Mo’ Money, Mo’ Trouble

The black emergency, new greenbacks and lots of red tape

April 1, 2001 By Annette Fuentes

After months of political push-and-shove, African-American AIDS advocates won big in October 1998 when then-Secretary of Health and Human Services (HHS) Donna Shalala announced the Minority AIDS Initiative (MAI), $156 million aimed at beefing up care, treatment and prevention in communities of color. The cash infusion came not a moment too soon. While blacks make up 13 percent of Americans, they constitute about half of all new HIV infections, AIDS cases and deaths, according to the Centers for Disease Control and Prevention (CDC). The MAI, which must be reauthorized each year by Congress, grew to $245 million in fiscal year 2000, and advocates are pushing for $350 million in 2001.

The CDC, which dispenses the lion’s share of the funds through requests for proposals, has so far made 164 grants to 149 of the 450 agencies that have applied since the initiative’s launch. “We’re interested in making sure the money gets out in ways that mirror the epidemic,” says David Holtgrave, PhD, director of the CDC’s Division of HIV/AIDS Prevention, Inter-vention and Research. “Priority is to get money to gay men of color, faith-based organizations and corrections facilities.” To achieve that, Holtgrave says that the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the National Institutes of Health and HHS’s Office of Minority Health each claim a chunk of change.

In 1999, New York City’s Gay Men of African Descent (GMAD) was awarded a five-year, $250,000 capacity-building grant that enabled it to expand its service area from Pennsylvania to Maine and provide technical assistance to groups as far away as the Virgin Islands. “There’s a deficit of black gay men involved in community-planning groups,” says Maurice Franklin, director of Regional Capacity Building at GMAD. “Our objective is to assist groups with identifying individuals who will work with gay black men.” Given the CDC’s just-released stats that one in three young gay black men is already infected with HIV, and only one in four of those knows it, it remains to be seen whether this hardest-hit group will get the innovative prevention necessary to turn the tide of decimation.

Other newly funded groups include the Balm in Gilead, a national agency based in New York City that mobilizes churches to confront AIDS. The group received $100,000 in 1999 under a faith-based grant, and, in St. Petersburg, Florida, the People of Color AIDS Coalition grabbed a three-year $157,000 grant to do prevention work in the Bible-belt town.

But the cash has hardly been no strings attached, says Ron Simmons, PhD, executive director of Us Helping Us in Washington, DC. “Most of the groups are on manual draw-down,” he says, referring to the CDC’s policy that requires agencies with fewer than two years of audited financial statements to submit a monthly request for payment. This often means a small operation has to dip into its meager savings and then wait to be reimbursed. Groups on *automatic* draw-down have direct-deposit grant money, minimizing paperwork and the possibility of shortfalls. Fifty-four percent of all MAI grantees are on manual draw-down. “The implication was that we couldn’t be trusted because we’re minorities,” Simmons says. Us Helping Us, a 15-year-old organization, got $233,000 on automatic draw-down in 1999 to do community interventions, including a toll-free hotline for black gay and bisexual men in the DC metro area.

The CDC also imposes funding caps on groups that have received funding in the past.“We in the black community are just beginning to address the HIV epidemic, so we don’t have the infrastructure of the white gay community,” says Pernessa Seele, Balm in Gilead’s ED. Seele, a longtime advocate who has wrangled with the CDC over MAI restrictions, says that her agency needs closer to $5 million to carry out its national mission, but the grant she applied for was limited to $100,000.

The CDC’s Holtgrave acknowledges that the process isn’t perfect. “We’re trying to balance flexibility and access to funds with accountability,” he says. “The CDC currently sets its policies based on a group’s assets, liabilities and audited financial statements.” But because of advocates’ sharp disgruntlement, the policy is under review. Later this year, Holtgrave predicted, the number of agencies on manual draw-down would drop to 35 percent. Despite funding caps and bureaucratic hoops, Simmons says the initiative is a long-overdue government commitment. “The glass is more than half empty,” he says. “But at least we’re not dying of thirst.”

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