“We Cannot Address Any LGBTQ Policy Agenda Without Addressing HIV”

AIDS United CEO Jesse Milan Jr. joined a White House roundtable on LGBTQ issues. He laid out three priorities.

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On January 11, 2022, Jesse Milan Jr., AIDS United president and CEO, represented the HIV community among a group of the nation’s leading LGBTQ community leaders at a roundtable meeting with the White House Domestic Policy Council.

The purpose of this meeting was to discuss the challenges that impact the rights of the LGBTQ community. AIDS United was the only HIV-specific group present at this meeting.

Milan’s remarks were focused on implementing the vision and goals of the new National HIV/AIDS Strategy, specifically where it addresses racial health equity, access to prevention and care and structural Interventions.

Read Milan’s remarks below.

Thank you.

My name is Jesse Milan Jr. and I am president and CEO of AIDS United, a national organization with the mission of ending the HIV epidemic in the United States. We appreciate this invitation to speak because after 40 years of the HIV epidemic it is clear that we cannot and should not address any LGBTQ policy agenda without addressing HIV.

At AIDS United, our policy agenda is driven by hundreds of member organizations and grantees who work every day in nearly every state across the country to address the needs of the 1.2 million Americans living with HIV and the additional 1.2 million that the CDC tells us are highly vulnerable to HIV.

Our priorities for this second year of the Biden Administration begin with the foundation set by the new National HIV/AIDS Strategy released last month on World AIDS Day. We congratulate the Administration, Dr. Phillips and ONAP for this tremendous feat. It responds to the advocacy our

community has raised for quite some time and provides a roadmap that aligns with many of the priorities AIDS United, our members and partners have needed to end the HIV epidemic.

To support the vision and goals of the new National HIV/AIDS Strategy, we urge the Administration to address these three priorities: racial health equity, access to prevention and care, and structural interventions.

Racial disparities exist throughout the nation's health care system. The unrelenting disproportionate share of people living with and vulnerable to HIV are Black and Brown — they are gay men, especially young gay men, Black women, and black transgender women, and people living in the South, and includes injection drug users, and sex workers many of whom are LGBTQ people of color. We must engineer and re-engineer — old and new programs — and develop metrics to assure that all programs addressing HIV are working to create greater health equity. And this is the Administration to do it.

This administration has an opportunity to also take bold leadership when it comes to preventing new HIV transmissions. We need this administration to take leadership to ensure access to PrEP, a lifesaving treatment that prevents HIV. We especially hope this administration will create a major national program aimed to increase access to PrEP especially for our minority and marginalized communities.

Access to health care across the entire lifespan and across all states is important for our people as well. I would be remiss if I did not particularly mention the need for policy and political action to close the Medicaid coverage gap. In states that have expanded Medicaid, we see lower rates of HIV. It is a critical piece to ending the HIV epidemic.

And, you can look at me and know I'm personally committed to promoting policies to support people aging with HIV. Over 50% of people living with HIV now are age 50 or older, and more every day (including me) are heading toward Medicare. So we need to start now crafting and putting in place HHS, HUD and CMS rules, regulations and guidelines to ensure that our elder housing, our assisted living and long-term care facilities, and all senior services are open to us, prepared for us, and have the cultural competence to effectively care for us aging with HIV, and especially for we who are LGBTQ. We need leadership from this administration to both to promote justice and fairness for us and protect our gay elders with HIV from personal financial or health disaster or discrimination before it happens.

Structural change at state levels requires leadership from the White House. HIV criminalization laws are still on the books in 30 states. These despicable laws contribute mightily to HIV stigma and discourage people from getting an HIV test, and entering HIV prevention or treatment programs. AIDS United is calling upon the Biden administration to work with state governments to remove these criminalization laws, as they are relics of a time where we did not trust science. This administration trusts the science when it comes to public health and that should also include not allowing outdated science or fears about LGBTQ people to stop us from helping others as well. Therefore, we're also calling upon the Biden administration to remove at last the FDA's blood ban

for men who have sex with men. And the science has shown that syringe exchange works, and we need leadership from the White House with Congress for ending the federal ban of using federal funds for purchasing devices used in SSPs. It is past time to come to end that ban.

Of course, none of what we need to stop the HIV epidemic is possible without robust budget requests. The Biden administration must request robust funding to implement the National HIV/AIDS Strategy, including increased support for the Ryan White Program, for HIV Prevention at the CDC and for the HOPWA program in HUD. With increasing investments in each year of this Administration, we can recover from the last two years losses and delays in addressing HIV due to COVID and continue building on our gains to achieve the goal of stopping new infections and deaths and assuring that all living with HIV reach and sustain viral suppression. And with your leadership and partnership with all of us, we can reach those goals by 2030.

Thank you again for including us.

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http://beta.docker.poz.com/blog/address-lgbtq-policy-agenda-without-addressing-hiv