

We Demand Accountability

The 2008 Presidential Elections and the Black AIDS Epidemic

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Black AIDS Institute
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Dear Friend,

The Black AIDS Institute is pleased to send you this complimentary copy of the first in a series of educational briefs on the 2008 race for the White House—*We Demand Accountability: The 2008 Presidential Elections and the Black AIDS Epidemic*. This report is the latest in a series of reports and news articles, published as a part of the National Black AIDS Mobilization (BAM) campaign that will help Black America hold elected officials accountable for ending the Black AIDS epidemic.

Ending AIDS is about leadership—personal, professional and political leadership. We have aggressively called upon Black America to take responsibility for our own health and that of our communities. And part of that responsibility is insisting that our elected officials also do their part to help us end this epidemic.

As we dive now into the primary season, *We Demand Accountability* empowers Black voters to engage elected officials by:

- Educating Black voters on the key questions that they should expect any candidate for elected office to answer about HIV/AIDS in our community;
- Putting the campaigns and candidates on notice that Black America will expect them to not only be aware of the problem but to have a plan for dealing with it; and
- Educating voters on what the current presidential candidates have and have not contributed to the fight against AIDS in Black America.

We sent written surveys to each of the 16 declared Republican and Democratic presidential candidates in October 2007. *We Demand Accountability* summarizes the candidates' positions based on answers to the survey, previously published evaluations of candidates on AIDS more broadly and the candidates' own public statements and platforms.

A review of the overall field of candidates in the Democratic and Republican parties provides a stark comparison. All eight Democratic candidates have robust public records on the core questions; there is scant information available on any of the questions for all of the Republicans. What information is available about the Republican candidates does not bode well for the Black epidemic in America.

Some notable differences between the parties are:

- Six Democrats have committed to drafting a national strategy to end AIDS; only one Republican has done so.
- All three front-running Democrats—Sen. Hillary Clinton, John Edwards and Sen. Barack Obama—have published AIDS plans that stress the import of addressing the epidemic's racial disparities; no Republican candidate has done so.

Among the top-tier Democrats, conversely, there is great similarity. All agree on basic principles of targeting resources to address the Black epidemic, putting science ahead of ideology and politics, and building a national strategy with goals to which we can all be held accountable.

There are, however, notable differences in details among the leading Democrats:

- Obama's record on encouraging HIV testing among Blacks far outstrips all other candidates: He and his wife, Michelle, have been publicly tested and have spoken forcefully about testing's import.
- Clinton, both in response to the survey and in her subsequently published AIDS platform, has made the most forceful commitment to working with Black faith leaders to address the epidemic.

Stay Tuned for More

The Black AIDS Institute will continue to follow the presidential elections throughout 2008, both on its website—www.BlackAIDS.org—and through reports in other Black media outlets. Getting informed is the first step in getting engaged. And *We Demand Accountability* gives Black voters the information we need to get engaged politically on AIDS. We hope you enjoy the report and we look forward to continuing this dialogue over the coming months.

Yours in the Struggle,



Phill Wilson
CEO, Black AIDS Institute

We Demand Accountability

It was a watershed moment for presidential politics and the AIDS epidemic. PBS news anchor Gwen Ifill was moderating an October 5, 2004, debate between vice presidential candidates Dick Cheney and John Edwards when she asked both men what should have been an easy question. “I want to talk to you about AIDS,” she began, first directing her query to Vice President Cheney. “And not about AIDS in China or Africa, but AIDS right here in this country, where Black women between the ages of 25 and 44 are 13 times more likely to die of the disease than their counterparts. What should the government’s role be in helping to end the growth of this epidemic?”

Cheney’s response gained instant infamy in the AIDS and public health worlds. He first spoke at length about the “great tragedy” of the global epidemic that Ifill had just said she was not asking about. Then, stunningly, he casually acknowledged he had no idea the domestic epidemic still existed—let alone that it had anything to do with Black women.

“I had not heard those numbers with respect to African American women. I was not aware that it was that severe an epidemic there because we have made progress in terms of the overall rate of AIDS infection, and I think primarily through a combination of education and public awareness as well as the development as a result of research of drugs that allow people to live longer lives even though they are infected. Obviously, we need to do more of that.”

Even the part of the answer Cheney professed to know—that we had “made progress in terms of the overall rate of AIDS infection”—was dead wrong. In fact, his own administration’s Centers for Disease Control and Prevention (CDC) had been widely reporting the opposite since his first day in office—and had churned out reams of data to make the point, including the statistic that Ifill cited in her question. Yet, Cheney seemed untroubled that he “had not heard” about it.

John Edwards did not do much better when Ifill next put the question to him. (Edwards was the first candidate in the current presidential race to release an AIDS platform.) Like Cheney, he ignored Ifill’s framing and spoke about AIDS overseas rather than at home. When he turned finally to the U.S., rather than address Ifill’s question about Black women and AIDS, he fumbled through remarks about the general need for Americans to have greater access to health care. “If kids and adults don’t have access to preventative care,” he said, “if they’re not getting the health care that they need day after day after day, the possibility of not only developing AIDS and having a problem—having a problem, a life-threatening problem, but the problem of developing other life-threatening diseases, is there every day of their lives.”

Ifill, perhaps seeing the futility, declared simply, “Ok, we’ll move on.”

“I want to talk to you about AIDS right here in this country, where Black women between the ages of 25 and 44 are 13 times more likely to die of the disease than their counterparts.”
—Gwen Ifill

But Black America did not move on. That 2004 exchange made it painfully clear that our elected officials are not paying attention. And it demonstrated that if we want political leaders to make ending AIDS in Black America a priority, we must insist upon that commitment before offering our support and our votes. It is with that fact in mind that the Black AIDS Institute has produced this campaign brief—*We Demand Accountability: The 2008 Presidential Elections and the Black AIDS Epidemic*. The brief is the first in a series of publications that will help Black America hold elected officials at all levels of government accountable for ending the Black AIDS epidemic.

In publishing *We Demand Accountability*, we aim to meet three goals:

- Help voters identify and understand the key questions that they should expect any candidate for elected office to answer;
- Put campaigns and candidates on notice that Black America will expect them to not only be aware of the problem but have a plan for dealing with it; and
- Educate voters on what the current presidential candidates have (and have not) contributed to the fight against AIDS in Black America.

What We Must Ask

In August 2006, a group of leading voices and organizers in the African American community came together to launch the Black AIDS Mobilization, led by Balm in Gilead, the National Black Leadership Commission on AIDS, and the Black AIDS Institute. The coalition has since set out to draft an overarching plan for coordinated action, dubbed the National Black AIDS Mobilization Plan. As the first step in that process, 16 of the coalition members are now drafting their own plans for folding AIDS into their organizational work. Each of their plans will work toward four common goals, and *We Demand Accountability* evaluates the candidates with those goals in mind.

The four goals of the National Black AIDS Mobilization Plan are:

- **Reduce infection rates.** The plan seeks to slash HIV infection rates in our community by half over the next five years.
- **Get Blacks tested.** The plan seeks to boost the number of Blacks who know their HIV status by 50 percent in the next five years.
- **Support appropriate care.** The plan seeks to insure that African Americans who do test positive have access to appropriate care and are personally able to take the necessary steps to live healthily with HIV.
- **Eradicate stigma.** The plan seeks to finally wipe out all of the needless, deadly stigmas associated with HIV/AIDS that have for too long blocked Black communities from saving themselves from this epidemic.

The Mobilization is rightly focused on spurring the community to act to save itself. For too long, we have waited for government entities, private funders and community allies

to save us from this epidemic; today, we know that regardless of whether they act, we must—both as individuals and as a community.

But that reality does not mean we can or will ignore the fact that AIDS is as much a political challenge as it is a medical and social one. The history of this epidemic is littered with political failures that, rather than helping solve the problem, have made it worse. Those shortcomings have cut across party lines.

By the time President Ronald Reagan uttered the word AIDS in 1986 (he didn't give a speech about it until 1987) the reported epidemic was five years old and more than 16,000 Americans were known to have been killed in it. President George H.W. Bush sat and watched as the U.S.'s annual death toll from AIDS grew by more than six fold. By the end of 1992, the year he left office, 190,687 Americans were dead from AIDS, according to the CDC, nearly a third of them Black.

President Bill Clinton did far more than his predecessors, but his own record remains tarnished by political failures as well. In a baldly political decision, he ignored the advice of his own secretary of Health and Human Services and refused to use his congressionally granted power to lift the ban on federal funding for needle exchange—this, despite overwhelming scientific consensus both inside and out of government that such programs are remarkably successful in reducing infection rates, are among the least costly tools available, and do nothing to encourage drug use.

President George W. Bush has slashed domestic spending on a range of AIDS services, creating devastating holes in our safety net that have resulted in Americans dying while awaiting access to AIDS drugs. Here and abroad, he has promulgated ideologically rigid ideas about prevention and presided over a resurgence in new HIV infections.

So, just as we must take personal responsibility for ending AIDS, we must demand our elected officials and policymakers take responsibility as well. With that in mind, the first section of this campaign brief educates Black voters on what issues they must expect 2008 presidential candidates to address, and explains how those issues relate to each of the Black AIDS Mobilization's four goals.

Putting Candidates on Notice

Our Methodology

We Demand Accountability has an advocacy purpose as well: Informing every candidate that Vice President Cheney's shoulder-shrugging *I dunno* reply to questions about the epidemic is no longer acceptable. Elected officials are notoriously reactive—if no one's asking, they're rarely telling. Gwen Ifill began a new tradition of our community asking about AIDS, and we will continue to do so until the epidemic is over.

The Black AIDS Institute sent written surveys to each of the 16 candidates with declared campaigns as of October 2007. For some campaigns, AIDS- or health-policy advisors had already publicly engaged the broader AIDS community; we sent surveys

70% of the new cases among youth are Black.

50% of people living with HIV/AIDS in the U.S. are Black.

directly to those specialists. For others, we contacted the campaign press office and directed the survey to the staffers each identified. The 15-question survey focused on the four goals of the Black AIDS Mobilization and a fifth goal of the broader AIDS community: developing a national AIDS strategy for the U.S. A copy of the survey appears at the end of this brief.

Other AIDS organizations and media outlets have already published surveys of the campaigns. In particular, AIDSvote.org—a voter-education initiative led by the advocacy coalition Campaign to End AIDS—and Gay Men’s Health Crisis (GMHC) have published an impressively exhaustive review of the candidates drawn from its own survey, the candidates’ public statements, and congressional voting records dating back to the epidemic’s start. Such existing surveys and reviews are crucial resources for voters, and we draw heavily on them in this brief, particularly that of AIDSvote.org/GMHC.

However, previously published candidate reviews neither explain how the issues are relevant to African Americans in particular nor ask the candidates to speak specifically to the Black epidemic. *We Demand Accountability* seeks to fill both gaps. African Americans account for more than half of the U.S. epidemic today, though only 13 percent of the overall population. It is crucially important that candidates know that our community in particular is watching, and that we want to know how they are going to stop the carnage.

Where the Candidates Stand

The second section of this brief reviews both the Democratic and Republican crop of 2008 presidential candidates, examining their records through the lens of the Black AIDS Mobilization’s four goals and the broader community’s call for a national AIDS strategy. We draw on our survey and interviews, on public information such as the campaigns’ platforms and on previous studies. We focus special attention on the top contenders in each party and, given the reality of party-driven policymaking in Washington, D.C., also review the broader records and perspectives of each party on AIDS.

It is crucially important that Black voters make this the first, rather than the last set of questions they ask the campaigns about AIDS. Within weeks after this brief’s publication, the newly compressed party primaries will have swung into high gear and, in all likelihood, will have severely narrowed the field. As scrutiny heightens on those still standing and, ultimately, on each party’s nominee, so must our questions become more pointed.

Throughout the year, the Black AIDS Institute will continue to report on the campaign and ask the important questions. Follow the news by subscribing to the Weekly AIDS Update at BlackAIDS.org, or watch for reports from our Black Press partners—the NNPA News Service and your local Black newspapers, AOL Black Voices (blackvoices.com/blogs/category/aids-25-years-and-copunting) and American Urban Radio Networks, among others.

What Black Voters Must Ask

African American voters have much to sort out already. Candidates in all parties compete ferociously for our support, both in voting and in organizing get-out-the-vote campaigns. In deciding which campaign and what party to throw our individual and collective weight behind, we must consider everything from criminal justice to economic policy to health care access. But it is also incumbent upon us to consider where candidates stand on AIDS—with Blacks representing over half of the epidemic today, and racial disparities widening among both those newly infected and those who die from HIV, this is undoubtedly a Black concern.

Thus, the following is a guide to help Black voters order their thoughts. There are five big AIDS questions we must all ask any candidate or any political party seeking our support in a national election.

Do You Have a National Strategy?

The United States has a wise policy when it comes to supporting poor countries' AIDS programs: Before getting foreign aid, they must first have a national strategy for directing their resources. Yet, 26 years into our own epidemic, we still don't have our own overarching strategy for ending it. Little wonder, then, that we still log an estimated 40,000 new infections each year.

As an Open Society Institute report pointed out in May, this is a particularly crucial point for African Americans—the absence of an overarching strategy with measurable goals and accountability both allowed us to miss the Blackening of the epidemic for too long and, now, has kept us from targeting resources where they are most needed.

But AIDS advocates have in recent months zeroed in on this glaring hole in America's response to the epidemic. And all Americans who care about stopping HIV must make their votes dependent upon a candidate not only pledging to have a plan, but also laying out that plan's priorities.

Will You Support Policies that Reduce Black Infections?

Perhaps the most direct way the next president can impact the Black AIDS epidemic is by lifting the ban on federal funding for syringe exchange programs. A fifth of all HIV infections among Black men and Black women, respectively, still comes through

43% of the new cases among men are Black.

sharing dirty needles; and among Black women infected through sex, 17 percent of their positive male sex partners were themselves infected through dirty needles. We know how to stop these infections—immediately. But our elected leaders don't have the political courage to do it.

The wrongheaded ban on federal funding for needle exchange has been in place since 1989, when Congress decided the programs encouraged drug use and, thus, undermined the “war on drugs.” There was no evidence of that claim at the time, and in the years since a tidal wave of studies (many funded by the U.S. government) have established that the programs are both our most effective and least expensive tool for stopping HIV's spread—and that they do nothing to encourage drug use. In fact, some studies show the programs actually help funnel drug users into recovery.

Congress authorized the president to lift the ban if the Department of Health and Human Services certifies the programs don't spur drug use—and the department did so, way back in 1998. President Clinton failed to act, however, and the issue has not come back up. Meanwhile, studies show that the 36 states and territories that have cobbled together programs with local funds are finding success. In fact, a 2005 federal study attributed a slow but steady decline in new Black infections nationally in part to the stunning success of New York City's syringe exchange program. If every city had a fully-funded program we could replicate that success nationally. Black voters must demand that the next president commit to this proven prevention solution.

Similarly, surveys have shown that African Americans are far more receptive to health education information of all sorts when it comes from Black community sources. In 2004, Kaiser Family Foundation surveyed 18 to 24-year-old African Americans who had been exposed to HIV-prevention messages through a Kaiser/Viacom campaign targeting Black media; more than half said they talked to their sex partners about safety as a result of what they saw. Any viable HIV prevention campaign directed at Black people must be funneled through our community's trusted voices—from media and pulpits to celebrities and community organizers. We must ask our elected officials: Will you devote substantial resources to helping our community's voices get the word out about AIDS?

Will You Support Community-Based HIV Testing?

Similarly, we must ask candidates if they will devote substantial resources to HIV testing campaigns that are organized by and rooted inside our own community, and that connect people to appropriate care. The Centers for Disease Control and Prevention estimates that as much as a quarter of the 1.2 million Americans believed to be HIV positive do not know they are infected. Data strongly suggest these undiagnosed infections drive the epidemic's growth.

CDC has launched a massive campaign to get more people tested, changing the guidelines given to health care providers to make it easier for them to administer tests. And African Americans already get tested at rates more than twice that of

whites. Nevertheless, CDC estimates a whopping half of all positive Blacks don't know they're infected. So to truly close the knowledge gap, public health will have to tap into the growing willingness among our community's traditional institutions to facilitate testing. It must fully support testing efforts based at churches, social events, conventions and other community gatherings.

Will You Guarantee Access to Adequate Treatment?

Perhaps the most glaring political failure of the Bush administration when it comes to AIDS has been its active neglect of the AIDS care safety net. At a time when there are more Americans living with HIV than ever before, the AIDS budget has remained largely flat since the onset of the Iraq war. As a result, in a country with overflowing wealth, Americans with HIV/AIDS now linger on waiting lists that are hundreds-deep for services as basic as public insurance to pay for expensive but lifesaving medications. Two thirds of African Americans who are in treatment for AIDS survive because of public health insurance, yet Medicaid systems are collapsing in nearly every state, buckling under financial pressures. So, one of the most important questions to ask any presidential candidate is if he or she plans to rebuild our care system.

The problem is poised to get worse: As testing campaigns convince more and more people to learn their status, those who are positive and do not have private insurance will further crowd into the system. And it's not just medicines. AIDS service providers across the country are no longer able to sustain counseling services, nutrition programs, drug recovery programs and the host of other support structures that make it possible for people to succeed in HIV treatment. Our next president's commitment to fully funding access to AIDS treatment and care must be unequivocal.

How Will You Stop the Stigma?

Finally, the president occupies a powerful bully pulpit for setting the national tone on a range of issues and ideas. It is long past time that America have a president brave enough to stand up and set a tone that embraces all Americans, regardless of sexual orientation or HIV status, and encourages an open, honest dialogue about sexuality and health in general. By doing so, the president—who still garners more U.S. media attention than any other figure—can help our community (and all communities) begin to tackle the shame and blame that still get in the way of personal and communal health. Whether straight or gay, young or old, rich or poor, if Americans cannot talk honestly about their sexuality, they cannot figure out how to lead healthy lives.

In addition, we must ask candidates whether they will direct faith-based funding to Black Churches that are willing to lead the anti-stigma campaign. For too long we have reflexively blamed the community's slow response to AIDS on the church's damnation of the behaviors that lead to HIV risk. Today, thousands of faith leaders around the country are using their pulpits to instead wipe away personal shame and support healthy lives. Any national effort to end AIDS must include and support their efforts.

67% of the new cases among women are Black.

Where the Candidates Stand: The Democrats

The Black AIDS Institute sent surveys to all eight declared Democratic candidates in October 2007. Of those, only **Sen. Chris Dodd** had responded in full by publication time. A spokesperson for **Sen. Hillary Clinton** answered some of the questions in a phone interview. Representatives for **John Edwards**, **Sen. Barack Obama** and **Gov. Bill Richardson** stated their campaigns' intent to respond, but had not done so by publication time.



Sen. Hillary Clinton



Sen. Chris Dodd



John Edwards

Below, we review the Democratic field on our five big questions (see The Issues on page 8), drawing on the limited responses to our survey, public statements, and previously published candidate surveys. Absent answers to our survey questions, we focus on the candidates leading in the polls at press time and on candidates who have exceptionally good or bad records on a given question. Ultimately, whomever wins the Democratic nomination must be asked to offer full, detailed answers to questions about how they will stop the Black AIDS epidemic.

On Creating a National Strategy

Six of the Democratic candidates have committed to developing a national strategy for America's response to the AIDS epidemic: **Sen. Hillary Clinton**, **Sen. Chris Dodd**, **John Edwards**, **Rep. Dennis Kucinich**, **Sen. Barack Obama** and **Gov. Bill Richardson**.

■ In response to our survey, **Dodd** wrote, "Fighting HIV/AIDS requires coordination between a national strategy and community initiatives. This means enlarging the public health footprint to provide direct community services and having the structure to integrate local activities into a larger community response." He went on to call for

“direct support of community activities.” Dodd also vowed to create an AIDS czar with authority to coordinate actions across agencies.

■ A **Clinton** spokesperson told the Black AIDS Institute that the senator strongly supports a national AIDS strategy with explicit goals and a timeline for achieving them. The campaign subsequently released its AIDS platform on November 27, which stated, “Federal efforts to tackle HIV/AIDS are diffuse and uncoordinated today... Hillary will tie all of the federal efforts together into a single comprehensive national strategy.”

■ **Edwards** was the first to release an AIDS platform, on September 24, and in it he vowed to craft a national strategy “through an honest, comprehensive and fast-tracked process that involves stakeholders from the public and nonprofit sectors.” As part of the strategy, Edwards would mandate a cabinet-level annual report on where the country



Rep. Dennis Kucinich



Sen. Barack Obama



Gov. Bill Richardson

stands on meeting its goals and would appoint a “strong director” for the Office of AIDS Policy. “Our disappoints [in stopping AIDS] can be explained in part by the failure to create a national strategy,” the platform states.

■ **Obama** similarly vowed to craft a national AIDS strategy in his October 16 AIDS platform. The platform specified that “in the first year of his presidency, he will develop and begin to implement a comprehensive HIV/AIDS strategy that includes all federal agencies.” The platform said Obama’s strategy will include “measurable goals, timelines, and accountability mechanisms.”

On Reducing Black Infections

All of the leading Democratic candidates have issued AIDS platforms that forcefully commit to addressing the epidemic’s racial disparities. During a June 28 Democratic debate at Howard University, hosted by Tavis Smiley, the candidates took turns answering NPR host Michel Martin’s question about AIDS among African American youth. All eight responded by making strong calls for a focus on stopping AIDS in Black America in particular.

THE DEMOCRATS



Sen. Joe Biden



Sen. Mike Gravel

Notably, **seven of the eight Democrats** support federal funding for syringe exchange programs. Only **Sen. Mike Gravel** has not publicly stated his support, though he said in the Howard University debate that he believes the Black epidemic is worsened by the so-called “war on drugs,” declaring, “If they really want to do something about what’s happening to the health of the African American community, it’s time to end this war.”

All eight Democrats have signaled their support for comprehensive sex education in our nation’s schools. **Edwards, Kucinich** and **Obama** said they would end funding for abstinence-only sex education programs.

■ Notably, **Kucinich** has already voted twice in the House for needle exchange funding. Kucinich is also sponsor of a bill, dubbed the JUSTICE Act, which would make condoms available in federal prisons and encourage state prisons to do the same. **Edwards, Obama** and **Richardson** have stated their support for the bill.

■ **Dodd**, in response to our survey, declared that, as president, he would both lift the syringe-exchange funding ban and target prevention resources in Black community-based organizations and media outlets. He further stated, “My leadership will exemplify ... reliance on science and outcomes. Prevention policy should focus on what is known to work in preventing the spread of HIV/AIDS in the population generally and especially among adolescents. This will be an important element of education policy as well as health policy.”

■ A **Clinton** spokesperson told the Black AIDS Institute that she will fund syringe exchange; increase funding for the Minority AIDS Initiative, which sets aside money to support AIDS campaigns rooted in communities of color; and increase support for nontraditional public health partners, in particular clergy and faith leaders. In a statement announcing her AIDS platform, the campaign stressed its focus on reducing rates among African Americans, Latinos, gay men and women. At the June 28, Democratic presidential primary debate hosted by Tavis Smiley at Howard University, Clinton said, “Let me just put this in perspective: If HIV/AIDS were the leading cause of death of white women between the ages of 25 and 34 there would be an outraged outcry in this country.” On prison prevention, Clinton told AIDSvote.org only that more study is needed, stating, “I will take steps to better understand how HIV/AIDS is transmitted in prisons and to address this problem.”

■ **Edwards** vowed to fund syringe exchange in his September AIDS platform and lodged his support for the JUSTICE Act in response to AIDSvote.org’s survey. His platform stresses the epidemic’s disproportionate impact on African Americans overall and on Latina women. It declares, “Any serious effort to end the HIV/AIDS epidemic must *begin in* the African American and Latino communities, including among the incarcerated population, and address their prevention and treatment needs. We must also continue to work intensively with *overlapping* groups like gay men.” [Emphases added.]

■ **Obama** vowed to fund syringe exchange in his October AIDS platform, and also specified his support for the JUSTICE Act. His platform declares that “HIV has hit some communities harder than others” and vows “Obama will tackle the root causes of

health disparities by addressing differences in access to health coverage and promoting prevention and public health.” During the Howard University debate, Obama framed the issue broadly, saying, “The problems ... are all interconnected. To some degree, the African American community is weakened. It has a disease to its immune system. When we are impoverished, when people don’t have jobs, they are more likely to be afflicted not just with AIDS, but with substance abuse problems, with guns in the streets. So it is important for us to look at the whole body here.”

On Encouraging Blacks to Get Tested

■ **Obama** has perhaps the most significant record on HIV testing among African Americans because he has already led by example: During an August 2006 trip through sub-Saharan Africa, he spoke at length about the need for personal and political leadership on AIDS and took a public HIV test of his own. Since then, he has continued to use his existing bully pulpit to highlight the need for testing.

■ **Dodd**, however, is the only candidate who has committed to targeting resources to Black community-based testing campaigns—a vow he made in response to our survey. Dodd stressed, “Any testing must be coupled with counseling for both those who test positive and those who test negative but may engage in high risk behavior. Testing sites need to be used as education opportunities to prevent people from spreading or contracting HIV.” The Centers for Disease Control and Prevention recently issued new guidelines for HIV testing that remove a longstanding recommendation that it be closely tied to counseling; the change was meant to make HIV testing easier for health care providers to administer and, thus, encourage more providers to offer tests to patients. The Black AIDS Institute has joined other AIDS organizations in warning that counseling must remain a crucial component of testing.

On Ensuring Access to Appropriate Care

All eight Democrats have vowed to increase funding for the Ryan White CARE Act, which is the primary vehicle for federal funding of AIDS care services. And **seven of the eight candidates** (excluding **Sen. Joe Biden**) have stated they will support the Early Treatment for HIV Act, which would expand Medicaid to allow poor people living with HIV but not yet diagnosed with AIDS to qualify for public insurance.

However, most of the candidates have said their primary response to ensuring access to AIDS care is to reform the broader health care system. Ultimately, the candidate who receives the Democratic nomination must be pressed to answer how he or she will ensure access to AIDS treatment and care even if broader reforms are unsuccessful or delayed. Two-thirds of African Americans in treatment for HIV/AIDS now pay for it with public insurance, but each of those programs face financial crises.

■ In response to our survey, **Dodd** vowed both to support Medicaid expansion (he has twice cosponsored the bill) and to ensure that state-run, federally funded AIDS Drug

“Any serious effort to end the HIV/AIDS epidemic must begin in the African American and Latino communities, including among the incarcerated population, and address their prevention and treatment needs.”

—John Edwards

*“Let me just put this in perspective: If HIV/AIDS were the leading cause of death of white women between the ages of 25 and 34 there would be an outraged outcry in this country.”
—Hillary Clinton*

Assistance Programs (ADAP) are adequately funded so that there are no waiting lists for service. He has cosponsored each of the bills authorizing the Ryan White CARE Act. In his response to our survey, he stated, “Failure to invest more is completely counterproductive and will actually add to our public health costs as we are left treating an uncontrolled disease. Treating HIV/AIDS early and preventing transmission is an investment in our future.”

■ A **Clinton** spokesperson told the Black AIDS Institute that, while ADAP funding is key, it must be increased within the context of more funding for Ryan White overall. Clinton’s AIDS platform stresses that her broader health reform plan guarantees “access to affordable, quality health insurance” and does not allow insurers to deny coverage based on preexisting conditions. The platform further states that Clinton will “strengthen” Medicaid, offering subscribers an array of plans “with benefits at least as good as the typical plan offered to Members of Congress.” Clinton is a lead sponsor of the Early Treatment for HIV Act and, notably, has been a key player in the ongoing debate about Ryan White CARE Act reform. As southern states have argued for a funding system that directs more resources toward their burgeoning epidemics, Clinton has led members in blocking changes that decrease funding for urban centers such as New York City. The Black AIDS Institute has argued that the entire funding pie must be increased to accommodate both new and old epidemics.

■ While in the Senate, **Edwards** co-sponsored both the Early Treatment for HIV/AIDS Act and the Ryan White reauthorization bill. His AIDS platform reiterates his support for Medicaid expansion and stresses that, even with broader health care reform, fully funding Ryan White is “essential to ensure culturally competent care is available.” He also vows to “put an end to waiting lines for HIV drugs” in state ADAPs. Like the other leading candidates, he stresses broader reform, stating, “True universal health care must be the foundation for a national HIV strategy.”

■ **Obama** has also cosponsored the Early Treatment for HIV Act and, in his AIDS platform, states he is “a strong supporter” of the Ryan White CARE Act. However, his AIDS platform speaks in most detail about access to treatment and care when discussing his broader universal health care plan, which he vows to sign into law by the end of his first year.

On Eradicating Stigma

Of the range of stigmas associated with HIV/AIDS, perhaps none has been so detrimental to Black America’s handling of the epidemic as bias against gay and bisexual men. The federal government sends a signal to America through the legal status it grants lesbian, gay, bisexual and transgender citizens, and on that score the Democratic candidates widely support existing LGBT civil rights initiatives. According to GMHC, **all eight Democrats** support banning employment discrimination based on sexual orientation and gender identity; two candidates—**Gravel** and **Kucinich**—support marriage rights for LGBT Americans and the other six support civil unions.

Also according to AIDSvote.org, five Democrats—**Dodd, Edwards, Kucinich, Obama**

and **Richardson**—have committed to lifting the longstanding ban on HIV-positive travelers and immigrants entering the U.S.

■ On using the president’s bully pulpit to fight stigma in general, **Dodd** answered the Black AIDS Institute survey by stating, “It is important to unite the American people to undertake this challenge and to provide an environment and resources that encourage people to engage early with healthcare providers to stop the spread of HIV/AIDS and achieve better health.” Dodd also vowed to dedicate resources to Black faith leaders who are working to combat stigma.

■ **Clinton’s** AIDS platform stresses that she will work with faith leaders in the Black community on a host of issues, though it does not specify fighting stigma as among them. A campaign spokesperson also told the Black AIDS Institute that she would revive public health’s effort to reduce infections among gay and bisexual men, particularly Black gay and bisexual men.

■ **Obama** has already begun using his bully pulpit to fight stigma. His public HIV test and repeated call for personal responsibility in dealing with HIV in Black America represent the sort of leadership we must have from our next president. During the Howard University debate, Obama declared, “One of the things we’ve got to overcome is a stigma that still exists in our communities. We don’t talk about this. We don’t talk about it in the schools. Sometimes we don’t talk about it in the churches. It has been an aspect of sometimes a homophobia, that we don’t address this issue as clearly as it needs to be.”

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*—Barack
Obama*

Where the Candidates Stand: The Republicans

We sent surveys to all eight Republican candidates in the race as of October 2007. All of the surveys were distributed to individuals identified by the campaigns themselves. However, **no Republican candidate** responded to the survey, either in written form or via telephone interviews. As a result, very little is known about how any of the Republican candidates will respond to the Black AIDS epidemic.

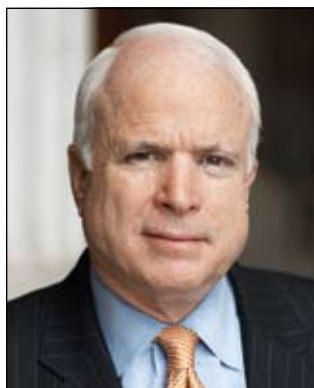
Below, we review the existing public record of the four top-polling candidates at press



Rudy Giuliani



Mike Huckabee



Sen. John McCain



Mitt Romney

time—**Rudy Giuliani, Mike Huckabee, Sen. John McCain, and Mitt Romney**—drawing heavily from the GMHC survey. As with the Democratic field, whoever ultimately wins the Republican nomination must be asked to explain his positions on these crucial issues.

On Creating a National Strategy

Mike Huckabee is the only Republican candidate to have committed to developing a national AIDS strategy. Huckabee made his pledge in a December 8 statement, the bulk of which clarified a remark he made while running for Senate in 1992, in which he endorsed quarantining people living with AIDS. In his December 8, 2007, statement, Huckabee declared, “My administration will be the first to have an overarching strategy for dealing with HIV and AIDS here in the United States, with a partnership between the public and private sectors that will provide necessary financing and a realistic path toward our goals. We must prevent

new infections and provide more accessible care. We must do everything possible to transform the promise of a vaccine and a cure into reality.”

No other Republican candidate has answered the question of whether he will develop a national strategy. In addition to not responding to the Black AIDS Institute’s survey, no candidate responded to the AIDSvote.org survey either. Thus, it is also unknown whether any of the candidates would actively oppose the creation of a national strategy or simply have failed to consider AIDS a priority.

On Reducing Black Infections

No Republican candidate has answered whether or how he would target resources to stop the epidemic’s disproportionate impact on African Americans.

None of the Republican candidates support lifting the ban on federal funding for syringe exchange; several of them actively oppose it. Similarly, none of the candidates have stated support for comprehensive sex education in schools; only **Romney** has discussed how he would respond to HIV’s spread inside prisons.

■ **Giuliani** has perhaps the most hopeful record on syringe exchange among the Republican candidates. As mayor of New York City, from 1994 to 2001, he presided over one of the nation’s most robust—and successful—syringe exchange programs. The system was first established prior to his taking office, but expanded significantly during his administration. According to the GMHC review, Giuliani told the New York Times in 1997 that syringe exchange “is something I’m skeptical about, but it doesn’t mean I’m not willing to look at the argument on the other side.” He has not answered whether he would adopt the same approach as president.

■ **Huckabee**, as a Senate candidate in 1992, told The Associated Press that in order for the federal government to effectively stop the epidemic’s growth “we need to take steps that would isolate the carriers of this plague.” He explained that, “It is the first time in the history of civilization in which the carriers of a genuine plague have not been isolated from the general population.” After AIDS activists and news reports drew attention to the statement in December 2007, Huckabee released a December 8 statement clarifying his remark. Huckabee stressed there was “too much confusion” about HIV/AIDS in the early 1990s and argued that his point then, and now, is that we must “deal with the virus using the same public health protocols that medical science and public health professionals would use with any infectious disease.”

He went on to state, “At the time, there was widespread concern over modes of transmission and the possibility of epidemic. In the absence of conclusive data, my focus was on efforts to limit the exposure of the virus, following traditional medical practices developed from our public health experience and medical science in dealing with tuberculosis and other infectious diseases. We now know that the virus that causes AIDS is spread differently, with a lower level of contact than with TB. But looking back almost 20 years, my concern was the uncertain risk to the general population—if we



Rep. Duncan Hunter



Rep. Ron Paul

got it wrong, many people would die needlessly. My concern was safety first, political correctness last.” At the time, science had already firmly established that HIV was not spread through casual contact. Nevertheless, in a recent broadcast interview about the 1992 statement, Huckabee insisted, “I don’t run from it, I don’t recant it.” He said he would, however, articulate the position differently today.

■ **Romney**, as governor of Massachusetts in 2006, vetoed a bill passed with strong legislative support that legalized over-the-counter sale of syringes. According to the GMHC report, when the legislature overrode his veto, Romney remarked, “Legalizing needles is like giving matches to an arsonist. It undermines our efforts to enforce the state’s drug laws, and it increases the likelihood that dirty and contaminated needles will end up on our beaches, parks, and playgrounds.” There is no evidence of any of these claims. In 1994, according to the GMHC report, Romney remarked that he would support allowing condoms in prisons if medical staff called for it. He has not commented on specific, contemporary efforts to do so.



Rep. Tom Tancredo



Fred Thompson

On Encouraging Blacks to Get Tested

None of the leading Republican candidates have stated if or how they would target resources to encourage more African Americans to learn their HIV status, or how they would support HIV testing of any sort.

On Ensuring Access to Appropriate Care

None of the leading Republican candidates have discussed how they would ensure access to treatment and care for people living with HIV/AIDS.

■ **McCain** is the only leading candidate with an identifiable record on federal treatment policy. As a senator, he has not supported the Early Treatment with HIV Act, which would expand Medicaid to cover poor people who are living with HIV but are not diagnosed with AIDS. He was an original cosponsor of the Ryan White CARE Act, but has not taken a meaningful role in AIDS treatment and care policymaking.

■ **Giuliani**, while mayor of New York City, maintained an intensely combative relationship with the city’s AIDS service organizations and advocacy groups on a host of policy issues. The situation deteriorated to the point that a federal judge placed the city’s AIDS services department under federal control for three years, according to an American Prospect magazine review of Giuliani’s AIDS record. Housing Works, a New York AIDS housing and advocacy group, charged that Giuliani punitively cancelled its service-providing contracts due to its criticism of his administration; the organization sued the city, and Giuliani fought the case throughout his administration. In 2005, Mayor Michael Bloomberg settled the suit for \$4.8 million.

On Eradicating Stigma

All of the leading Republican candidates have troubling records when it comes to dealing with stigma associated with HIV. Not only have none of them addressed the broader issue of HIV-related stigma, they have all actively played upon stigmas and biases that help drive HIV infection and/or have supported policies that discriminate against people living with HIV.

■ **Romney** declared in 1994 that he supports lifting the ban on people living with HIV entering the country, if the individuals prove they can pay for their own medical care, according to the GMHC review. But Romney has notably moved to the right on a number of his previous positions, and he has not answered how he would handle the policy during the course of this campaign. And while Romney was at one time a vocal supporter of gay civil rights, he has since become an equally vocal opponent. He worked tirelessly as governor of Massachusetts to block legal recognition of same-sex marriages and has prominently featured that effort in his presidential campaign.

■ **Giuliani** has similarly altered his position on gay civil rights in the course of running for president. As mayor of New York City, he supported legislation creating domestic partner benefits; he has since, however, stated opposition to both same-sex marriage and civil unions, which give gay couples legal recognition without conferring on them the status of marriage.

■ **McCain** has consistently backed legislation that stigmatizes or discriminates against people living with HIV, according to the GMHC review. In addition to backing the ban on people living with HIV entering the country, he has voted to involuntarily test patients for HIV before surgery and to imprison HIV-positive doctors or health care workers who participate in surgery. Standard safety procedures for all surgeries remove risk of HIV transmission from doctor to patient.

Black AIDS Institute Candidates Survey

A national strategy to end AIDS in America

The United States wisely insists that any country seeking our support for its AIDS program first develop an overarching strategy to guide how the resources will be used. More than 26 years into the epidemic, however, the U.S. government still has no national strategy of its own. **If elected, will you create a national AIDS strategy to guide the federal government's domestic AIDS initiatives?**

No national strategy can work without meaningful leadership. Previous administrations have appointed AIDS czars with varying levels of authority and influence. **If elected, will you appoint an AIDS czar and give that office authority to coordinate federal AIDS programs across agencies and departments and to collaborate with Congress on legislative initiatives?**

African American organizations ranging from the NAACP to Bishop T.D. Jakes' The Potter's House church are building their own strategies for ending AIDS and finding ways to coordinate action with one another. **If elected, how would you support these community-based campaigns?**

Reducing infections among African Americans

A congressionally mandated Department of Health and Human Services study found in 1998 that syringe exchange programs reduce HIV infections without increasing drug use. **If elected, will you lift the ban on federal funding of syringe exchange programs?**

Research shows African Americans and Latinos are more likely to trust health information that comes from sources within their community. **If elected, will you target resources to African American community-based organizations and media outlets to conduct HIV prevention and education?**

From sex education in schools to HIV/AIDS research, throughout the epidemic political and ideological disputes have too often trumped measured science in guiding our nation's response. **If elected, how will you ensure that science drives federal AIDS policy?**

Encouraging more African Americans to learn their HIV status

A wide range of African American community leaders, from churches to entertainers, have come together in recent years to develop innovative HIV testing initiatives. **If elected, will you commit resources to these African American community-based testing campaigns?**

The Centers for Disease Control and Prevention estimates as much as a third of HIV-positive Americans are undiagnosed. **If elected, how will you use the Office of the President to promote HIV testing, particularly among African Americans?**

Ensuring access to appropriate care for those living with HIV/AIDS

The key to successful HIV/AIDS treatment is getting into care before the virus cripples the immune system. **If elected, will you encourage Congress to pass and then sign into law the Early Treatment for HIV Act, or a similar bill expanding Medicaid eligibility to include people living with HIV but not diagnosed with AIDS?**

Every year states across the country develop hundreds-deep waiting lists for their AIDS Drug Assistance Programs (ADAPs). In 2006, at least four people died while lingering on South Carolina's waiting list. **If elected, will you ensure that every state ADAP is adequately funded so that there are no treatment waiting lists in America?**

Despite an estimated 40,000 new infections every year, the federal AIDS budget has remained largely flat since 2001. Local health departments and AIDS service organizations across the country are capping enrollment and limiting services to make ends meet. **If elected, how will you make sure we continue to have enough resources to handle a growing epidemic?**

Eradicating stigma surrounding HIV/AIDS

African American faith leaders have long been criticized for inaction on AIDS. But in recent years the Black Church has taken a leadership role in fighting the epidemic, particularly in tackling the range of stigmas that fuel infections and deter treatment. **If elected, will you target resources at stigma-eradication campaigns led by African American faith leaders?**

How would you use your bully pulpit as president to combat stigma surrounding HIV/AIDS?

Black AIDS Institute

The Black AIDS Institute, founded in 1999, is the only national HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black leaders, institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.

What We Do

■ The Institute develops and disseminates information on HIV/AIDS policy. Our first major publication was the NIA Plan, which launched a national campaign to stop HIV/AIDS in African American communities by formulating and disseminating policy proposals developed through collaboration with federal, state and local government agencies, universities, community-based organizations, healthcare providers, opinion shapers and “gatekeepers.”

■ **The African American HIV University**, the Institute's flagship training program, is a fellowship program designed to increase the quantity and quality of HIV education in Black communities by training and supporting peer educators of African descent. AAHU's treatment and science college trains Black people in the science of HIV/AIDS. We believe when people understand the science of AIDS, they are better equipped to protect themselves from the virus, less likely to stigmatize those living with the disease or at risk of infection, better able to adhere to treatment and advocate for care, and better positioned to influence public and private HIV/AIDS policies. The Prevention and Mobilization College prepares Black AIDS workers to engage and mobilize traditional Black institutions in efforts to confront HIV/AIDS and increase utilization of HIV prevention services in their communities.

■ **The International Community Treatment and Science Workshop** is a training and mentoring program to help people who are living with HIV/AIDS or who are working with community-based and non-governmental AIDS organizations to meaningfully access information presented at scientific meetings.

■ **The Drum Beat** is the Institute's Black media project designed to train Black media on how to report accurately on HIV/AIDS and tell the stories of those infected and affected. The Black Media Task Force on AIDS, a component of the Drum Beat Project, currently has over 1500 Black media members.

■ The Institute publishes original editorial materials on the Black AIDS epidemic. Our flagship publication is our “State of AIDS in Black America” series. In the past

few years, the institute has published reports on Black women, Black youth, Black gay and bisexual men and treatment in Black America. Our website www.BlackAIDS.org attracts nearly 100,000 hits a month. And our weekly AIDS updates currently have over 35,000 subscribers. The *Drum Beat* newspaper is a semi-annual tabloid with a distribution of 300,000. It is distributed to Black conventions, barbershops, beauty parlors, bookstores and doctors' offices. The Institute's newest publication is *Ledge*, a magazine produced by and for Black college students and distributed on the campuses of historically Black colleges and universities around the country.

■ **Heroes in the Struggle** is a photographic tribute to the work of Black warriors in the fight against AIDS. Featuring elected officials and other policy makers, leading Black clergy, celebrities and entertainers, journalists, caregivers, advocates and people living with HIV/AIDS, HITS travels to Black universities, museums and community-based organizations throughout the United States, providing information on HIV/AIDS, raising awareness and generating community dialogues about what Black people are doing and what we need to do to end the AIDS epidemic in our communities.

■ The Black AIDS Institute and BET, in association with the Kaiser Family Foundation, also sponsors the **Rap-It-Up Black AIDS Short-Subject Film Competition** to highlight the issue of AIDS and HIV infection within the African American community. By showcasing examples of heroism from within Black communities, we can galvanize African Americans to refocus and recommit to overcoming this epidemic.

■ The Institute provides technical assistance to traditional African American institutions, elected officials and churches who are interested in developing effective HIV/AIDS programs, and to AIDS organizations that would like to work more effectively with traditional African American institutions.

Finally, nearly 30,000 people participate in AIDS updates, town hall meetings or community organizing forums sponsored by the Institute annually.

■ **Leaders in the Fight to Eradicate AIDS** (LifeAIDS) is a national Black student membership organization created to mobilize Black college students around HIV/AIDS. LifeAIDS sponsors a national Black Student Teach-In and publishes *Ledge*, the only national AIDS magazine written, edited and published by Black students. Founded in 2004, LifeAIDS is the nation's only AIDS organization created by Black college students to mobilize Black college students to end the AIDS epidemic in Black communities. LifeAIDS has a presence on more than 70 college campuses nationwide.

■ The **National Black AIDS Mobilization** is an unprecedented five year multi-sector collaboration between all three national Black AIDS organizations in the United States (The Balm in Gilead, the National Black Leadership Commission on AIDS and the Black AIDS Institute) with a goal of ending the AIDS epidemic in Black America by 2012.

BAM seeks to build a new sense of urgency in Black America, so that no one accepts the idea that the presence of HIV and AIDS is inevitable. The campaign calls on

traditional Black institutions, leaders and individuals to take actions toward ending the AIDS epidemic in Black America.

The project has four key objectives: cut HIV infection rates in Black America, increase the percentage of Black Americans who know their HIV status, increase Black utilization of HIV treatment and care, and decrease HIV/AIDS stigma in Black communities.

BAM does this in two ways: identifying and recruiting traditional Black institutions and leaders, and providing Black leaders and institutions with the skills and capacity to develop strategic action plans for themselves and/or their organizations.

■ The **Test 1 Million** campaign is a two-year effort to screen one million people for HIV by December 1, 2008. The campaign began with a celebrity-studded press conference in collaboration with SAG and AFTRA at the Screen Actors Guild in Hollywood. Other events include an Oakland-to-Los Angeles run during which people will be tested along the California coast run route, and a national “get free concert tickets in return for taking an HIV test” program in partnership with leading R&B and hip-hop artists.