

HIV Prevention Justice Alliance 5/27/09 Call Notes

70 Participants

Membership

Julie Davids announced that **the HIV PJA will continue to recruit Founding Members until August 15 rather than cutting it off on June 1**. This is because many groups have said they need a little more time to go through their own processes for joining an alliance, and/or at the end of their fiscal years.

Founding members will be listed as such and acknowledged as the first groups to join the PJA - they do not have extra responsibilities or status otherwise. She encouraged as many groups as possible to become Founding Members so we can show the depth and breadth of support for the HIV PJA when we mobilize at the National HIV Prevention Conference in Atlanta, which starts August 23.

She went on to clarify the roles and benefits of membership, including:

- Member groups can have very different levels of participation, according to their interests and resources
- All groups are required to endorse the Prevention Justice Principles.
- Member groups are asked to give input into the HIV PJA Policy Agenda. The draft agenda is in the Overview of the HIV PJA on the website (<http://www.champnetwork.org/HIV-Prevention-Justice-Alliance>). We will have our first Membership call in late June to seek input on the policy agenda, but also welcome anyone to send comments via email.
- All groups are asked to have some sort of mobilization plan. For example, how would they mobilize the staff, board, clients, volunteers and/or surrounding community to respond to action alerts asking for phone calls to be made? This can be as simple as distributing alerts through your organizational email list and then discussing it at a staff meeting, or as detailed as a phone tree and affinity group structure that extends into the community. For groups that do not have a plan, the HIV PJA will offer technical assistance and capacity building, so please do not let this be a barrier to joining.

However, all mobilizations of the HIV PJA are opt-in/opt-out. This means that no organization is required to participate in every mobilization AND it means that there is no assumption that every member organization supports every aspect of the Policy Agenda.

In addition, she clarified the Key Contact process and definition:

- The HIV PJA membership is made up of organizations. However, individuals may join the CHAMP Network (for as low as \$10 a year) and apply to be a Key Contact of the HIV PJA
- Key Contacts are asked to have and use a mobilization plan in their organization and/or local community
- Key Contacts are asked to give input into the HIV PJA Policy Agenda, and participate in our planning calls

- Applications for Key Contacts will be accepted and considered on an ongoing basis.

HIV PJA Gatherings

At the National HIV Prevention Conference (www.2009nhpc.org), we will hold HIV PJA gatherings every morning of the conference (Mon, Tues and Wed) and on Monday and Tuesday evenings. All of our gatherings are open to the public. We have also submitted a request to hold a workshop.

We will hold a reception at the US Conference on AIDS (<http://www.nmac.org/index/2009-usca>) in October in San Francisco. We have also submitted a request to hold a skills-building workshop in collaboration with the HIV Prevention Advocacy Coalition, which is a working group of the Federal AIDS Policy Partnership.

Update on the NHPC

The National HIV Prevention Conference (www.2009nhpc.org, Atlanta, August 23-26, 2009) is an important organizing opportunity because it is the federal government's flagship HIV prevention conference held every two years. In 2007, over 2,000 people, including HIV prevention practitioners, researchers, academics, government funders and officials, and community stakeholder attended. The CDC organizes it and uses it to leverage media around HIV prevention.

Starting with the June HIV PJA member planning call, we will begin to plan activities for the conference – particularly actions that emphasize the issue that a broad spectrum of government agencies not only participate in the conference, but also participate in HIV prevention activities. Ideas include issuing a report card, and demanding that the federal government broaden the scope of HIV prevention beyond just the CDC.

Our letter to the NHPC that asked for a broad, cross-government collaboration was well received (for a full report, see the 4/30 HIV PJA call report at www.champnetwork.org/hiv-prevention-justice-alliance).

Subsequently, David Munar received an invite to be a plenary speaker. David will consult with PJA members for content ideas for his remarks, which will integrate his perspective as a person living with HIV.

The conference has open registration, but there is a fee. Julie noted that for the 200 scholarship slots available for this year's conference, only 220 applicants were received (the application deadline has passed). Next time, Julie suggests mobilizing the community to submit more applications to get more people to the conference.

Media registration is available for community press and journalists. You have to apply and supply credentials to get a waiver of the registration fee (that is, the conference is free for credentialed media).

The conference sponsors a free and open event on the Tuesday evening called the NGO Village (see conference site for details). The HIV PJA will meet after the close of that event at 8pm. ***All HIV PJA events organized for the conference will be open to the public.***

Questions

Marcelo commented that he would like to see engagement of the Department of Education, and Julie agreed that Marcelo's comment is an example of the type of specificity PJA would like to see in cross-governmental collaboration.

Calvin Twoguns asked how the HIV PJA platform would explicitly address prevention issues for Native Americans. David Munar responded that the HIV PJA draft agenda includes three major policy areas: (1) paradigm shift to broaden frame of prevention to cover multiple risk factors such as poverty and homophobia, (2) research as a method to better understand contexts that put people at risk and (3) leverage other federal agencies that have a role to achieve national HIV prevention goals (for example, Indian Health Services, Department of Justice Bureau of Prisons, Labor Department, Education, and so on). The agenda will be in those three frames, but the HIV PJA will work out with the membership the priorities we will pursue – what is achievable in short, medium and long term; what is happening in current environment (like health care reform). Some activities that are urgent may not be included on that draft, but the HIV PJA will work together to determine if they can be included.

Dazon Dixon Diallo noted that many of us have a long and rich history of working with the CDC, HHS and HRSA – but we may encounter challenges engaging departments with which we have a more limited relationship.

Panel of Speakers:

Dazon introduced the speakers and noted that they may seem atypical for a teleconference about HIV prevention, but this line up is intended to connect issues to HIV prevention that are not as well understood in our communities or in general.

Lynn C. Todman, PhD, Director of the Institute of Social Exclusion (ISE) at the Adler School of Professional Psychology, Chicago
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Dr. Todman discussed the relationship between poverty and HIV, including who is poor in the US, anti-poverty approaches and why poverty persists. This thumbnail gives background info to aid in HIV PJA platform goals to shift the paradigm to the determinants of HIV/AIDS and think of the kinds of research to conduct to understand the issues of poor communities.

Absolute Definition of Poverty

In the US, an absolute definition of poverty dominates – and this definition is not used much in the rest of the world. The absolute definition refers to a lack or lowness of income, defined by a poverty line. In 2008, the poverty line was \$14,000 for person with no children and \$21,000 for a family of four with two children under the age of 18.

Critiques of the poverty line definition:

- These thresholds are very low. For instance, in Chicago, the average rent for 3-bedroom hovers at \$3,000, so a person living at or below poverty line cannot afford an average rent.
- It undercounts the poor.
- It does not reflect the way Americans live now, as the concept itself was developed in the 1950s and has not been fundamentally revised to reflect today's economic realities. Though it has been indexed for inflation, it is essentially the same poverty line as was developed 40 years ago.
- It only counts cash income, so it does not count benefits such as food stamps, Earned Income Tax Credit, Medicaid.

- It does not account for regional differences – the poverty line is the same for New York City as it is for Des Moines.
- (Most important critique) It does not draw attention to inequalities in society.

Relative Definition of Poverty

This definition is common outside of the US. It is a subjective measure that fluctuates over time along with the norms of society. For instance, we can define the poverty line for those who live with less than 50% of median income, so it is a relative line that shifts over time.

Both definitions typically use quantitative measures that focus on income and consumption of goods and services that can be purchased with money.

The non-economic (non-material) terms for defining poverty offer a broader way of thinking about it, and it has a long history outside of the US. A British sociologist defines this broad conceptualization of poverty as those who lack the resources to live a typical life in the society in which they reside. So one who is poor would not be able to have the typical diet or engage in typical activities as others.

Not being able to live life customary to a society is different from the conceptualization in the US that simply defines poverty as a line, below which one is poor. Amartya Sen, Nobel laureate economist, offered a similarly broad definition, which describes poverty as “deprivation of basic capabilities.” http://en.wikipedia.org/wiki/Amartya_Sen

This way of thinking of poverty speaks to unequal power relationships (that is, one does not have access to power in this broader conceptualization of poverty). This way of thinking about poverty implies that to address it, one must build alliances across functions, disciplines, and organizational structures because it is a far more complex and nuanced way of thinking about economic disadvantages and deprivation.

Definition of Poverty by Those Who Experience It

This definition includes:

- Not being independent and secure,
- Not having self-respect
- Not being in exploitative relationships
- Not having access to legal and political rights

This definition is not used in US, but it is used elsewhere.

Who are Poor in US?

Remember: US uses an absolute, income-defined measure of poverty, and statistics mask what is really happening in all groups in society.

2007 overall US poverty rate of 13.3%. However, this aggregate measure requires unpacking:

- By race:
 - Whites 10.5%,
 - Asians 11%
 - Latinos 21%
 - Blacks and Native Americans 25%.
- By gender:

- Women 14.6%
 - For African American women 26.5%
 - For White women 9.1%
- Men 11.9%
- By level of educational attainment
 - Less than high school 23.6%
 - Bachelor's degree 3.6%
- By geography: 75% of states with poverty rates above the national average are in the South
- By marital status
 - Married couples 4.9%
 - Female heads of households 28.3%

Causes of Poverty – Two Major Theories

- (1) Personal deficiency or shortcoming – that, if fixed, a person would no longer be poor
- (2) Social, economic and cultural factors that organize functions in society in a way that systematically disadvantage entire communities of people

Poverty policy is based on the first notion that posits that poor people are immoral, have pathologies, and have social or cultural attitudes and behaviors that must be fixed. Anti-poverty policy focuses on changing work ethic, sexuality, criminality, drug and alcohol abuse, and so on.

The structural perspective on policy change calls for rearranging social, economic and political structures in society by addressing sexism, racism, ageism, ill-considered public policy, institutional failures (school, housing, justice, transport systems), changes in economy and political economy (like ideologies of individualism and personal responsibility).

Poverty is social construct created by agents making decisions or taking actions that predisposes certain groups of people (like women and minorities) to higher rates of poverty.

Anti-Poverty Programs

Income-support programs:

- EITC (Earned Income Tax Credit for those with low incomes)
- Minimum wage levels
- TANF (Temporary Assistance to Needy Families)
- Supplementary Social Security Income.

Workforce development programs:

- Welfare-to-work
- Education training and job placement programs to place people in labor market in way to increase their income.

Subsidies:

- Food, housing, healthcare – get break on cost of basic needs.

Reasons for Persistence of Poverty in US

Poverty persists in US, despite its wealth and anti-poverty programs.

Two schools of thought:

- (1) Efforts to address poverty are disconnected, disjointed and coordinated poorly. Many programs are implemented in silos with lack of coordination with other anti-poverty programs, thus creating inefficiencies. Poverty persists over time because efforts to eradicate it do not work as well as they should.
- (2) Structural perspective is that anti-poverty programs focus on individual pathology (the shortcomings of poor people). We try to fix the attributes or qualities of poor people, and we ignore structural reasons such as racism, sexism, ageism and homophobia. By focusing on “fixing” poor people without addressing institutionalized factors, it is not possible to get at the root of poverty (to the extent that poverty is rooted in those problems). Policies also systematically undermine people’s economic welfare, such as:
 - a. Criminal codes that incarcerate people who then cannot get work upon release
 - b. Minimum wage rates that ensure poverty even if fully employed

The High Costs of Being Poor

Society is organized in such a way that it actually costs more to be poor. If one is poor, one has to live in neighborhood in which food costs more and is devoid of healthy choices (thus undermining health and ultimately ability to work), financial services charge high fees (for check cashing and loans), rental costs exceed mortgage costs, and taxes are higher (in Illinois, a report shows that the wealthiest families pay 5% of income in taxes, while the poorest pay 13%). The highly regressive US tax system puts a higher burden on poor people. Other costs undermine poor people’s ability not to be poor: psychological; political – that is monied interests tend to drive decision-making (by whom and for whom).

Emerging evidence shows poverty is a key social determinant of HIV/AIDS (meaning that being poor predisposes people to having HIV/AIDS).

- People in poverty have limited economic opportunities, and people are driven towards other income-generating choices, such as formal and informal survival sex and other kinds of high-risk behaviors for HIV.
- Poor people have lower rates literacy, meaning that they are less likely to receive prevention messages.
- Poor people tend not to have access to health care and health insurance
- Poor people tend to suffer from malnutrition, which may also predispose people to HIV and AIDS.

Poverty reduction must be at the core of any long-term, sustainable solution to ending HIV/AIDS.

It is very important to build alliances with people and organizations that HIV/AIDS groups have not historically worked with, especially when understanding poverty in its broadest, structural sense.

Questions

Clarence Charles (Milwaukee): It is clear that poverty is a part of HIV/AIDS, but we struggle with care (connecting people to and keeping them in health care) and support services (like transportation and housing). We struggle with how to address the core issue of poverty. How do we start building in a different frame? How do we address this in our strategic planning?

Dr. Todman responded that her background in urban planning lead her to challenge us to work with housing and transportation planners, and to be at the table when housing and transportation routes are being planned and located. For instance, if transportation is a support issue, HIV activists must ensure that routes connect housing, transportation and services for people – and the only way to do this is to be present when those decisions are made. Dr. Todman has been at

many such decision-making meetings when no one from the community is there, and they make those decisions based on their interests or other interests that influence them.

Ghairunisa Galeta, Institute of Women and Ethnic Studies, New Orleans: The Gulf Coast is very vulnerable to natural disasters and is in the belt of southern states with the highest rates of poverty. Next week she is going to Washington DC with the Equity and Inclusion Campaign (that advocates for policies to help the gulf states deal with disasters) to advocate for health care reform. What resources or studies talk about the intersections for health policy for evacuees and internally displaced people?

Dr. Todman suggests the book, *There's No Such Thing as a Natural Disaster: Race and Class and Hurricane Katrina*, which explains how natural disasters are the result of bad public policy and planning. That is an implicit structural argument on what happened following Katrina.

Marisa Franco, National Lead Organizer, Right to the City Alliance:
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Ms. Franco discussed the Alliance's work as grassroots leaders in low-income, working class communities of color connecting battles against gentrification and displacement to other local and international struggles for human rights, land, and democracy.

Right to the City (RTTC):

- National alliance of 35 organizations fighting for justice in urban spaces
- Ten cities (Boston, Miami, Oakland, San Francisco, Los Angeles, Washington, DC, New York, New Orleans and Providence).
- Formed in 2007 when community organizations around the country united to address real estate speculation and gentrification happening in their respective localities. RTTC realized that this process is structural, global and historical: that to fight these fights on a local basis is critical, but the foes are much bigger. RTTC builds a movement to challenge the root issues and respond to the urban crisis.

In addition to gentrification and displacement, this is an era of privatization; government deregulation and cuts in social spending that have disastrous effects on our communities. Gentrification and displacement are not just issues of housing and space, but as the name Right to the City implies, it encompasses all of the needs that people have in cities – the right to public space, community, culture, health care and education – and RTTC is composed of groups and allies that work on these issues.

RTTC is organized into regions (local chapters) and national working groups:

- Civic engagement (build capacity of community organization to do electoral campaigns)
- Environmental justice (groups organizing around concept of green cities)
- Tenant rights (developing a platform to respond to economic crisis and how it affects renters – who are the main people who suffer the consequences of the foreclosure crisis; banks – who take public bailout monies – kick tenants out of foreclosed homes, even though they are paid up on their rent).
- Public housing (how to shift debate to reverse de-investment in public housing)

RTTC argues that this housing and economic crisis has been going on for a long time in communities of color – much longer than is talked about in the media. The working groups and regional groups seek real solutions for these problems.

2 National Campaigns

RTTC is launching a national campaign to address the current economic crisis, with two major areas of focus:

- (1) Stimulus and Federal Budget
- (2) Banking

Policy Goals Pursued

- (1) The solution articulated by the government is to bailout the banks and stimulate the economy. RTTC wants to ensure that these monies are not allocated to the institutions to continue failed economic policies. RTTC demands that the federal government track the stimulus and ensure it goes to the communities that actually need it. Currently, there are no tracking mechanisms around demographics of race, class and gender – so it is impossible to show that these monies went to those communities.
- (2) Change regulations around the spending to include direct mechanisms to ensure community stakeholders have input into stimulus/bailout decision-making. The stimulus is locked in for distinct spending programs – but some of the monies are allotted to local governments to spend at their discretion. If it is really to have an impact on revising cities, federal policy must ensure that this can happen with community input.

The lack of rules for the banking and investment industry created the current crisis, and taxpayers will pay for the bailout for generations. There is no accountability – including how banks relate to communities.

David Harvey, Distinguished Professor of Geography at The City University of New York, provided an analysis that the current foreclosure crisis dates back to 2006. In Baltimore and Cleveland, mostly African American communities took the first hit, and it can be displayed visually on maps. For instance, in Cleveland, dot density maps of African American population and housing foreclosure locations directly overlay each other. He compared this map to the onset of the AIDS crisis in the 1980s also display the same pattern in marginalized communities.

In Boston, City Life organizes people at brink of foreclosure. They organize eviction blockades to protect renters who are paid up in foreclosed homes to evade eviction by banks that have seized the property.

RTTC is considering a campaign targeting Bank of America to stop evictions of renters from foreclosed properties, and to make banks in general more accountable to people living in homes that went into foreclosure as a consequence of banks' lending practices.

Jaime Grant, Ph.D., Director of the Policy Institute at the National Gay and Lesbian Task Force (NGLTF)
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Dr. Grant talked about how the exclusion of LGBT people from the national Census invisibilizes LGBT poverty and supports marginalization that can lead to health disparities and social injustice.

NGLTF builds political power from the ground up and the census is a part of it.

Census

- Happens every ten years
- National headcount
- Determines districting of representation at all levels of government
- Population counts determine the allocation of funding to geographic areas

The Census routinely undercounts the population by not enumerating homeless people, communities of color, very mobile people and people who do not have steady addresses.

LGBT communities are not visible on the census and other federal survey instruments (like labor and health), so there is no way to counter lies about the LGBT community, including its purported affluence, hedonism, and being a higher disease vector.

In 1990, the Census counted unmarried partners to count how many heterosexual people are raising children by marital status. Since the Census allowed respondents to indicate the gender of adults in the household, the bureau created the first unintentional sample of LGBT same-sex partnerships in history.

Nevertheless, due to distrust of the government's intentions, not everyone self-reported same-gender households. In 1990, only 360,000 couples indicated they are same-sex households. In the 2007 American Community Sample (done annually with a large sample; 3,000,000 in 2007), and it identified 1.5 million same-sex households dispersed in every US county (thus debunking the myth that LGBT only live in urban areas).

Other myths debunked by the 2000 Census:

- Patterns of LGBT residence. Census 2000 showed that white LGBT people settle in "gayborhoods" while Black and Latino LGBT couples settle in communities of racial and cultural affinities.
 - This information challenges us to consider how we organize our services.
- Black and Latino same sex partners raise children at about the same rate as their heterosexual counterparts, but they do it at a much lower income – about \$10,000 less per year than their heterosexual peers.
- So this data debunked the myths that LGBT are not raising children and that there are no Black and Latino LGBT.

Another myth debunked by Census 200 is that there is socio-economic privilege for being LGBT. The struggle for marriage equality becomes an economic justice issue because LGBT couples do not have access to support services to help raise their children.

Advocacy for 2010

- Now some LGBT are legally married in a few states, but they cannot get many benefits of marriage due to the federal Defense of Marriage Act (DOMA).
- Some same-sex partners will check the box indicating they are married; however the Bush administration enacted a policy rule that the Census will flag those questionnaires and recode those people as unmarried partners based on DOMA.
- LGBT communities are enraged about this erasure, and NGLTF has been able to use Census 2010 as an organizing point to increase its advocacy efforts due to LGBT interest in it.
- NGLTF asked the Obama administration to reverse this policy and feels optimistic to win this point.

This win will be a starting point to address how the federal government collects data on LGBT people. This has consequences for HIV prevention and LGBT health in general. There are only two federal surveys that assess sexual health, and our communities are never tracked around

sexual orientation, identity and behavior. This makes it hard to understand our issues around HIV and to create prevention interventions.

The Census employs many people and LGBT people can be census takers. NGLTF will launch a campaign to encourage LGBT people to be census takers and to advocate in their social networks to fill out their Census forms correctly.

Questions

Richard Kerns: Gentrification of assisted care is a huge issue. Without warning Mr. Kerns was evicted from his Los Angeles assisted care living residence, so that it could be renovated. His residence was close to his healthcare providers. He is now placed in a facility two hours away via public transport to his doctor. His health has declined dramatically following this displacement. Following the renovation, the rent will increase. It is critical to understand the connections between locating good housing and healthcare – which is critical to promoting care of people with HIV.

Dr. Todman: This calls the issue of the need to be involved in planning processes. Plans were made for the assisted living closure and renovation. Sometimes those planning processes are covert, and stakeholders and advocates are not invited to those planning processes.

Clarence: In what cities will RTTC track stimulus funding?

Marissa: RTTC is beginning the planning process for this project and will partner with research institutions, like the Institute at the University of Ohio. To start, RTTC will track stimulus spending in cities with chapters, and then open it up to other places. Many other groups are initiating similar projects. For more information about the RTTC campaign, email Marissa.

J. Paul Clark (Atlanta): How do we sustain a movement of transient populations? How do we engage and empower the poor to speak to issues that affect them and engage them in processes to sustain strategies to make decision-makers consider their issues? If poor people are not engaged in planning processes, how do we ensure their representatives address their needs?

Dr. Todman: This is a classic problem because these constituencies do not have the resources to get to these meetings (like childcare, transportation, time). Often advocates for the poor show up, but not the poor themselves. Also, in building movements led by poor people themselves, local strategies must be used, because localities are so different – a one-size-fits-all approach simply won't work everywhere.

Dazon: For HIV advocates, we have a lot of work to do to connect with other groups that we generally don't see as our likely partners.

Craig Washington (Atlanta): Cuts in mass transit in Atlanta impose limitations on access to housing and employment. Are there strategies for addressing these policies in Atlanta?

Marissa: Los Angeles-based Labor Community Strategy Center has a national campaign around the federal transportation bill, which allots funding 80% highway and 20%. This campaign demands a flip and has an Atlanta affiliate.

David Munar: These kinds of issues are ones we should consider as the HIV PJA lays out its advocacy agenda, which will be prioritized by the members. The long-term objective of the alliance is to connect HIV advocates and new partners in housing and anti-poverty arenas to work on HIV issues.