



SOLIDARITY

P R O J E C T

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En Español

<http://www.champnetwork.org/index.php?name=solid>

What Is Prevention Justice? Why a Mobilization?

Solidarity in Action

— Suzy Subways, Editor, Solidarity Project

Rumor has it that this World AIDS Day, December 1, the Centers for Disease Control and Prevention (CDC) will announce that its estimated number of new HIV infections in the United States each year is higher than 40,000 for the first time since the late 90s – and it may be much higher. Meanwhile, in May, the CDC scaled back its previous goal of reducing annual new HIV infections in half to reducing them by only 10% a year. Is the government giving up on us? Instead of budget cuts that pit our communities against each other, why not add money for interventions that we already know are effective but have no federal funding streams, like syringe exchange and comprehensive sex education? What about studying new ways to fight the epidemic?

The Prevention Justice Mobilization (PJM), initiated by CHAMP in collaboration with **SisterLove**, the **Georgia Prevention Justice Alliance**, the **Harm Reduction Coalition**, the **National Women and AIDS Collective**, the **New York State Black Gay Network**, **ACT UP Philadelphia**, the **Center for HIV Law and Policy**, and **AIDS Foundation of Chicago**, is a dynamic force of activists from many communities. We are starting a new conversation in our AIDS service organizations, social justice circles, support groups and homes, and we are telling the CDC at its annual conference in Atlanta in December: *We are not going to allow ourselves, as individuals and groups at risk, to be blamed for the consequences of government failures to prevent HIV. To end this epidemic, we have to change the way this country works.*

“When people change and systems do not, HIV still thrives,” explains Dázon Dixon Diallo, MPH, a lead organizer of the Prevention Justice Mobilization and founder of SisterLove, based in Atlanta, the first and largest women’s AIDS organization in the Southeast. “We’ve been working under this assumption that HIV transmission is about individual risk behavior, and that’s where all of our

resources and our best thinking have gone. But what’s missing from that is an understanding that HIV happens in a larger context. You can be vulnerable to HIV just because of who you are in the world. If you are poor, a person of color, LGBT, disabled, homeless, mentally ill, or dealing with substance abuse, injustices also exacerbate the transmission of HIV. Where are the resources to address those injustices?”

People in groups with higher HIV rates are often no more likely to engage in risk behaviors such as unprotected sex than other groups. But the disparities are just getting worse. Black women today are 23 times more likely to have AIDS than white women, and Latinas are five times more likely. Among white men who have sex with men (MSM), HIV rates have reached 21%, while 46% of Black MSM are HIV positive. Among Black transgender women, the rate is 56%.

There's a sense that our communities are supposed to accept these disparities, and that AIDS has become one of many chronic poverty issues that we're expected to see as individual failures – so stigmatized that it's painful to even talk about them. In the 80s and 90s, poor women were blamed for needing welfare when they had no other options. The stigma perpetuated by the rhetoric and welfare reform allowed social programs to be cut, resulting in even fewer options for women – like the option to demand that your man use a condom if you depend on him to pay the rent.

Dr. Adaora Adimora, associate professor of medicine at the University of North Carolina, presented her research on the root causes of disparities in HIV rates at a congressional briefing last year. She said, "The usual response to this suggestion is to sort of shrug and say, 'Well, we can't do anything. We can't change poverty and racism.' As long as we continue to accept the status quo, we need to acknowledge that we're actually just accepting racial disparities and disease rates. Racial disparity and HIV rates in the United States is a major civil rights issue, and it is, in fact, a major human rights issue."

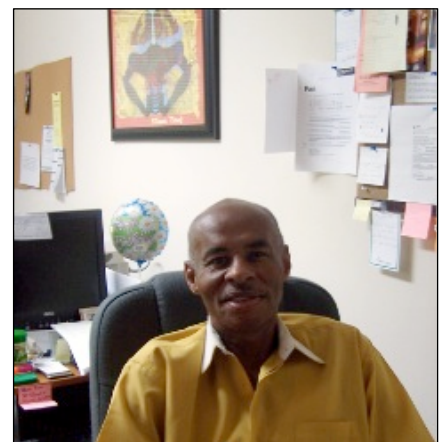
It's tough to follow the complex ways that racism, sexism, homophobia, transphobia, anti-immigrant hysteria and other systems of oppression work together to increase HIV risk. Part of prevention justice is demanding more research to find out how this happens and how to change it. Our communities may be stigmatized, but our lives matter. HIV prevention programs are not handouts from the government – they are reparations, a redistribution of wealth, only a beginning of what's needed to end the AIDS epidemic and the systemic injustice that fuels it.

This issue of *Solidarity Project* spotlights just a few of the many people and groups that are building the Prevention Justice Mobilization. Some are new to activism; some are longtime organizers finding new ways to make moves for what's right. All can inspire us.

Activist Snapshots

Georgia Prevention Justice Alliance

Will Parrish says he habitually shared needles with other users before activists started the [Atlanta Harm Reduction Center](#), the city's first and only syringe exchange program, in the early 90s. "We would keep the syringes in a jar, and we would pick the one that we thought was sharpest, because it wouldn't hurt," Parrish says. Now four years in recovery and an outreach worker at [Recovery Consultants of Atlanta](#), Parrish credits the Atlanta Harm Reduction Center for keeping him HIV negative. Now, he agitates with a brand new activist group, the Georgia Prevention Justice Alliance (PJA), to demand that the county legalize and fund syringe exchange.



Will Parrish at his desk at Recovery Consultants of Atlanta

“We have one syringe exchange program in Atlanta that has operated for the past 13 years,” Parrish says. “I was there when they first showed up, and they needed people to look out for when the police would come around.” While volunteering as an outreach worker about five years ago, he says, “I got locked up myself because I had a bag of unopened syringes. I spent 15 days in jail.”

While the center is still an underground effort, he says, it has a better rapport with the local precinct now. “They don’t arrest the workers, but it’s left to their discretion whether they’ll arrest the users.” This shaky but relatively workable trust relationship would have to be built anew, precinct by precinct, if the program expanded to other neighborhoods.

Georgia is consistently in the CDC’s top ten states of reported HIV and AIDS cases, and Atlanta is the state’s epicenter. The PJA’s [briefing paper](#) argues that one-third of HIV and nearly all hepatitis C transmissions in the county could be prevented with improved access to clean syringes. But the county has ignored the overwhelming body of research showing that syringe exchange is highly effective in reducing the spread of HIV and viral hepatitis among injection drug users and their partners, without increasing injection drug use, drug-associated crime, or the number of discarded syringes.

“It’s unconscionable that these volunteers, who are well-respected in local communities by neighborhood and religious leaders, and even local police, have to risk arrest every day,” says longtime AIDS activist Jeff Graham.

“The PJA started in March 2007, and we’ve come quite a ways already,” Graham says of the new activist group, which also includes students of the health professions from [Health Students Taking Action Together](#) (HealthSTAT). The PJA has begun to build support for its campaign by asking local organizations to endorse a sign-on letter detailing its demands. “After a decade or more of really no concerted effort around HIV prevention advocacy, there have been so many organizations and individuals getting involved in this local effort, and also to support this national mobilization.”



Outreach worker Mona Bennett, who has worked with Atlanta Harm Reduction since its founding, distributes clean syringes and collects used ones for proper disposal.

Graham is inspired by working with a mix of new and veteran activists, both in his hometown and in the national Prevention Justice Mobilization that will converge there the first week of December. “I remember the impact on local organizing as hundreds of AIDS activists came to the CDC to protest twice in 1990. That helped give birth to a local movement that was incredibly successful throughout the 90s, not only around HIV, but in including LGBT issues in other social justice movements.”

“There’s a lack of information and awareness of how bad the HIV crisis continues to be in Atlanta,” Graham says, explaining that new HIV infections in the city are disproportionately among people of color – 81% Black, 4% Latino. “I hope that this national mobilization can have a long-lasting result in the local community.”

As for spreading the word that syringe exchange works, Will Parrish is the right person for the job. “I used for over 32 years, and I’ve been blessed to remain HIV negative,” he says. “I attribute that directly to syringe exchange and the harm reduction process of educating us about the dangers we were facing. And I know many others like me. It didn’t cause us to use – we were already using. It allowed us to use safely. In the end, it got me into treatment. I can’t do anything but advocate for syringe exchange programs, because I’m living proof.”

New York State Black Gay Network

“The Black gay community suffers from HIV invisibility, so the **New York State Black Gay Network** (NYSBGN) is forthright, vital, and visible,” says Mark McLaurin, the network’s executive director. “Our key demand is that resources for domestic prevention have to follow the epidemiologic data.”

And those data are clear about where the epidemic is headed. HIV rates have reached a staggering 46% among Black men who have sex with men (MSM) and 21% among white MSM. In a presentation at the AIDS Foundation of Chicago on October 10, University of Pittsburgh researcher Ron Stall observed that, with the relatively small increases already occurring year by year, each new generation of gay men will have much higher HIV rates.



Same Behavior, Double the Risk

The disturbing racial disparity cannot be explained by risk behavior – Black MSM have similar or slightly lower rates of unprotected sex, including with partners they know to be HIV positive, than white MSM. Also at the Chicago event, Greg Millett of the Centers for Disease Control and Prevention (CDC) presented an analysis of all studies on the subject (both presentations are viewable at <http://www.lifelube.org/>). One 2004 study of MSM ages 15 to 22 found Blacks to be nine times as likely to have HIV as whites, and Latinos twice as likely, despite more unprotected sex among young white MSM. Across all studies, Millett found that white MSM were more likely to use drugs that can increase the possibility of HIV infection, including crack. One study found that white MSM were more than twice as likely to use crack than Black MSM.

CDC Researcher Greg Millett

The prevalence is already so high among Black men that the odds of potential partners having HIV are much higher, making the risk associated with forgoing condom use much greater. “You’re swimming in an infected pool,” McLaurin says. “The question is, how did that pool get more infected in the first place? We need more research. Every time we meet with the National Institutes of Health and the CDC, we say, ‘We need to figure out what’s going on now.’”

Another Urban Legend: The “Down-Low”

What about the media hype of the “down-low” – the racially loaded term referring to the universal phenomenon of men who identify as straight but have sex with men and don’t tell their female partners? “It’s a titillating conversation, but there’s little evidence to show that this is a serious bridge population for HIV transmission,” McLaurin says. “Unless you can show me that this is a significant factor, then we’re not talking in terms of HIV prevention, we’re talking in terms of entertainment value.”

Millett’s research shows that while Black MSM who do not disclose their sexuality are more likely to report unprotected sex with women than are Black MSM who are open about their sexuality (not surprising, since the latter are likely to be gay-identified and not sleeping with women at all), non-disclosers are also less likely to be HIV positive or have unprotected sex with men.

In a March 2007 commentary in *Annals of Epidemiology*, researcher Chandra L. Ford writes, “Common perceptions about the DL [down-low] reflect social constructions of black sexuality as generally excessive, deviant, diseased, and predatory.” McLaurin agrees. “It pits Black gay men against Black women at a time when we need each other more than ever.”

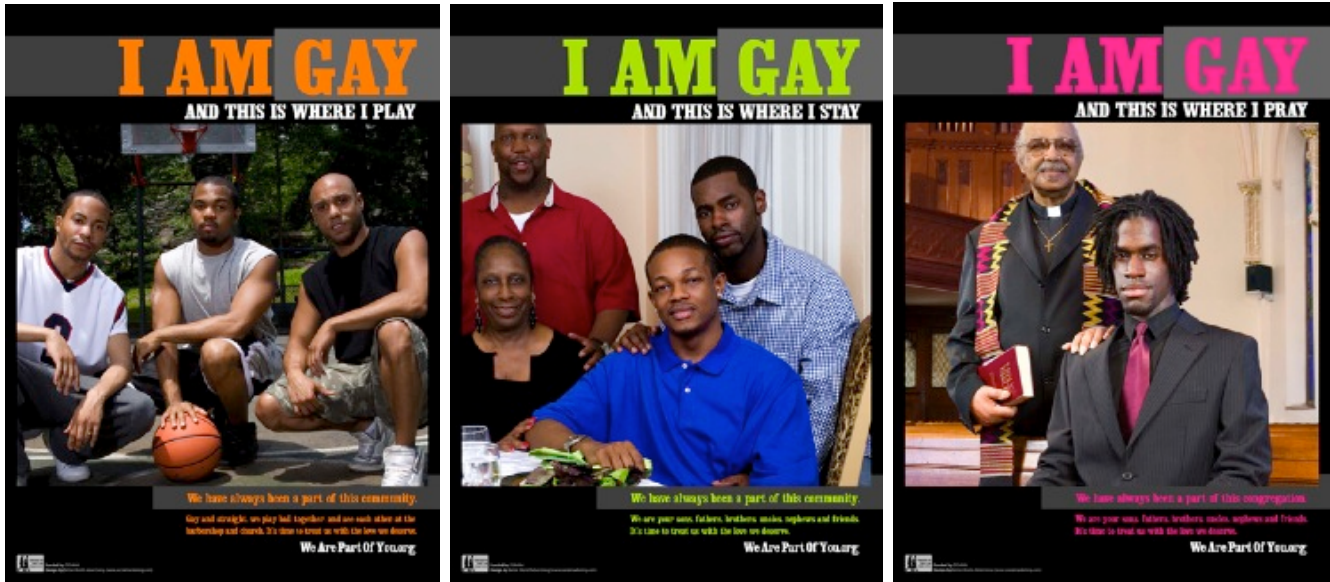
To Be Young, Gay, and Black

Homophobia and racism are clearly driving the HIV epidemic, but exactly *how* is difficult to track – and they are even harder to fight. Member organizations of the NYSBGN take on both in their work with young people. “There’s a structure put in place to serve mainstream gay youth, but it doesn’t always meet the needs of African American LGBT youth,” McLaurin says. “We have stepped in in a big way, especially in upstate New York, creating a safe space [for African American LGBT youth] to be who they are, where they are, in both their sexuality and their race.”

Member organizations in Rochester and Buffalo provide mentoring with adults in small groups during prom season. “Prom night is fraught with anxiety, especially for LGBT and questioning youth, from the interpersonal – asking someone – to the financial, ‘What should I wear?’ and ‘Is it safe?’” he says. “We throw an alternative prom, but a lot of kids also want to go to their own high school prom. As much as it’s fun to create a safe space once a year, a kind of wonderland, what about the other 364 days? That night is a centerpiece around which we base the other work.”

“We Are Part of You”: Fighting Homophobia

“The [Campaign for Black Gay Men’s Lives](#) is about combating homophobia in our own community,” McLaurin explains. Research shows no difference in the homophobic attitudes toward gay men among white and Black populations, despite myths about the Black community being more homophobic. But Black gay men rarely have the power to set the terms of this discussion. “The African American community is reflexively uncomfortable around mainstream gay organizations attacking the latest homophobic rant from a Black minister. In some ways, it’s counter-productive,” McLaurin says. “That’s why it’s so important for indigenous organizations from within the Black community to raise the issue. We believe that the NYSBGN is uniquely poised to bring a message to the African American community about how homophobia increases HIV in the community.”



The Campaign for Black Gay Men's Lives took these billboards to New York City subways and bus shelters.

In August 2006, the Campaign for Black Gay Men's Lives placed out-and-proud billboards, declaring Black gay men's full membership in and love for the Black community, in New York City bus shelters and subways. Banners several stories high formed a backdrop to the outdoor press conference launching the campaign, with Congressional Representative Charles Rangel behind the microphone. "For Charlie Rangel to stand there in the heart of Harlem making the point that homophobia is harming the Black community – and Rangel is in touch with the faith community on the national level – people listen. It opened up a conversation that might not have happened if he hadn't been there," McLaurin says.

The AFIYA Center



When La Cisha Crear and Marsha Jones heard about the Prevention Justice Mobilization, the Dallas activists knew they had to get involved. "Our vision was already based on an HIV prevention justice model," Crear says. She and Jones haven't yet quit their day jobs as prevention outreach counselors at Mosaic Family Services, but for the past several months, they've been building a new, community-based HIV prevention organization for women of color, called the AFIYA Center.

La Cisha Crear (left) and Marsha Jones of the AFIYA Center in Dallas



"I attended the **SisterSong** 'Let's Talk About Sex' conference, where I was exposed to the reproductive justice model," Crear says. "If you read Dorothy Roberts' book, ***Killing the Black Body***, you see that, for women of color, the struggle has always been for the right to control our own bodies. The mainstream reproductive rights movement elevates abortion above everything else, but for women of color it's about the right to have or not have a child." Crear is also a member of the **All African People's Revolutionary Party**, a pan-African liberation organization that has member groups in Africa, Europe, North America, and the Caribbean. Jones graduated from the **African American HIV University**, a two-year intensive education and training program on HIV science, prevention education, presentation development, and community mobilization, along with three six-month internships.

The pair are putting their diverse backgrounds to work at a time when AIDS has become the leading cause of death among Black women ages 25 to 34, and women of African descent are 23 times more likely to have AIDS than white women. But their approach to prevention comes with a sense of thoughtful urgency that is not narrowly focused on the virus. "AFIYA is a Swahili word for health and wellness," Crear explains. "Our approach is women's total health and well being. We have clients for whom getting an HIV diagnosis may not be the worst thing that's happened to them. Yesterday, that woman may have been on a three-year waiting list for housing and couldn't get food stamps or transportation. If we can address those issues before someone becomes HIV positive, we may prevent them from becoming positive."



SESA WO SUBAN
"Transformation"

The AFIYA Center logo, an Adinkra symbol from West Africa meaning "transformation"

It's Bigger Than You and Me: Institutional Racism and Sexism

The AFIYA Center – and women's AIDS organizations like **SisterLove**, **Women Alive**, and **WORLD** that paved the way for them – are up against deep-rooted systems of racism and sexism. A November 2006 **National Minority AIDS Council (NMAC) report** on AIDS and health disparities in Black America by Dr. Robert Fullilove of Columbia University's Mailman School of Public Health reviews extensive data and observes that HIV rates in both urban and (mostly Southern) rural Black communities are "a function of the same set of forces that create residential segregation, the concentration of poverty in segregated communities and the geographical concentration of health disparities."

Dr. Adaora Adimora, associate professor of medicine at the University of North Carolina at Chapel Hill, digs even deeper for the structural roots of racism and its links to HIV risk. In a July 2006 *Sexually Transmitted Diseases* article titled "**HIV and African Americans in the Southern United States: Sexual Networks and Social Context**," she and her colleagues report "extensive economic injustice and racial discrimination...such as preferential hiring and job advancement of whites, blacks' inability to obtain mortgages, and academic tracking of black youth in schools." This institutional racism was linked to HIV risk in several ways. Poverty and unemployment disrupt stable relationships, and discrimination can affect health planning and services. Looking at STD rates, the researchers found that "Southern counties with high syphilis rates tended to have worse race relations, with exclusion of



minorities from positions of influence such as the county commission or board of health, lack of employment opportunities for minorities, lack of minority-owned businesses, and in some cases, evidence of systemic economic oppression.”

A **2004 survey of newly diagnosed HIV positive Black women in North Carolina** co-authored by Adimora and published in the CDC’s *MMWR Weekly* found that the HIV positive women were more likely than HIV negative Black women to be unemployed. The primary reason reported by both negative and positive Black women for engaging in behaviors that put them at risk for HIV was “financial dependence on male partners.”

Researcher Adaora Adimora speaks at a 2006 congressional briefing held by amfAR.

This financial dependence may be a result of forces beyond Black women’s control, but in the meantime, women can take the power they do have. “We want to deconstruct sexual objectification and sexism in the media,” Crear says. “We want to offer women a healthy model, to value themselves and their bodies, so women can see themselves as complete and total beings, not seeking out men for the sake of completing themselves.”

The AFIYA Center plans to host multigenerational quilting parties, where mothers, daughters and grandmothers share their stories and insight. “Several generations ago, women had more self-love, because moms and grandmothers were passing down legacies,” Crear says. “Quilting has a certain significance in the African American community, as a folk art form that’s been used to record important dates and events, to pass down cultural history and heritage, and also as a liberatory tool by the Underground Railroad [to send **messages**]. We need to look beyond just telling people to use condoms, and teach women and girls to transform the way they deal with health and well being, the way they see themselves. Once they love themselves, they’ll take the precautions.”

None of Us Is Free Until Everyone Is: Prisons and HIV Risk in the Community

The way that HIV and prison are often talked about, one might think that men frequently get HIV in prison and spread it wildly to unsuspecting partners once they’re released. But that version of the story is not only false, it also hurts and stigmatizes the people being talked about. In the study most often cited, a 2006 **CDC report on HIV transmission among Georgia inmates**, 91% of positive male prisoners already had HIV before going to prison. “The men coming out of prison are already feeling shamed and stigmatized, and they can’t talk about behavior that happened in prison,” Jones says. “They’re having to prove their manhood because they were in prison, they’re having to prove that they’re not gay, they’re having to prove things nobody should have to prove. We need a safe environment where men can have a conversation, without being judged, and walk away feeling good about themselves.”

The research shows that imprisonment increases HIV rates in the Black community in ways that are less often discussed. While less than a third of crack users in the United States are Black, more than 80% of federal crack defendants are Black due to racial profiling in law enforcement. Since 1986, sentencing guidelines have required a minimum of five years for first-offense possession of five grams of crack. These and other realities have created a situation in which more than one in four Black men are incarcerated during their lifetime.

Their absence from the community leaves men outside with more dating options than women, who are in effect competing with each other for the available men. In the NMAC report, Robert Fullilove writes, “There is evidence that the loss of a significant number of men to prisons also affects the degree to which women will insist on condom use and other safe sexual behaviors on the part of their sexual partners.” A lower ratio of men to women has been shown to be associated with higher rates of teen pregnancy, syphilis, and gonorrhea.

The disruption in families and neighborhoods caused by incarceration rates can also harm a community’s ability to work together toward a common goal. “We’ve got to look at men and women being put in jail unjustly,” Jones says. “When people get out of prison, they need a way they can be gainfully employed. And convicted felons can’t get housing, so they get out of prison homeless. We have to look at social injustices.”

One thing Crear and Jones are tired of looking at is stories about the “down-low.” “That has just been a travesty,” Crear says. “Black men are being demonized once again.” Black women, even those who have only one or two lifetime heterosexual partners, face a disproportionate HIV risk, simply because of the disproportionate burden of HIV among Black men. But Jones says the solution is not to place blame within the community – it’s providing respectful, effective prevention for the entire community. “We need access to services like yearly exams and prevention education for both women and men before they become HIV positive.”



Researcher Robert Fullilove

Transforming Justice

— with reporting by Pedro Soto

On October 13 and 14, San Francisco Bay Area activists hosted **Transforming Justice**, the first national gathering to begin developing shared understanding and strategy to end the criminalization and imprisonment of transgender and gender non-conforming people.¹ “Prisons are not where we belong, and it’s not what we deserve,” says Kelani Key, a member of the **Trans/Gender Variant in Prison Committee (TIP)** and an organizer for the event, which drew almost 200 people.

A Transwoman with AIDS Dies in Immigrant Detention

The intersection of these issues was made painfully clear by the death of Victoria Arellano on July 20. Arellano, a 23-year-old transwoman, was swept up by Immigration and Customs Enforcement (ICE) agents in May and denied AIDS treatment while in detention for her immigration status. Arellano repeatedly asked to see a doctor but, says Coral Lopez of **Bienestar**, a Latino AIDS service organization in Los Angeles, “Only once, they gave her Tylenol to reduce the fever.”

Mariana Marroquin, a transgender activist who helped organize a vigil to protest Arellano’s death, says, “To be transgender, HIV positive, and an immigrant are three factors that bring terrible discrimination. What happened to Victoria was a very bad example for transgender people. Already, they don’t want to ask for help because they are afraid of being deported or detained.”

The striking news about Arellano’s story is the depth of solidarity that the male detainees around her showed, bridging the compounded stigma of transgender and HIV status. Lopez says, “All of her fellow inmates – Latinos in majority – went on hunger strike when she was almost dead, and they were screaming, ‘Hospital! Hospital!’” Although this action did get her to the hospital, she died there.



Loved ones displayed this memorial for Victoria Arellano at a protest vigil in Los Angeles on August 27. Photo by SCHA-LA

Building Leadership Under Lockdown

Transforming Justice brought together many people who are committed to that kind of solidarity. Organizers set a precedent by not allowing the possible difficulties of bringing together those directly affected by the issues to become an excuse for excluding them. From the beginning, organizers from the Trans/Gender Variant in Prison Committee, **Critical Resistance**, **Justice Now**, the **Transgender, Gender Variant, and Intersex Justice Project (TGIJP)**, and the **Transgender Law Center** worked to ensure the leadership and participation of people most impacted by gender oppression and prisons. Vanessa Huang of Justice Now estimates that, of the participants, “At least half have been through jails, detention centers, and prisons and/or experienced police violence, and the majority who came were trans and gender non-conforming people.”



Even people who are currently imprisoned were able to participate. “From the start, members of TIP and TGIJP visited with people inside to inform the direction of Transforming Justice,” she says. “Trans and gender non-conforming people – mostly in men’s prisons, and a few in women’s prisons – wrote letters that participants who were not in prison were encouraged to respond to.”

On the second day, participants developed political points of unity and next steps for their ongoing work together. These next steps included the creation of a shared platform of trans immigration issues, a commitment to developing ways to respond to interpersonal and anti-LGBTQ violence that do not rely on police and prisons, and the formation of a national coalition whose focus will be supporting local grassroots organizing of trans and gender non-conforming people in and returning home from prisons, jails, and detention centers.

Transforming Justice and HIV Prevention Justice

Waheedah Shabazz-El, an organizer with [ACT UP Philadelphia](#) and the Prevention Justice Mobilization, said participating in the conference deepened her understanding of how economic marginalization of trans people relates to prevention justice. “A lack of HIV interventions specifically targeted toward this community leaves them and their partners at risk, not only through unprotected sex, but in the sharing of needles when self-injecting hormones,” she says. “Syringe exchange programs would be of great benefit to the trans community, whose lack of health insurance, in many cases, forces them to inject their own medication.”

Transwomen have an HIV rate of almost 28%, and among Black transwomen the rate is 56%, according to a 2007 [CDC review of multiple studies](#). Almost everywhere, transwomen are imprisoned with men, multiplying their risk for sexual assault and HIV, making prison an even more traumatic experience. Being denied hormones in jail can magnify the trauma.

“The framework of prevention justice does important work to enable our movements to identify key opportunities and needs for strategic collaboration,” Huang says. She recommends that HIV prevention justice activists ally with the anti-prison movement in its work to oppose new prisons, reduce the numbers of imprisoned people, and close prisons, jails, and immigrant detention centers. She also encourages AIDS activists to support the emerging conversation among many trans and anti-prison activists who are developing community-based responses to transphobic violence and other forms of interpersonal violence without relying on police and prisons.

In the spirit of Victoria Arellano and the detainees who protested on her behalf, new alliances and working relationships are being forged. “This is a critical moment for us to address the criminalization and imprisonment of our communities,” Key says. “People are finally standing up.”

¹ For definitions of terms related to transgender identity, see [Solidarity Project #3](#), “Gender and HIV Risk,” page 2.

TAKE ACTION – What You Can Do

Become part of the **Prevention Justice Mobilization (PJM)**!

The PJM is a series of HIV-prevention events and actions around the United States from November 1 to December 15, 2007. It is neither a big city phenomenon nor a rural uprising. It's not a think tank pronouncement or the story of an individual family fighting HIV/AIDS. It's no single "Face of AIDS," website, blog, or particular organization's response to the challenge. It's all of these things and more – and we'll show this diversity through **affiliated events** as well as at the National HIV Prevention Conference in Atlanta.



For an updated schedule of events, click [here](#). They include

- Local events around the country across the range of prevention justice issues, including on World AIDS Day (December 1)
- Events at the National HIV Prevention Conference, Atlanta, December 1-5, including a Unity Rally on December 4!
- Release of a Prevention Justice Briefing Book and a World AIDS Day Action Kit

1. **Join the more than 300 organizations and individuals who have endorsed the principles of the Prevention Justice Mobilization.** Endorse [here](#). To read the PJM endorsement principles in English or Spanish, click [here](#).

2. **Affiliate your event.** Are you organizing an event between November 1 and December 15th that embodies the spirit of prevention justice? Could you begin planning one now? In the AIDS community, we have been encouraged to fight each other over too few resources for too long. The Prevention Justice Mobilization is an opportunity to reach out through affiliated events that cross our own boundaries. And it can even be an opportunity to reach within, creating space in our own organizations for debate and dialogue about the social issues that affect our work. Affiliated events can be anything from a lunchtime speaker or meeting with the editorial board of your local paper to a vigil or colorful protest. Affiliated events will be listed on the PreventionJustice.org website, featured in our blog, and may be promoted in our outreach to the media. Remember, PJM events do not have to be big public gatherings. Click [here](#) to affiliate your event with the mobilization. Click [here](#) for the **World AIDS Day & Affiliated Events Action Kit** with event ideas, tools for getting your message out, and more.

3. **Come to Atlanta!** Click [here](#) for updates on the PJM workshops, trainings, rally, and celebration planned for December 1-5 during the National HIV Prevention Conference.

You can also reach the PJM national organizer, Jesse Ehrensaft-Hawley, by phone at (212) 937-7955 x 70. Calls in both Spanish and English are welcome.

RESOURCES

Levels of HIV Prevention Intervention (2004, PDF)

Anthony Morgan, now Director of Programs at the New York State Black Gay Network, explains the difference between individual- and structural-level prevention interventions.

<http://www.champnetwork.org/index.php?name=AnthonyM-10.27.04>

Critical Analysis of HIV Prevention Research and Policy (2004, PDF)

CHAMP's Walt Senterfitt presents an activist view on prevention research and policy.

<http://www.champnetwork.org/media/walt.pdf>

Getting More Strategic About Interventions and A Sexual Networks Based Approach to HIV Prevention (2007, PDF)

Dan Wohlfeiler of the California Department of Public Health and Jennifer Hecht from the STOP AIDS Project in San Francisco discuss new ways to stop HIV from spreading in sexual networks online and in communities affected by mass imprisonment.

<http://www.champnetwork.org/media/SL-presentation-1.pdf>

<http://www.champnetwork.org/media/SL-presentation-2.pdf>

Long Way to Go in Helping African-American Women Battle HIV, Activist Says (2006, HTML)

TheBody.com's interview with Carrie Broadus, director of Women Alive.

http://www.thebody.com/african_american/movers/cbroadus.html

National Women and AIDS Collective (NWAC) (2007, online video)

A 4-minute Ms. Foundation for Women film profiling Vanessa Johnson and NWAC.

<http://vids.myspace.com/index.cfm?fuseaction=vids.individual&Videoid=12904507>

The "Down-Low": More Questions than Answers (2004, PowerPoint)

CDC researcher Greg Millett breaks down the "down-low" myth.

http://www.pacha.gov/meetings/presentations/p0604/DL_abridged5.ppt

Break the Chains (website)

A national advocacy group fighting punitive drug policies.

<http://www.breakchains.org/index.html>

We're the Ones We've Been Waiting for: The State of AIDS in Black America...and What We're Doing About It (2007, PDF)

The September 2007 Black AIDS Institute report by Gil Gerald and Kai Wright.

http://www.blackaids.org/image_uploads/article_381/.pdf

Overview of Issues Facing Transgender, Gender Variant & Intersex Prisoners

TGIJP factsheet on human rights violations of trans, gender variant and intersex prisoners.

<http://www.tgijp.org/giraldo/protest.html>

<http://www.lifelube.blogspot.com>

Fun, political, and community-building blog on gay men's sexual health.



Solidarity Workshop: Understanding Oppression Across Communities

AIDS thrives on injustice, inequality, and oppression. The epidemic disproportionately affects those who are marginalized and relatively powerless, including communities of color (most disproportionately African Americans), women, young people, trans and gender non-conforming people, gay men and other men who have sex with men, and drug users. Oppressed and stigmatized communities are not only marginalized from the centers of power in society, but we are typically isolated from each other. We're often distrustful of each other because we haven't had the experience of working together toward common goals and because of the psychological and social consequences of oppression – things like racism, sexism, and homophobia. We also often feel that we need to compete and sometimes fight with each other for a share of already scarce resources to meet our community's needs. As a larger community, it's important that we prioritize the most impacted groups so that everyone's needs are met. Conflict can sometimes emerge from this important dialogue, and that may be necessary for us to build unity based on honesty and trust. But it is not the same thing as allowing our adversaries to divide us, which is always harmful.

“Divide and conquer” is an age-old strategy that the wealthy and powerful few use to maintain control over everyone else. As long as we're divided and fighting among ourselves, those in power keep shrinking our share of society's total resources and give more and more of it to wars overseas and tax breaks and subsidies for the rich here at home. When we build bridges across our divisions on the road to unity in action, we become stronger. We build real power that can win real gains.

These divisions are deeply rooted. Most of us have little practice in bridging and overcoming them, in turning our diversity of experience into strength as a coalition. So it takes a lot of work. This workshop, which is outlined in detail in the [World AIDS Day & Affiliated Events Action Kit](http://preventionjustice.org) at <http://preventionjustice.org>, is a start. Conducting the Solidarity Workshop with your activist group, AIDS service organization staff, support group or anywhere can be an opportunity to start framing the issue and the tasks ahead while taking concrete steps to build the Prevention Justice Mobilization.

This workshop will allow you to:

- ❖ Identify and analyze the barriers to solidarity among folks in the AIDS community, with a focus on differences and issues that create tensions and divisiveness;
- ❖ Examine how power and privilege operate in the AIDS community based on HIV status, race, gender, sexual orientation and gender expression, class, nationality, age, and religion;
- ❖ Understand the importance and strengths of diversity in the AIDS community to become a stronger ally to other marginalized communities; and
- ❖ See Prevention Justice as a way to work across differences and rise up out of competition with one another in order to build a stronger, more effective movement to end AIDS – and to link up and build alliances with other social justice movements.

[Download](#) the workshop materials (in PDF format).



Letters to the Editor Welcome!

We appreciate hearing from you about specific articles and issues of *Solidarity Project*. Your input helps *Solidarity Project* be relevant to our readership while remaining true to CHAMP's mission. To contribute a letter, please email champ@champnetwork.org or write to one of the addresses below. If you'd rather not include your name with your letter, we will respect your confidentiality. But please provide contact information in case we need to get in touch with you for clarification or verification.

We look forward to hearing from you!



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