more in research, to target teens at the start of sex and more research in good meals, AIDS/HIV education in schools and public, inform the reality and stop the myths, educate kids in school about how to prevent this and how to solve it, invest more time and research to cure AIDS,

31. continue to encourage abstinence, better awareness and education programs in school, stop stigma, harm reduction, start teaching AIDS in 3rd grade through 8th grade, better AIDS education in public schools, a cure so no family has to suffer, better education, free samples, sex education, more research, access to more condoms and education on sex so people aren't so shy to buy condoms,

32. universal health care and respect for all people,

33. GF – Mental health/substance abuse issues are part of the plan: plan needs to address mental health treatment needs of PLWH, plan needs to address substance abuse treatment needs of people living with HIV.

34. CJ – meds and low income, cure for AIDS, affordable housing, AIDS National Day, more money for AIDS.

35. Sheneka – Affordable housing be part of the plan: low income housing, be available for people infected with HIV, no pre-zoning for people living with AIDS, Automatic healthcare for people living with HIV/AIDS

36. MB – Comprehensive sex education need to be part of the plan: Effective use of condoms taught in HS, Abstinence only is removed from all curriculum, offer HIV testing to all High Schools and Colleges

37. DF – Publicize school education – peer ed HIV, more money for medications, more Housing.

38. Jackie – Heterosexual youth and African Americans are part of the plan: prevention education in schools, community outreach, more free testing for all states, more mobile units, funding earmarked for local health departments to support CBOs

39. Mental disorders and HIV positive, take write off for free meds people can't afford, more funds for Ryan White Insurance funding, more clinics and housing, funding for transportation, services HIV/AIDS health in rural areas.

40. JM – Rural Areas be part of the plan: housing, transportation, medical needs, more money and more love



41. JNM – Sufficient funding for care services is part of the plan: funding that reflects “the reality” of the number of people living with HIV/AIDS, better



STAND AGAINST AIDS



coordination between HIV testing and services, realistic funding of services necessary to increase and sustain access to medical care, enact routine testing with follow-up, funding and regulations that facilitate housing for previously incarcerated and active users.

42. GD – Sex-education and mental health is part of the plan: Stop ineffective abstinence based sex education, mental health and substance abuse services for all – this is part of HIV prevention and essential, increased access to substance abuse services for all without regard to insurance status

43. JB – Prevention is part of the plan: Research for a vaccine, required public and private middle and high school ed, improved screening resources

44. MC – Women, Infant, Children and Youth is part of the plan: Recognition of true number of above, affected/infected, funding to address needs for services prevention efforts, affordable/available services for pregnant women.

45. AJ – Transgenders are part of the plan: more on health with HIV/AIDS advocacy, education/job planning and awareness, self motivation, programs on following your dreams.

46. RTL – Columbia, SC and Atlanta are part of the plan: Affordable Housing, more health center for HIV/AIDS, Funding for transportation to help those who don't have, to really look at what's going on, more TV Talk about prevention, more help for children living with HIV/AIDS

47. JC – Ryan White Program be part of the plan: multiyear funding, increased funding, 5-year authorization

48. Carolyn – Housing and Child Care be part of the plan: Affordable housing in all locations, 24-hr child care to accommodate employment hours, food banks, oral health, mental health

49. SK – The US be part of the plan: more accountability, more funding, needle [sharing] exchange programs, realistic strategies developed, more compassion, “abstinence only” does not work – share safe sex practices also, along with abstinence only programs

50. NRW – A National Healthcare Strategy be part of the plan: access for all HIV+ people to a high standard quality of medical care, wrap around supportive services for clients must be included, all people with HIV regardless of economic, social, residence status must be addressed, national awareness strategies, community mobilization (capacity for local communities to begin to attack this issue on a community based level.

51. BG – Outreach to faith communities needs to be part of the plan: funding for faith based HIV/AIDS education, funding and leadership to link and support local interfaith AIDS ministries to determine best practices.



52. Atlanta/Fulton County – Access to housing be part of the plan: affordable/free located in mixed communities (not in HIV/AIDS only communities)



STAND AGAINST AIDS



- 53. DCA – Equal access be part of the plan: include transgender in GNDA, develop comprehensive health care, reform insurance, fund AIDS cure efforts vs. managed care, no T16 Funding to abstinence.
- 54. Wendy – a plan be implemented in the USA for action on decreasing HIV/AIDS, more money be allocated for research against HIV/AIDS, more money be given to ASOs for outreach activities, more money be allocated to ASOs, that the president identifies HIV/AIDS as an epidemic and do something about it, affordable healthcare to include, medical, dental and eye care for all

- 55. LW – Affordable and emergency housing be part of the plan: allocation for homeless and marginally housed, funding for new transitional housing facilities to include support services, transportation assistance to get to medical appointments, mortgage assistance to avoid foreclosures.
- 56. HY: comprehensive sexuality education in schools, fund innovative prevention efforts, more domestic funding.
- 57. AD – Prevention/education to the homeless population be part of the plan; more testing/counseling for the homeless, prevention/education that also involves mental health, creation of more programs that target the homes and risk factors that are specific to their population (does not have to involve the creation of a new organization but could become a component of existing programs)
- 58. JGO – Transgender Health Issues be part of that plan: that transgenders be counted as a gender category of their own, are involved in the national coverage, that there be specific interventions funded to address their needs.
- 59. AA – Prevention be part of the plan: Education about safer sex, better pay for educators, government support of education, education in high schools and colleges, prevention and education for homeless and substance abusers.
- 60. EH – Housing is part of the plan: Housing for PLWHA, Funding for housing programs, African Americans need more funded programs, funding for local health departments, program support awareness, education at legislative levels.
- 61. SB - Realistic Prevention Strategies are part of the plan: new methods are incorporated in addition to abstinence messages, access to protection (condoms) for youth and incarcerated persons, needle exchange! It is foolish to believe that abstinence is the only method to prevent infection. People are having sex and shouldn't die for it.
- 62. JC – HIV and Pregnancy/perinatal be part of that plan: Strongly encourage pregnant women get tested for HIV more often, require HIV testing at delivery, educate new mothers on transmission of HIV and breastfeeding.



- 63. Saint Joseph Mercy Care: Homeless people are part of the plan: Housing, access to medical services, food, jobs training, additional counseling.



STAND AGAINST AIDS



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- 64. DDD – Southern women’s issues are part of the plan: prevention and treatment funding is concentrated where the epidemic is hitting hardest, equity and parity in prevention research, equal access to female condoms, interventions that address social determinants for women’s risk and for women’s HIV/AIDS treatment barriers.
- 65. WS – Doctors to teach (more experts), hotlines, medical attention, Medicare/Medicaid, emergency treatment for HIV/AIDS.
- 66. Veela – Prevention is part of the plan: Too many people are still dying, too many rural areas are affected, too many people are being stigmatized, eliminate abstinence based prevention education, and increase prevention and primary care monies.
- 67. MJ – accountability be part of the plan: structured state by state enumeration of HIV cases, establish a presidential cabinet position under surgeon general, make federal dollars match actual number of HIV cases.
- 68. SisterLove: Atlanta GA is part of the plan: comprehensive, age appropriate/ specific sexual health education, human rights standards for all prevention, treatment and care policies, increased targeted resources into communities helping in their own communities.
- 69. LC - Atlanta GA be part of the plan: better housing for HIV/AIDS persons, better access of health care in GA, more funding for Atlanta area and GA.
- 70. TL – Better healthcare, social security for parents, and senior citizens, children, lower gas prices, manage the foreclosure rate.
- 71. TG – Africa Americans are part of the plan: increased funding; adequate funding for all prevention programs, testing and HIV/AIDS care, protections for HIV+ rights, updated research on best practices for HIV prevention according to target population
- 72. A strategy that motivates downlow men to emerge, a strategy to educate wives and girlfriends on cheating men, a strong education strategy for your starting middle school.
- 73. CCE – Transgender community be part of the plan: sensitivity training at HIV/AIDS clinics, testing/prevention programs outreach to the transgender community.
- 74. JB – HIV+ pregnant women be part of the plan: Easier transitions to housing, increase min money for primary care, improved dental care, more drug centers for impaired women, more money for case management to assist with social programs for pregnant HIV+ women.
- 75. Deb – Women, children, youth and families are part of the plan: increased funding (have had flat or decreased funds for WICY for many years), inclusion of support services that families need, universal patient screening for pregnant women, housing for women and their children for adolescents without family support, generate specific prevention messages for specific treatment and support services.





STAND AGAINST AIDS



A PROJECT OF

- 76. GS: More support from religious aspects, medical care for individuals with HIV/AIDS, housing treatment centers, awareness, public announcements, emergence treatment so that there is anonymity, medication from pharmacist, more funding, teach younger people about the importance of safe sex, hotlines, for individuals with HIV/AIDS, social worker for emergency contact.
- 77. WM – Grady IDP be part of the plan: mandatory testing, substance abuse issues, minority health issues, increased funding, prevention/awareness/condom use.

- 78. Peaches – a cure and resolving Ryan White be part of the plan: to have more prevention dollars, more housing for those living with HIV/AIDS, to have law for all people with HIV/AIDS passed.
- 79. Rebecca – evidence based decision making be part of the plan: evaluate/assess HIV surveillance data and Ryan White formula funding, evidence based sex education, clinical training of dental and medical residents to address workforce shortage, support agencies to collect and interpret data and information, decrease costs of antiretroviral drugs and resistance testing, focus on women increase microbicides research and reproductive health and family planning focus.
- 80. Georgia HIV/AIDS Take Project: Georgia is part of the plan: policy made to test all people that attend the emergency room for any reason, test people that go to homeless shelters.
- 81. Fulton County (Atlanta, GA) – HIV education in prisons to ex convicts be part of the plan: recognition that MSM rates are high in prisons, recognition that there is a need for AIDS specific health services in prison, recognition that men contract HIV in prison and then transmit to women, recognition that population of African Americans has a disproportionate number imprisoned and living with HIV/AIDS
- 82. VM – Atlanta be part of the plan: to find a cure, don't stop the medicines, housing for HIV/AIDS, keep the funds going, insurance/ Medicare/Medicaid services.
- 83. SC – Medication for the insured who still cannot afford to pay: more affordable insurance that adequately covers medications for PLWHA, provide medications for people who fall above poverty level but still do not make enough to pay for medications, affordable health care for HIV/AIDS, consumers who are above poverty level but not enough money to pay for healthcare
- 84. MH – Atlanta be part of the plan: more housing be available , poor people can get medication, transportation to their medical appointments, more programs for teens to learn about HIV/AIDS
- 85. Local: local politicians to take a stand and give their buy-in, better access to testing in the prison system.
- 86. Stigma of having/living with HIV/AIDS, access in rural areas to care, equality on our borders, federal funds for prevention, youth education on HIV/AIDS in schools



- 87. Public service announcements, clergy to be more open to discuss the disease, greater priority of the Federal government, community programs and awareness, innovative ways for outreach in the community



STAND AGAINST AIDS



88. Federal Government Uplift: meeting people where they are at on harm reduction; syringe exchange used safely, condom use and HIV/hepatitis C is more infected, STD can be moderated with life itself.
89. Establish a needle exchange program, availability for old needle for clean needles, drugs I everywhere should be provided, and we should have treatment on demand.
90. Cooperation among organizations, national PSA, easier access to services.
91. Safe affordable housing and transportation, funding for prisoners with HIV/AIDS, teaching about virus in public schools, (funding and policies), consumer representation at local, and national levels, more money to research medications
92. More treatment centers for mental illness and housing for them, more medical access, write tax write off for companies, Medicare for both HIV and AIDS, more funding to AIDS Research Foundation
93. all HIV+ persons have access to care, youth have access to comprehensive sex education in schools, additional dollars for HIV Prevention and care, adequate funding for smaller, non metropolitan communities
94. Creating a system that is set up for people to live, more open leaders recognizing the needs of the epidemic, greater accessibility to anyone who is HIV+ (ADAP), universal access to care, focus to end stigma around HIV/AIDS, bolstering Ryan White funding, reducing bureaucracy to access all services, more money to advocacy, more money to prevention and testing, more housing opportunities for those aging with HIV, sex education in elementary, middle and high school, more money for dietary supplements.
95. More studies on races other than African American, stigma (dispel) among medical professional, more government involvement, more funds or training groups, a change in surveying policies, more housing/medical opportunities, education/awareness (colleges, etc), Education in correctional centers/hospitals, more funding for housing (safer), more support services.
96. NJCRI: Newark NJ: Government support for needle exchange, money and awareness for HIV+ men returning from incarceration, Ryan White funds for ancillary services not just core services, funds for prevention and education (youth, co-pays for medication, HOPWA Housing, money for prevention.
97. Natii – education is part of the plan: Work with younger children, start early, better choices are made if children are taught early
98. Carol – education is part of the plan: promote safe sex among teenagers, senior’s sex programs.
99. Everything: community building efforts; resources, do what’s right for the people, speed humps (Raleigh, SC); Less violence, get rid of guns in DC, less taxes, more social security.
100. Renee – Education be part of the plan: more awareness start early, in elementary school.





STAND AGAINST AIDS



APPENDIX II

The Stand Against AIDS Partners

(groups that provided support, content, resources and/or donations)

National Partners

AIDS Action in Mississippi
 The Afiya Center (TX)
 Positive Vegas
 Street Works (TN)
 AIDS Foundation Chicago
 TPAN (Chicago)
 National Association of People With AIDS
 AIDS Action
 AIDS Network of Madison (WI)
 Minnesota AIDS Project
 The AIDS Institute
 Housing Works
 NYCAHN
 SisterLove (GA)
 DC Fights Back
 National AIDS Housing Coalition
 Women of Color United (WOCU)
 Global Campaign for Microbicides
 Columbus AIDS Task Force (OH)
 Metrolina AIDS Project
 MWPFA (DC)
 Westminster Presbyterian Church (DC)
 Metropolitan AME Church (DC)
 Allen Temple Baptist Church
 Brotherhood Task Force of NW Louisiana
 Advocates For Youth
 Maine AIDS Alliance
 Frannie Peabody Center (ME)
 AIDS Action Committee (MA)
 The MALE Center (MA)
 Harlem United (NYC)
 AIDS Alabama
 Bailey House (NYC)

CHAMP (RI)
 AIDS Project East Bay (CA)
 Nashville Cares
 Street Works (TN)
 ACCESS (VA)
 Friends For Life (TN)
 PALSS (SC)

Mississippi Partners

James Meredith
 Eric Fleming – Former State Congressman
 MS Immigrants Rights Alliance
 ACLU (MS)
 NAACP (MS)
 Pizza Hut
 Wal-mart
 Subway
 Southern Christian Leadership Conference
 100 Black Men
 Holy City Church of God and Christ
 Tots and Toddlers of Flora Day Care Center
 100 Concerned Clergy for a Better Jackson
 Wilson Grove M.B. Church
 Union Hill M.B. Church
 Picture Perfect Painting
 Sears
 Old Venice Pizza Company
 Hopewell Camp and Conference Center
 Allstate
 Ms Rural Health Initiative
 Pfizer
 Magnolia Medical Clinic





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