

Policy Brief

THE ANATOMY AND REALITIES OF CALIFORNIA ASSEMBLY BILL 1142

The Statewide African American Initiative

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OVERVIEW

This policy brief reviews California Assembly Bill 1142, *The Statewide African American Initiative (The Initiative)*, to address HIV/AIDS, and what affect it has had on the continual rise of HIV/AIDS in the African American population in the state of California. AB 1142 was signed by Governor Schwarzenegger on September 29, 2005. The goal of AB 1142 is “to address the disproportionate impact of HIV/AIDS on the health of African Americans by coordinating the prevention and service networks around the state and increasing the capacity of core service providers....”

¹ This brief examines whether the goals and intent of AB 1142 are being realized. The brief is an objective and critical analysis of the pros and cons of AB 1142 based on readily available information regarding its impact at the time this study was conducted in April and May, 2008.

This brief also traces the ongoing efforts of concerned HIV/AIDS activists, many of whom are volunteers; 29 months after The Initiative became law. It reviews their pitfalls and victories as they grapple with this epidemic in California’s African American communities. It documents them as they strive to put into place the “mandates” of AB 1142. This brief will describe the reactions of these activists. Some are feeling overwrought with the lack of ample funding and manpower. Others believe state lawmakers were insensitive in passing *The Initiative* without appropriation of funding to aggressively tackle and defeat this persistent and tenacious scourge with its unrelenting vice-like grip on many African American communities. It enumerates activities which have occurred since *The Initiative* was passed into law, as well as documents struggles to establish an infrastructure to carry out this statewide mandate.

BACKGROUND

“We are all sick because of HIV/AIDS... and we are all tested by this crisis. It is a test not only of our willingness to respond, but our ability to look past artificial divisions and debates that have often shaped that response... You realize that it’s not a question of either treatment or prevention, or even what kind of prevention. It’s all of the above. It is not an issue of science or values. It is both. Yes, there must be more money spent on this disease, but there must also be a change in hearts. Neither government, nor church can solve this problem on their own. HIV/AIDS must be an all hands on deck effort.” –Senator Barack Obama, World AIDS Day Speech, Lake Forest, CA, December 2006

Since June 6, 1981, the date of the first recorded case of what is now known as the acquired immunodeficiency syndrome (AIDS) caused by a retrovirus, the human immunodeficiency virus (HIV), the scourge of HIV/AIDS has been a constant in the world. According to the U.S. Department of Health And Human Services,² AIDS is the deadliest pandemic of our generation and one of the worst in history. It has been even more of a constant in the African American community. In California, at the end of 2006 African Americans, who constitute only 7% of California’s population, represented 18% of all cumulative reported AIDS cases.³ Likewise, at the end of 2005 African Americans accounted for 40% of all AIDS cases in the United States.³

The federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted in August 1990; the intent of this Act was *“to improve the quality and availability of care and treatment for low-income, uninsured, and underinsured individuals and families affected by AIDS.”*⁴ It has been reauthorized twice, in 2000 and 2006. Presently, the CARE Act is under threat of being discontinued or reduced even as we face rising HIV/AIDS cases in the very population it was enacted to help.

Similarly, the Minority HIV/AIDS Initiative (MAI) created in October 1998 was designed *“to focus special attention on solving a growing public health problem and to develop and improve the capacity of minority community-based organizations to more effectively serve their communities...”*⁵ The constant criticism of

HIV/AIDS activist is that funds provided in the MAI do not reach small or medium size community providers to significantly impact the epidemic.

In the June 1, 2006 Press Release of Elias A. Zerhouni, M.D. (director), Jack Whitescarver, Ph.D. (associate director for AIDS Research and director of the Office of AIDS Research), and Anthony S. Fauci, M.D. (director of the National Institute of Allergy and Infectious Diseases), of the National Institute of Health (NIH) on the 25th anniversary in the first published reports of AIDS, the statistics were overwhelming. HIV/AIDS has affected 65 million people worldwide, of whom 25 million have died. In the United States, an estimated **one million people are living with HIV infection**, and 40,000 new infections occur each year. HIV infection rates continue to climb among women, racial and ethnic minorities and people over 50 years of age. To date HIV/AIDS has killed more than a half a million people in our country.²

According to the 2000 U.S. Census, African Americans make up approximately 13% of the population but in 2005 they accounted for 49% of the new HIV/AIDS cases diagnosed in the United States. These statistics, therefore, were compelling and an admission from the nation’s medical research agency experts of the critical needs. Yet, in this national Press Release, there was no mention or clarion call for increased or additional funding to combat the panic level rise of HIV/AIDS cases in the African American communities.

ANALYSIS

AB 1142, Section I: ***“There is hereby established The Statewide African American Initiative to address the disproportionate impact of HIV/AIDS on the health of African Americans by coordinating prevention and service networks around the state and increasing the capacity of core service providers...”***¹

A historical event occurred in September 2005, specifically for African American communities, when California legislators passed a bill “to address the disproportionate impact of HIV/AIDS on the health of African Americans....” Assembly Bill 1142 (*The Initiative*) was sponsored by the Statewide African American HIV/AIDS Advisory Board, the California Conference of the NAACP and was authored and introduced in the Assembly by the Honorable Mervyn Dymally to focus statewide heighten attention on this rising epidemic. Assembly Member Dymally and the California Legislative Black Caucus are to be commended for their passion and dedication in getting AB 1142 passed.

The Initiative clearly described the gravity and severity of the epidemic in California’s African American communities, yet it appropriated no funds for increased education, early detection, direct services, treatment, or care to patients. It is clear that the Bill’s author, sponsors and the voting legislators understood the urgency for action. It is clear, that they understood that there needed to be a monumental statewide effort to address this rising epidemic. Volumes of literature are written which predicts that the continual rise of the HIV/AIDS epidemic in the African American communities, has the potential, if left unchecked, to undermine and destroy lives, communities and even societies. Nothing less than an aggressive and sustained attack is required. But, the burning question is, how can such an attack be mounted and sustained without substantial funding?

AB 1142, as force of law, mandated that *The Initiative* shall be implemented in five designated regions: Alameda/ San Francisco, Los Angeles, Sacramento/ Central Valley, San Bernardino/Riverside and San Diego. In so doing, the Bill does provide the opportunity for Californians statewide to organize, communicate, and work in concert to combat the epidemic.

In fact, steps have been taken by activists and advocates since the Bill was signed September 29, 2005 that included the following:

- In 2006, regional discussions and planning meetings
- December 2006, a consulting service (ONTRACK Program Resources)⁶ awarded a state contract to provide HIV prevention technical assistance and statewide capacity building
- March 2007, a new non-profit 501(c)(3) was incorporated, California African American HIV/AIDS Coalition (CAAHAC)⁷
- December 3-4, 2007, California African American HIV/AIDS Summit in Redondo Beach
- March 2008, a Statewide Planning Retreat
- Five regional coalitions within the state restructured
- ONTRACK hired five part-time Regional Coordinators to provide assistance to each coalition for the development of strategic plans and to identify HIV/AIDS community-based organizations (CBO) and health providers who needed technical assistance and capacity building

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- Several Regional Coordinators utilized the ONTRACK consultation application process to provide CBOs with needed capacity and technical assistance
- September 2007 to April 2008, SISTA (Sisters Informing Sisters about Topics on AIDS) HIV/AIDS Regional Trainings⁸ conducted by local CBOs and ONTRACK

To better understand diverse opinions on the impact of *The Initiative*, we conducted a cross-sectional study to collect qualitative data in April and May, 2008. Key HIV/AIDS prevention stakeholders throughout the state took part in face-to-face interviews and were asked a series of questions related to their perspective of AB 1142 and what has happened since it has become law. For stakeholders' convenience, a few interviews were conducted by phone. Among those interviewed a dichotomous view about *The Initiative* exists. On the one hand, there was consensus that AB 1142 galvanized much needed attention and heightened the focus on the HIV/AIDS epidemic in the African American community, and began a series of organizational efforts. That makes AB 1142 a “good thing.” On the other hand, the same person might readily say that *The Initiative* has presented them with the toughest challenges to date because it was signed into law by the Governor without appropriations to carry out its' mandates.

Others might say that they deplore its language which mandated that by January 1, 2008 *The Initiative* is “to establish itself as an independent non-profit

organization.”¹ Once established as an independent non-profit organization, **all** of the mandates written into *The Initiative* are shifted to it, as stated in SECTION 121290.1 and SECTION 121290.2: (a) conduct annual Summits; (b) implement policy and planning focusing on research, policy and advocacy, workforce development, organizational capacity, prevention and treatment, (c) provide integrated leadership, and (d) provide central coordination of local service providers. Mandates such as, “...the bill would provide that its requirements shall only be implemented after the Department of Finance makes a determination that **non-state funds** in an amount sufficient to fully support the activities of the initiative have been deposited with the state, and thereafter only to the extent that **non-state funds** are received for the purposes of the bill...”¹ Activists have strong reactions to the State of California, its lawmakers, its Governor, the Department of Public Health (DPH), and the California Office of AIDS (OA), and perceive the message sent to the African American community as, “The problem is yours. It is affecting your communities. It is an African American problem to be handled by African Americans.”

Many in the HIV/AIDS trenches lament *The Initiative's* intentional lack of funding. Without money, workers and providers of frontline care to HIV/AIDS patients are in eminent jeopardy of having to close their doors, leaving the epidemic to continue on its disastrous course. Feelings of abandonment, feelings of helplessness and feelings of frustration are hallmarks within the ranks of HIV/AIDS community workers

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and providers. Some activists admit that they are “depressed, discouraged and tired.” Most say, “I just want to get the work done, and stop all this unnecessary suffering and dying.” Few appear to be feeling empowered or optimistic following the passage into law of AB 1142. Rather, they are feeling left adrift and burdened to accomplish a task without financial resources, human manpower, and support on the grounds in the trenches doing the hard work, battling day in and day out without relief.

There remain major challenges including but not limited to, communication and connection with the newly formed non-profit organization (CAAHAC). Its role was to provide the statewide link of “coordinating prevention and service networks... and increasing the capacity of core service providers.”¹ The challenge remains to get everyone to work together to reach and arrest this scourge in those affected and infected by HIV/AIDS, especially in rapidly rising cases among African American women.

One activist remarked that, “AB 1142 without funding equates to a resolution or proclamation, good only to be framed and hung on someone’s wall as a trophy.” Although tired and somewhat disillusioned, volunteer activists have expended an inordinate amount of time and effort to fulfill many of the mandates of AB 1142.

Some activists say they remember in the 80’s when the HIV/AIDS threat was first recognized they “took to the streets” to counteract it. They express a need to

return to the basics of working on the streets of the African American communities, to return to passing out condoms, to placing HIV/AIDS information directly into the hands of people and actually escorting people to testing and treatment facilities. Even though AB 1142 mandates organizational efforts for these prevention activities, it provided no financial resources to maintain current grassroots efforts.

Of grave importance, activists realize that immediate emphasis needs to be placed on dissolving the horrific stigma about HIV/AIDS testing and treatment that continues to plague African American communities – causing them to refuse to get tested, refuse to admit their HIV status, and refuse to be honest about sexual preferences to sexual partners. They identify a desperate need to invest in long-term behavior modification interventions. But, funds are extremely limited to accomplish these tasks that give promise for reversing this epidemic. The original intent of AB 1142 was on target, and was intended to provide funds needed for community frontline workers and HIV/AIDS volunteers to intensify their outreach efforts. None of the coordinators interviewed believed that volunteers are able to handle this problem alone – - funds and manpower are needed, the State is needed, the Department of Public Health is needed, the County Department of Public Health is needed, the Office of AIDS is needed and all of the African American communities are needed.

CONCLUSION

“This brief could only go where the facts and realities lead it.”

HIV/AIDS activists recognize that they need to be tenacious, to energize others, to get people to work together, and to keep the movement going. They know there is the need to mobilize a broad-based coalition of African American stakeholders of frontline medical care providers, CBOs, the faith-based community, the business community and other traditional, well established African American entities such as 100 Black Men of America, Inc., established sororities and fraternities, the Urban League and the NAACP to bring unprecedented energy, research, focus resources and money to this epidemic. They live with the reality that there are “unending discussions” from those in charge of resources, but little invested actions.

California lawmakers and the public health jurisdictions cannot be relieved of their inherent responsibilities to safeguard the public’s health. The HIV/AIDS epidemic belongs to all of us. Not just a handful of faithful activists. None should rest until it is adequately funded. Taking care of the public’s health means investing money and people power on real issues detrimentally affecting people and communities; and, this epidemic is no exception. The lens must not be narrow. One glaring reality is that the face of the epidemic has changed with rising cases of HIV infected African American women. Policies must be put in place to address the issues of increased HIV infection in these women. This is an emergent issue that must not be over looked or understated.

Statewide coalitions should avail themselves of the

opportunity to access the services and expertise of ONTRACK Program Resources. ONTRACK was awarded a three-year grant from the DPH/OA with the defined purpose of providing administrative support to accomplish the intent and mandates of AB 1142 in the areas of organizational capacity building, technical assistance and to assist CAAHAC in the development of a statewide HIV/AIDS policy and advocacy platform. These services represent a stepping-stone toward achieving the goal of AB 1142. Critical steps in organizing, attracting resources and funds to African American communities where the help is needed. Policies should ensure this. Efforts should be unrelenting, constantly moving forward to overcome any and all barriers.

The reality is that in the end a piece of legislation often does not resemble how it started out. In its inception, AB 1142 requested funding. By the time it was signed into law, only 3-years of non-state funds were available for administrative support of the bill. Legislators have multiple options. They cannot and must not close the door on revisiting AB 1142 and requesting an amendment. Activists and supporters should demand that lawmakers reintroduce AB 1142 with strong recommendations to appropriate funding to reverse this tragic epidemic plaguing African American communities.

Mandates in the law should ensure that funds reach African American HIV/AIDS grassroots organizations and frontline workers fighting this epidemic. Activists

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need assurance by force of law that money flows directly to the African American communities. The greatest need for funds and manpower is in the community, at the front of the battle. Otherwise, California's AB 1142 attempts to address the rising epidemic of HIV/ AIDS in the African American population will equate to "just another proclamation or resolution" suitable only to be hung on the wall as a trophy. In the mean time, African Americans continue to die at an astronomical rate of HIV/AIDS.

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Research for this project was conducted by the African American Health Institute of San Bernardino County (AAHI-SBC), V. Diane Woods, Dr.P.H., CEO; Katie Greene, JD, CRNP, Health Policy Analyst; and Nichole Lee, Student Intern. This project was funded in part by the California Wellness Foundation, The California Endowment, and anonymous donors. Ms. Lee was supported in part by the University of California in Riverside, Medical Scholars Program. Any questions about the content of this Policy Brief should be directed to Dr. Woods at AAHI-SBC, P.O. Box 12083, San Bernardino, CA 92423-2083 / (909) 880-2600, or email vwoods@AAHI-SBC.org.

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