NMAC’s Principles and Values for Ending the HIV Epidemic

March 3, 2020 By Paul Kawata

1. Race Matters. HIV disproportionately impacts people of color. Race matters and should be prioritized when making decisions about programs, new hires, and leadership.
2. Nothing About Us Without Us. HIV sits at the intersection of racism, HIV-stigma, homophobic, sexism, and transphobia. EHE efforts have a responsibility to “lead with community.”
3. Health Departments Are Our Friends! Health departments have come a long way. Community works in most health departments so that sometimes it is difficult to differentiate between us.
4. Thank You, Dr. Redfield, for Disruptive Innovation (DI). Dr. Redfield has embraced Disruptive Innovation. We hope that everyone will embrace his vision. When the majority of PLHIV/AIDS are people of color, but over 75% of the people on PrEP are white, we have a problem.
5. Prioritize People Living with HIV/AIDS. 400,000 PLHV/AIDS have fallen out of care. That is too many people. To keep them in healthcare and on meds for the rest of their lives, the HIV service mix must meet their needs as they age.
6. Hire People From Communities Highly Impacted by HIV. EHE funds should translate into tens of thousands of new jobs. Hire people from the communities your efforts are trying to reach. Hire PLHIV/AIDS, transgender community, gay men, black women, hire people from communities that are highly impacted by HIV.
7. Stop Combining the Transgender Community with Gay Men. We need real epi profiles to end the epidemic. Putting the transgender community in the same epidemiological data sets as gay men does not help our EHE efforts.
8. Needle Exchange Works. While federal funds cannot be used to pay for needles, they can be used for the wrap around services that support needle exchange.
9. Housing Is HIV Prevention. Stable housing is key to HIV prevention and care. Housing should be part of every EHE plan. Too many of the 400,000 PLHIV/AIDS who will be brought back into care will also need housing.
10. STDs & Hepatitis. Our efforts to end the HIV epidemic must create meaningful linkages to STI and Hepatitis clinics. People with STDs or Hepatitis should be immediately educated and/or offered PrEP.

Last week HRSA announced $117 million in new funding for their Ending the HIV Epidemic (EHE) efforts. It was a hard fight to get this money and NMAC wants to make sure that the EHE funds are spent correctly. Now is the time to advocate. Draft jurisdictional EHE plans will be reviewed by HHS, CDC, and HRSA by the end of March. Approval of the interim plans provide the roadmap for future funding announcements and new initiatives.

NMAC sent the following email to Health and Human Services (HHS), Centers for Disease Control

and Prevention (CDC), and Health Resource and Services Administration (HRSA).

“Dear Harold, Laura, Jono, and Eugene,

NMAC recently put together a series on Long Term Survivors and People Over 50 Living with HIV. Per our discussion, we want to make sure that the Mix of HIV services meets the needs of this aging population. Hire people living with HIV/AIDS as staff for ending the epidemic plans, particularly for programs targeting people with HIV.

As a follow-up to these pieces, NMAC is bringing in a delegation of 15 people who are over 50 living with HIV to Washington, DC to participate in AIDS Watch and to form an advocacy coalition that brings PLHIV/AIDS leadership to EHE work. We would like them to meet and talk with you.

People living with HIV/AIDS are critical to our efforts to ending the epidemic. Imagine what it would mean to hire them to support this work. To fully implement biomedical HIV prevention, the new money will need to hire thousands of people. Would’t it be wonderful if they

were people living with HIV/AIDS? Not only is it the best pathway to the solution, it also sends a powerful message about the value and importance of PLHIV/AIDS.”

Harold Phillips, Dr. Laura Cheever, Dr. Eugene McCray, and Dr. Jono Mermin have all agreed to listen and talk with a delegation of people over 50 living with HIV/AIDS.

The Partnership to End HIV, STDs, and Hepatitis, a partnership between AIDS United, NASTAD, NCSD, NMAC, and The AIDS Institute, is meeting with ADM Dr. Giroir (ASH), Dr. Fauci (NIAID), and Dr. Cheever (HRSA) to get updates on the EHE efforts and to discuss areas of collaboration. At these meetings, NMAC will share our values and principles. When are you meeting with your health department or planning council to advocate for your community? The money is just getting out and most jurisdictions are still working on their plans. This is the ideal time to build coalitions with other communities to come to the table. I know that everyone wants to do the right thing. Decades of collaboration have proven this point. We are much more powerful when we work together.

Yours in the struggle,
Paul Kawata

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