25 Years Fighting HIV/AIDS in Minority Communities

June 5, 2012 By Paul Kawata

The month of June holds special significance in the history of America's HIV/AIDS epidemic. In June of 1981, the Centers for Disease Control and Prevention reported the first known cases of what would later become known as AIDS. Thirty-one years later, the U.S. Supreme Court will make history again, when it releases its decision this month in a series of challenges to the Patient Protection and Affordable Care Act (ACA). The impact of the Court's decision on our decades-long battle against the HIV/AIDS epidemic cannot be over stated. June also marks an important milestone in the development of a minority-driven response to the epidemic, especially its toll on communities of color. Twenty five years ago this month, the National Minority AIDS Council (NMAC) officially opened its doors.

NMAC came from particularly humble roots. We were formed out of a meeting that took place in a trailer park behind the Circus Circus hotel in Las Vegas, NV. That year, the American Public Health Association (APHA) held its first ever plenary on AIDS at its annual meeting. Unfortunately, there were no people of color included on its panel. In response, leaders from communities of color across the U.S. came together to highlight the unique challenges the epidemic posed for minority communities. Out of this gathering, NMAC was born - the only national organization focused on building leadership in communities of color to end the HIV/AIDS epidemic.

From its very earliest stages, minority communities have borne the brunt of the HIV/AIDS epidemic in the U.S. From gay men and Haitian-Americans in the early 1980s, to African Americans and Latinos (especially gay African American and Latino men) today, minority communities have been, and continue to be ravaged by this 30-year epidemic. Unfortunately, efforts to combat the spread of HIV have all too often failed to adequately address the issues that drive the epidemic among these communities or include representatives from these communities in efforts to develop effective interventions. For the last twenty five years, NMAC has worked to remedy this deficiency by empowering minority leaders to develop community based responses, while giving them a voice in the halls of government.

It feels like serendipity that as we mark twenty five years in the struggle, policy and science are aligning like never before to provide a clear path forward to ending the HIV/AIDS epidemic in America. It was because of this aligmnet that NMAC recently adjusted its mission focus from "addressing the challenges of HIV/AIDS" to "ending the HIV/AIDS epidemic." Biomedical interventions like treatment as prevention, microbicides and pre-exposure prophylaxis (PrEP) are providing exciting new prevention tools. The Affordable Care Act -- in particular its Medicaid expansion -- will go far in expanding access to health care. Federal initiatives like the National HIV/AIDS Strategy outline ways that we can reduce new infections and mitigate health disparities. And exciting new developments in vaccine and cure research

continue to provide hope that we can end HIV/AIDS all together.

As our national response to HIV/AIDS enters a new era, NMAC once again stands ready to lead. We are working with our local, regional and national partners and communities across the country to develop a concrete pathway to ending the domestic epidemic and developing a new breed of leaders to forge that path. We are also appealing to partners that have not previously been engaged in a meaningful way in the fight against HIV/AIDS, whether they are health care providers, government agencies, or elected officials. For twenty five years, we have been at the forefront of addressing HIV/AIDS in minority communities. As we move forward, we remain committed to the struggle and will not rest until the inspiring vision of an AIDS-free generation, laid out by Secretary of State Hillary Clinton last year, has become a reality. I hope you will join us in that fight.

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