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2.05.2020: ACT NOW: END AIDS (ANEA), a national coalition of community-based and national organizations committed to ending AIDS as an epidemic in the United States, welcomes the symbolic importance of the President’s statement on “eradicating the AIDS epidemic in America” as part of his State of the Union address and calls upon the administration to meaningfully uphold this commitment, cease implementing and advocating for policies directly at odds with stopping new transmissions and promoting the health of people living with HIV, and recommit —through adequate funding— to its stated goal to reduce new HIV diagnoses by 90% over the next decade as part of the Ending the HIV Epidemic (EHE) initiative.

The leadership of this administration has put numerous policies into effect since 2017 that directly undermine the EHE goals announced in February 2019. Recent comments by President Trump intended to cast doubt upon the progress made in former administrations do not inspire confidence in current presidential promises and instead require us to lay out deep concerns. Combatting this virus cannot be a partisan campaign talking point, especially where concrete actions do not align with the rhetoric.

High quality and accessible healthcare services are the critical foundation of meaningful efforts to end AIDS. This administration has systematically rolled back, or attempted to roll back, access to critical services for people living with HIV and communities most vulnerable to new HIV infections. Medicaid is the single largest source of coverage for people living with HIV, yet the latest Centers for Medicare and Medicaid Services guidance allows states to cap Medicaid funding, which will limit or eliminate health access for many people living with HIV. Furthermore, the Supreme Court's injunction allowing implementation of the new public charge policies pose a stark choice for many immigrants in need of health services, who we know will be discouraged from seeking care. Without access to healthcare for the low-income communities most burdened by HIV, there can be no end to our U.S. HIV epidemic. While the administration touts new funding for the EHE initiative, these attacks on health care access impede the domestic HIV response and equate to stepping over quarters to pick up pennies.

Advocates have long been aware that a firm commitment to human rights protections is essential to efforts to halt HIV transmission. Indeed, the federal EHE initiative itself acknowledges the need to address stigma, discrimination, and unmet needs for housing, food, and other barriers to access to effective HIV services. Yet, the administration has systematically sought to undermine critical protections to reproductive health rights, for the LGBTQ community, and for people living in poverty, communities of color, and immigrant populations. While targeting these groups does not represent the explicit targeting of people with HIV or those in need of prevention services, we are troubled that the administration seemingly cannot connect the dots between removing civil and healthcare rights for these groups on the one hand and expecting successful implementation of EHE on the other. Notably, the administration has been committed
to rolling back transgender rights protections across nearly all government offices. These sorts of federal actions have fueled targeting of transgender communities at the state level. A current bill proposed in Kentucky makes providing best practice medical treatment to transgender youth under the age of 18 a felony. This bill, applauded by the administration, is being used as a model for similar bills in a number of other states. Transgender communities are disproportionately impacted by HIV; these attacks will serve to harm their health and hinder further overall EHE success in Kentucky and beyond.

Earlier last year, the Department of Justice filed court papers arguing sexual orientation is not a protected category under Title VII of the Civil Rights Act; and the Department of Justice subsequently filed a brief supporting this position in response to three cases on this matter heard by the Supreme Court on October 8th, 2019. The Court’s decision on these cases, expected to be delivered before or by June of this year, will ultimately decide whether workplace protections against harassment and discrimination on the basis of sexual orientation and gender identity are covered by Title VII. The current high rates of poverty in LGBT communities means that employment protection is critical to achieving the health goals within EHE. Additionally, these acts of covert homophobia bolster HIV stigma, which deteriorates healthcare outcomes for people living with HIV.

Likewise, the administration’s rollbacks in public housing access, SNAP benefits, disability benefits and other basic necessities for managing any chronic illness are actively undermining the ability of the most vulnerable persons living with HIV to benefit equally from antiretroviral therapy that promotes optimal health for persons living with HIV and stops ongoing HIV transmission. In a report issued just last week, the CDC pointed to “factors such as stigma, comorbidities, and socioeconomic inequalities” as drivers of racial HIV health inequities that likely “limit access to quality health care, housing, and HIV prevention messaging.”

The way to move this country closer to achieving the administration’s EHE goals is by investing in HIV positive individuals and communities most vulnerable to the virus, not enacting or inspiring legislation and regulatory changes that further isolate them and sabotage their ability to access healthcare. The ACT NOW: END AIDS Coalition calls for the administration’s EHE efforts to be rooted in fact, science, and sensible policies that are consistent with the stated goal of ending HIV. To truly achieve these ends, policy cannot remain in contradiction to progress.

Disclaimer: The content of this statement does not express the views of all members of the Act Now: End AIDS coalition or our government partners.