

**Presidential Advisory Council on HIV/AIDS (PACHA)
Requesting Federal Activities to Eliminate HIV Health Disparities Among Black MSM
September 30, 2011**

WHEREAS, the Centers for Disease Control and Prevention (CDC) HIV surveillance report, released on August 3, 2011, underscored the significant health disparities that exist for Black gay and other men who have sex with men (BMSM) in general and young Black gay and other men who have sex with men (YBMSM) in particular, showing that while the overall number of new HIV infections in the United States has remained fairly stable from 2006–2009, there continues to be an increase in new infections among BMSM; most alarming was the 48% growth of new HIV infections among YBMSM, ages 13-29, with a statistically significant estimated annual increase of 12.2% and,

WHEREAS, the CDC reported in the *Annals of Internal Medicine* on August 1, 2011, that rates of primary and secondary syphilis, an indicator of elevated risk for HIV transmission and acquisition, disproportionately increased in recent years among Black and Hispanic young men who have sex with men and,

WHEREAS, a study presented at the National Medical Association 12th Annual Colloquium on March 31, 2011, reported that social stigmatization is still the largest barrier keeping African American frontline physicians from routinely testing their patients for HIV and,

WHEREAS, a study published in the *American Journal of Public Health* in December 2010 reported on the disproportionately pervasive trauma exposure histories and post-traumatic stress disorder risk in a large survey of sexual minorities, including MSM, and,

WHEREAS, a September 2011 special supplement to *Public Health Reports* underscores a need to address social determinants of health (SDH)—the underlying economic and social conditions that influence the health of individuals and communities as a whole.

Be it resolved that the President's Advisory Council on HIV/AIDS calls on the Secretary of Health and Human Services to convene a high-level summit (including government and non-government stakeholders) on the HIV epidemic and its impact on YBMSM and to create a department-wide task force charged with developing a comprehensive plan to address all aspects of the epidemic among YBMSM.

We also call on the Secretary to ensure the following: 1) that HIV prevention, care and treatment funding distribution methodologies are aligned with the epidemic in ways that adequately support the needs of populations disproportionately impacted by HIV, including YBMSM; and 2) that knowledge gained from studies of social determinants of health are integrated into all interventions that might help to reduce inequalities in health.

We further call on the NIH to develop and issue a high priority research plan, by March 31, 2012, that addresses HIV among YBMSM, including evaluating the potential benefits of biomedical interventions (such as PrEp and treatment as prevention) and the use of novel technologies and other strategies to engage YBMSM in care and treatment and combination preventions strategies.

We call on HRSA and the CMS to require all physicians practicing at publicly funded institutions or receiving public reimbursement for the delivery of health care services to undergo continuing medical education (and where available certification) in HIV testing, care and treatment.

In conclusion, the National HIV/AIDS Strategy visions a nation where HIV infections are rare and that all those in need of care are granted it without exception. Providing prevention, care and treatment, and all social services that are culturally structured and of high quality to Black MSM at all stages of life is a key milestone to ending the HIV epidemic in the United States.