2011–2012

Federal Policy Agenda

GMHC

FIGHT AIDS. LOVE LIFE.

EXECUTIVE SUMMARY

Gay Men's Health Crisis (GMHC), the world's first HIV/AIDS service organization, has achieved great success in advocating for HIV-positive and at-risk Americans over the last 30 years of the epidemic. Most recently, the first two years of the Obama Administration have proven particularly fruitful. With support from the 111th Congress, GMHC assisted in garnering significant gains for HIV prevention and treatment, including: repeal of the decades old HIV travel and immigration ban, a policy that severely undermined public health efforts and unduly stigmatized people living with HIV; passage of the Patient Protection and Affordable Care Act, also known as health care reform, which will prohibit insurers from denying coverage of individuals with pre-existing conditions, including HIV; the overturn of a 23-year old ban on federal funding of syringe exchange programs, which have been scientifically proven effective in reducing HIV transmission among intravenous drug users; and the unveiling of the nation's first National HIV/AIDS Strategy, a tool that will strengthen the government's response to the domestic HIV epidemic. However, the progress achieved during the previous Congress stands to be challenged by the more conservative 112th Congress. Thus, efforts to maintain essential resources for people with HIV are crucial perhaps now more than ever.

GMHC will continue to work in coalition to defend funding appropriations for HIV prevention, treatment, and research. GMHC will also work with our partners to defend the gains made in the Patient Protection and Affordable Care Act and to ensure that the federal government continues to allow federal funding for syringe exchange programs.

Top Priorities

- Improve treatment and care services for older adults with HIV, as well as increase HIV prevention services for adults over 50.
- Develop HIV prevention strategies for people in correctional facilities.
- Reform blood donation policy to allow low-risk gay and bisexual male donors while improving blood safety.
- Implement community level prevention programs that address anti-gay bias and other structural drivers of HIV vulnerability to improve the health of lesbian, gay, bisexual and transgender (LGBT) people.
- Promote implementation of the President's Plan for Emergency Relief's (PEPFAR) guidelines for HIV prevention among men who have sex with men (MSM).
- Defund all federal abstinence-only-until-marriage programs.

Additional Priorities

- Expand research and development of microbicides and other prevention tools, including pre-exposure prophylaxis (PrEP).
- Pass H.R. 1880, requiring an update on the National HIV/AIDS Strategy.
- Promote routine HPV vaccinations for men and boys as a preventive tool against anal cancer.
- Implement recommendations by the Obama Administration to address the health needs of LGBT Americans.

HIV and Aging

GMHC calls for improved treatment and care services for older adults with HIV, as well as increasing the HIV prevention services for adults over 50. People over the age of 50 living with HIV/AIDS in the U.S. are a rapidly growing population. From 2001 to 2007, this segment of the HIV-positive population increased proportionally by over 61%, going from 17% of the HIV-positive population to about 27% of the 1.1 million people living with HIV/AIDS in the U.S.[1] By 2017, half of all Americans with HIV/AIDS will be over 50.[2]

With the advent of effective antiretroviral treatment, HIV has become a more manageable, chronic condition. As a result, a person with HIV can expect to live well into his or her 50s, 60s, and even 70s. However, older adults with HIV are also developing multiple age-related illnesses quite early. These include non-AIDS related cancers, cardiovascular pathologies, bone fragility, and diabetes.[3,4,5,6] Older adults with HIV and their providers need to manage multiple morbidities that are not typically seen until much later in life. Health practitioners need confidence that multiple medications are not toxic when taken in tandem.

Striking disparities exist among older adults living with HIV. Among people who are 50 or older nationally, African Americans are 12 times as likely as their white peers to have HIV; Latinos are five times as likely.[7] In 2001, African American women accounted for only 11% of women over 50, but made up half of all AIDS cases and more than 65% of all HIV infections among all older women in the U.S.[8]

Men who have sex with men (MSM) are also disproportionately represented among people living with HIV. About four percent of men (two percent of all adults) report having sex with other men, but according to the Centers for Disease Control and Prevention (CDC), 53% of people living with HIV, and 57% of people diagnosed in 2006, were MSM.[9]

Research indicates that older adults with HIV face widespread stigma and discrimination by staff and peers in senior centers, including unauthorized disclosure of HIV status and fear of casual transmission of HIV. LGBT elders experience stigma and discrimination in senior services from staff and other program participants or residents in senior housing. Same-sex couples are discriminated against with regard to eligibility or tax treatment under income support programs including Social Security, pensions and 401k retirement plans, and domestic partner health insurance. As a result, they are denied the income they need and deserve for retirement.

Effectively addressing the issues of older adults with HIV will require a coordinated and targeted response from federal agencies to: conduct more clinical research relevant to and including people over 50 living with HIV; update standards of care to encourage health care providers to screen older people for STIs, including HIV; and properly train health care providers, senior center staff, nursing home staff doctors and caregivers to address the needs of older adults with HIV.

GMHC report, released April 2010

GMHC calls on the CDC to improve epidemiological surveillance systems and data collection to provide specific data delineated by age and risk category for adults over age 50, specifically among smaller age cohorts, such as 50–59, 60–69, etc. The availability of such data would inform HIV prevention programs and professionals in the public health and medical communities on specific routes of HIV transmission among older adults. This information is vital to improving treatment and health of older adults, and ensuring early diagnosis of HIV infection.

GMHC calls on the Department of Health and Human Services (HHS) to support demonstration projects, such as Special Projects of National Significance (SPNS) grants, or other resources to specifically target this population. SPNS advance knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. The program funds innovative models of care and supports the development of effective delivery systems for HIV care. Current SPNS initiatives include enhancing access to and retention in quality HIV/AIDS care for women of color, enhancing linkages to HIV primary care and services in jail settings, and hepatitis C treatment expansion.

GMHC also calls for the definition of older adults with "greatest social need" to include older adults with HIV and LGBT elders within the reauthorization of the Older Americans Act (OAA).[a] The OAA authorizes the Administration on Aging to administer grants to states for community planning and social services, research and development projects, and personnel training in the field of aging.

Prison Work

GMHC calls for development of HIV prevention strategies for individuals in correctional facilities. The prevalence of HIV/AIDS is over four times higher for incarcerated individuals than for the U.S. population as a whole,[10] with the prevalence rate of HIV among female inmates higher than for males.[11] This may be due in part to the racial and economic demographics of the prison population, which over-represent populations with a higher than average prevalence of HIV seropositivity, including African Americans, poor people, and injection drug users.

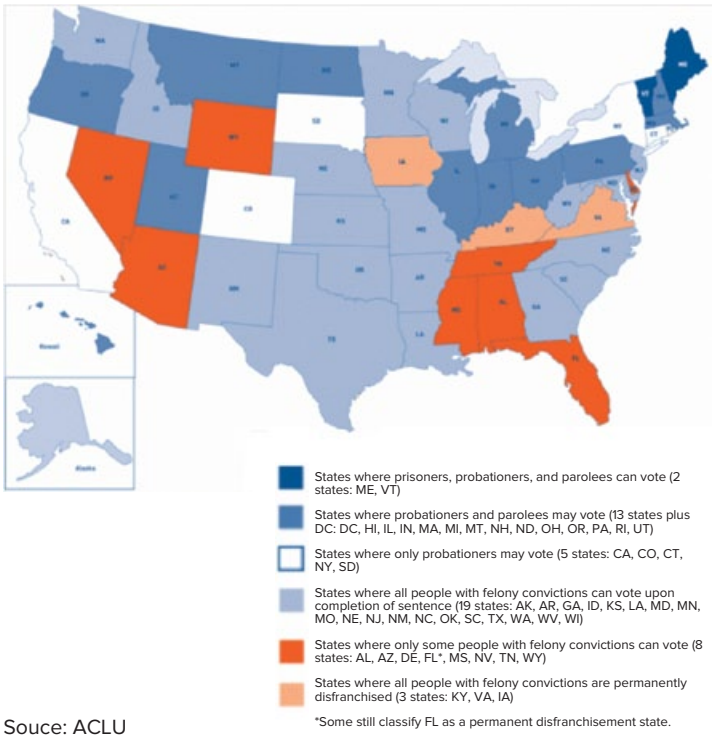
It is clear from data and other accounts of prison life that sex and injection drug use are primary routes of HIV transmission in prison, but precise statistics on infection rates in prisons are not available.[12] Furthermore, stigma, fear, and non-disclosure of HIV-positive status may play a role in masking exact HIV prevalence in prisons. A recent report from the Bureau of Justice Statistics on sexual victimization in prisons identifies specific subgroups who are more vulnerable than others, including women, gay and bisexual men, young men, and individuals who had been sexually victimized in the past.[13]

Transgender women are also vulnerable to sexual abuse and harassment. The University of California, Irvine's Center for Evidence-Based Corrections found in 2007 that "sexual assault is 13 times more prevalent among transgender inmates, with 59% of those in the study reporting being sexually assaulted."[14] In this study, transgender victims were also far more likely than other victims to have been sexually assaulted on multiple occasions.[15] The CDC and the Department of Justice should expand HIV prevention education in prisons, while simultaneously supporting efforts to reduce nonconsensual sex in prisons.

GMHC supports implementing STI/HIV education and prevention programs in prisons to help stop the spread of HIV, Hepatitis C and other STIs to other inmates, as well as to their partners with whom they come into contact after release. GMHC urges Congress to reintroduce and vote in favor of the Stop AIDS in Prison Act, a bill introduced by Congresswoman Maxine Waters. The bill directs the Bureau of Prisons to draft and implement a policy to provide comprehensive HIV testing, treatment, and prevention for inmates in federal prisons, and upon reentry in the community.

Structural barriers to reintegration create a cycle of recidivism and re-imprisonment that increases the public health risk of HIV by disproportionately affecting vulnerable communities. This exacerbates already grave health disparities in our nation today.[16] GMHC advocates for more targeted programs, utilizing the limited resources supported by the Second Chance Act, to improve outcomes for people returning to communities from jails and prisons.

Map of State Felony Disenfranchisement Laws



Souce: ACLU

Blood Donation Guidelines for Gay Men

GMHC calls for reforms to blood donation policies to allow low-risk gay and bisexual male donors while improving blood safety. In response to the momentum building from blood donor reform advocates, the Department of Health and Human Services (HHS) organized a convening of the Advisory Committee on Blood Safety and Availability (ACBSA) on June 10 and 11, 2010, to formally review the ban on gay male blood donors. This policy has been in place since the early 1980s. The ACBSA voted 9 to 6 against recommending a change to the FDA's current policy, stating that currently available scientific data are inadequate to support change to a specific alternative policy. The vote came after two days of testimonies from medical professionals and leading community-based organizations, including GMHC.

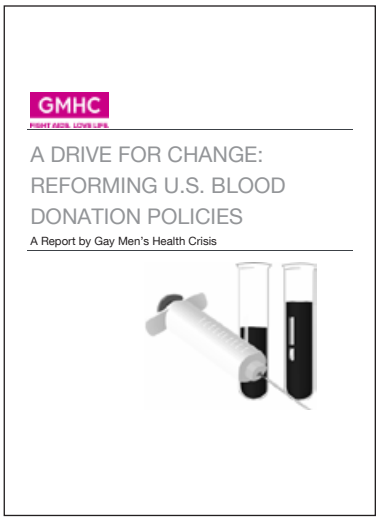
However, the Committee issued recommendations[b] regarding current blood donor deferral guidelines on men who have sex with men (MSM). These recommendations include: validating a modified donor questionnaire that would better differentiate low-risk versus high-risk MSM and heterosexuals, and could reliably determine sub-sets of eligible, healthy donors; determining the feasibility of donor pre-testing to identify eligible donors; and taking action to

investigate and reduce the risk of Quarantine Release Errors (QREs) in blood collection establishments.

Shortly before the ACBSA meeting, GMHC and several prominent LGBT, HIV, and hemophilia groups issued a joint statement[c] articulating their commitment to the safety of the nation's blood supply and a willingness to carefully revisit the current policy. Both gay men and people with hemophilia have been disproportionately impacted by the HIV epidemic. Critical advancements in HIV prevention, treatment, and research can be linked directly to the years of successful advocacy by both communities. For most of the past quarter century, these two communities have worked toward shared goals, including caring for people living with HIV and preventing the virus's spread. Our united aim is to increase the blood donor pool while maintaining and/or enhancing the safety of the nation's blood supply.

GMHC calls for swift implementation of the ACBSA's recommendations by the U.S. Department of Health and Human Services, Food and Drug Administration, and the Centers for Disease Control and Prevention, through collaborative partnerships with blood recipient stake holders and civil society organizations.

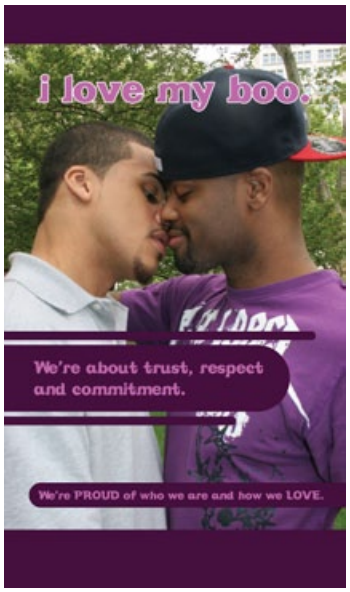
We thank Senator John Kerry and Congressman Mike Quigley for their continued support and leadership in advocating for blood donation reform.



GMHC report, released February 2010

Community Interventions

GMHC calls for the implementation of community level prevention programs that address anti-gay bias and other structural drivers of HIV vulnerability to improve the health of LGBT people. Preventing HIV and STIs among gay men requires many more far-reaching initiatives beyond campaigns promoting safer sex and HIV testing. Although these are crucial in a complete approach toward eradicating HIV, disseminating interventions that confront social ills to a wide audience can have a profound positive impact on public health. Homophobia is one such social ill, and a pervasively anti-gay society erects barriers to community health, especially among gay members of minority groups. Being hated, socially isolated, and discriminated against for being gay creates many detrimental effects for gay men.



GMHC social marketing campaign, released June 2010

Homophobia and anti-gay bias must be countered in all their expressions, subtle and overt, in order to make a greater impact on curtailing HIV transmission. Homophobia and anti-gay bias do not only place gay, lesbian, bisexual, and transgender (LGBT) people at risk of physical harm. They also pose a public health threat as they are correlated with an increase in vulnerability to HIV infection, particularly among gay and bisexual men and other MSM.[17]

Family acceptance of gay youth is a potentially important strategy to reduce risk and promote well-being across multiple domains for gay and transgender youth. Gay youth who are rejected by their parents are 3.4 times more likely to engage in unprotected sex than those accepted and supported by their parents.[18] Furthermore, they are also 3.4 times more likely to engage in substance abuse, and 8.4 times more likely to report attempting suicide.[19] Funding is needed to support a research-based family intervention model to decrease rejection and increase support for LGBT youth. This has the potential to decrease risk and promote well-being during adolescence for a range of health outcomes, including HIV and STDs.

GMHC urges our leaders to understand the inextricable link between anti-gay stigma and HIV-related stigma. Anti-gay prejudice should be challenged by federal, state, and local health departments through social marketing and other approaches as a structural driver of HIV vulnerability among gay and bisexual men. Anti-stigma initiatives should build upon school interventions that promote acceptance of LGBT youth and promote acceptance of gay youth in other institutions, such as juvenile detention and foster care. GMHC urges Congress to reintroduce and make law the Tyler Clementi Higher Education Anti-Harassment Act, to prevent harassment of young people and enable safe learning environments at educational institutions.

President's Emergency Plan for AIDS Relief (PEPFAR)

GMHC calls for implementation of President's Plan for Emergency Relief's (PEPFAR) guidelines for HIV prevention among MSM. The reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR), passed and signed into law in July 2008, called for HIV prevention with MSM. It also specifically called for research to better understand HIV among MSM in Africa and the Caribbean, where homophobia and criminalization of homosexuality drive the epidemic. On a global scale, gay men and other MSM bear a disproportionate impact of the HIV epidemic. It is estimated that MSM are 19 times more likely to be HIV-positive than the general population in low- and middle-income countries.[20] However, estimates show that HIV prevention services only reach 9% of MSM.[21] This population is largely underserved worldwide as a result of political, social, and economic factors that drive infection rates in many regions of the world.

Social and epidemiological research on MSM and HIV in Africa is necessary to move forward in combating the epidemic. There is a dearth of research on HIV and same-sex behavior in African nations. Many researchers, whether publicly or privately funded, do not inquire about same-sex practices for many reasons. These range from personal bias to fear about safety where persecution of perceived homosexuals is state sanctioned. U.S. support via PEPFAR, the Global Fund, and other institutions for research on this issue will not only delineate the needs and health concerns of this vulnerable segment of the population, but also encourage African governments to confront the HIV challenge from all fronts.

As part of PEPFAR's efforts to meet the needs of MSM, a guidance document[d] to implement HIV prevention targeted at MSM was released in May 2011. GMHC strongly urges the U.S. Office of the Global AIDS Coordinator (OGAC), to disseminate the guidance document, and ensure full implementation of the guidelines among all 15 countries receiving PEPFAR support.

Sexuality Education

GMHC calls for the full defunding of abstinence-only-until marriage programs. Abstinence-only-until-marriage programs have received $1.5 billion over the last 15 years in federal and state funds, yet are counterproductive and harmful to America's youth. The sexual health of young Americans has declined significantly over the past decade. Rates of sexually transmitted infections (STIs), unwanted pregnancy, and HIV are up for young men and women nationwide. In New York City, new HIV infections are up among females 13–19 and gay and bisexual males 13–29.[22]

Four million American adolescents get a sexually transmitted infection each year. One in four teenage females has an STI, as does one in two black teenage females.[23] Teen pregnancy is on the rise for the first time since the early 1990s.[24] Forty-eight percent of high school students report being sexually active.[25]

Abstinence-only-until-marriage programs have been unable to demonstrate behavioral outcomes. Abstinence-only programs often involve the taking of "virginity pledges." Youth in communities where high numbers of students have taken "virginity pledges" are less likely than students in other communities to use contraception, have similar rates of STIs than those in other settings, and are less likely to seek medical attention in relation to a suspected sexually transmitted infection.[26]

The U.S. Department of Health and Human Services commissioned a 2007 study that found these programs to be ineffective in increasing teen rates of sexual abstinence. It found that more than half of the youth became sexually active before marriage regardless of whether they had taken a "virginity pledge."[27] Following a comprehensive review of programs, the National Campaign to Prevent Teen and Unplanned Pregnancy reached the same conclusion.[28] Youth undergoing abstinence-only-until-marriage "education" have shown no significant differences in rates of pregnancy or sexually transmitted infections.[29] As such, they are not only ineffective and a waste of public dollars, they are also harmful to young people.

Funding of abstinence-only-until-marriage programming was briefly eliminated under Title V when it expired in June 2009. However, funding for some of these programs was reinstated by an amendment to the Affordable Care Act in 2010.

GMHC calls for an end to funding for failed, ideological approaches to sex education. Such funding should shift to proven, scientific approaches. GMHC also supports the Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act, introduced by Senator Lautenberg and Representative Lee. This bill would strike a provision in the Social Security Act that has enabled funding for abstinence-only education since 1996. It would then redistribute $50 million annually to the Personal Responsibility Education Program, which provides funding for medically accurate and age-appropriate sex education.

ADDITIONAL PRIORITIES

GMHC calls for added research and development of microbicides and other prevention tools, including pre-exposure prophylaxis (PrEP). Among the most promising HIV prevention tools are those using antiretroviral medications (ARVs) in HIV-negative people to prevent transmission of HIV. Microbicides and pre-exposure prophylaxis (PrEP) are two such tools. Microbicides are gels or creams that can be applied topically to the vagina or rectum and would prevent acquisition of HIV even during sex. PrEP is a new concept where uninfected individuals take oral HIV medications to prevent HIV infection during anal or vaginal sex.

A 2010 study, known as CAPRISA 004, studied 889 heterosexual women in South Africa who used a 1% tenofovir gel within 12 hours before sex, and within 12 hours after sex. Findings from the study found that women who received the gel showed a 39% percent lower risk of infection compared to those who received an inactive placebo gel.[30]

The iPrEX study, conducted among 2,499 HIV-negative gay men and transgender women who have sex with men from six countries, revealed that the ARV drug Truvada is a safe and effective measure in preventing HIV infection among MSM. The study reported a 43.8% reduction in HIV risk overall in participants who received a daily oral dose of Truvada, compared to those who received a placebo.[31] Efficacy proved even higher among participants who took the medication consistently. Participants who took the medication more than 90% of the time showed a 72.8% reduction in infection.[32]

Both microbicides and PrEP are in the development stages. However, results of these studies are promising and warrant further research to continue developing effective biomedical prevention interventions.

GMHC urges passage of H.R. 1880 bill, requiring an update of the National HIV/AIDS Strategy. Congresswoman Barbara Lee (D-CA) and 87 Members of Congress introduced H.R. 1880, legislation calling for a status report on the implementation of the National HIV/AIDS Strategy and progress toward achieving universal access to treatment for people living with HIV/AIDS.

GMHC calls for routine HPV vaccinations for men and boys as a preventive tool against anal cancer. On December 22, 2010, the Food and Drug Administration (FDA) approved the human papillomavirus (HPV) vaccine, known as Gardasil, for boys and men ages 9 to 26 to help prevent anal cancer. Previously, Gardasil had only been approved for girls and women ages 9 to 26 to prevent HPV, the virus that can lead to cervical and anal cancer. The FDA's move is a great stride forward in preventing anal cancer in high-risk populations, including gay and bisexual men, especially those living with HIV.

HPV is thought to be the cause of 90% of anal cancers.[33] Anal cancer is a rare cancer in the U.S., with an average of two cases per 100,000.[34] However, gay men are 20 times more likely than the general population to get anal cancer,[35] and HIV-positive gay and bisexual men are up to 40 times more likely than the general population to develop anal cancer.[36]

GMHC looks to the CDC to recommend HPV vaccination for boys and men to prevent the burden of social stigma, chronic conditions, cancers, and deaths resulting from exposure to the virus.

GMHC calls for implementation of recommendations by the Obama Administration to address the health needs of LGBT people. GMHC commends the Obama Administration and the National Institutes of Health (NIH) for commissioning the Institute of Medicine's (IOM) recent report on the health of LGBT Americans. The unprecedented report, The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding,[e] was issued in March 2011 and recommends implementation of a research agenda that will assist in enhancing its research efforts in the area of LGBT health.

GMHC is also encouraged that the *National Prevention Strategy: America's Plan for Better Health and Wellness*,[f] released in June 2011 by the Prevention Council. It incorporates many of the recommendations regarding LGBT health provided by the IOM report. The Strategy, a requirement of the Affordable Care Act, will advise the National Prevention Council on policy and program recommendations regarding chronic disease prevention and management, integrative health care practices, and health promotion.

GMHC looks forward to working with the Administration to implement the recommendations of both reports to address the specific health needs of LGBT people. GMHC specifically urges implementation of two of the report's recommendations" 1) data collection of sexual orientation and gender identity in electronic health records; 2) and the development and standardization of sexual orientation and gender identity measures.

Currently, federal health surveys, such as the National Health Interview Survey (NHIS), do not collect any data on sexual orientation or gender identity despite existing research that shows LGBT persons face significant health disparities. Researchers are consequently forced to rely on anecdotal data and convenience samples that are too small to provide a complete understanding of LGBT health issues. Thus, the recommendations regarding population-level data are vital to assess and improve the health of LGBT persons These recommendations stand to greatly benefit people living with and at risk for HIV.

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f www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf

About Gay Men's Health Crisis

Mission: GMHC fights to end the AIDS epidemic and uplift the lives of all affected.

Our Clients, Our Services: Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. As the world's oldest AIDS service provider, GMHC helps over 10,000 men, women and their families each year. GMHC offers a wide range of comprehensive client services, including hot meals, benefits/entitlements advocacy, healthcare advocacy, case management, legal assistance, HIV counseling and testing, individual and group counseling services, prevention education, and mental health services.

GMHC has been on the frontlines of the AIDS epidemic since it began, focusing on the communities most adversely affected by HIV, and expanding our service provision to follow the trends of the epidemic.

Our clients reflect the diversity of the HIV epidemic:

- 71% are people of color;
- 33% are heterosexual;
- 61% are gay, lesbian, bisexual;
- 26% are women;
- Over 50% reside outside of Manhattan;
- 27% are 50 years of age or older;
- 35% live on an annual income of less than $10,000;
- 5% are either homeless or living in transitional housing
- Over 47% rely on Medicaid; and
- 10% rely on the AIDS Drug Assistance Program (ADAP) for their medical care and life-saving prescription drugs.

For more information, please contact Nathan Schaefer, Director of Public Policy, at nathans@gmhc.org or (212) 367-1041.

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