

Good afternoon PACHA members, co-chairs, government partners, and assembled community members. I am Benjamin Brooks, the Associate Director of Policy and Education at Whitman-Walker Institute. It is an honor to speak with you on issues of such importance to the health and wellbeing of our communities.

Throughout these meetings, I have had the pleasure of hearing about the importance of a holistic approach to ending the HIV epidemic; it thus seems appropriate to co-sign all of these efforts and express wholeheartedly that vulnerability to HIV infection – like COVID-19 and monkeypox – is an indicator of social and economic marginalization present in our society. It seems to me this group has arrived at a consensus that without serious investment in the reformation of the social safety net, the difficulties that mire the delivery of HIV care and prevention will continue. The quality-of-life indicators, which are a major accomplishment of the National HIV/AIDS Strategy Implementation plan, are an implicit acknowledgement of this and I am glad to see them!

Data presented during this meeting also highlights our lagging progress on the HIV care and prevention goals that we have set. Reaching these goals requires meeting people where they are at. As we have heard from many speakers, the community members most impacted are the ones best equipped to reach their communities. We support the movement we have seen to invest in organizations and programs that are designed and led by communities most affected by HIV.

We also support the ongoing training of the HIV care and prevention workforce to improve our capacity to offer dignified and respectful care in the presence of difference. As such, we cannot emphasize enough the role of culturally competent care in HIV treatment and prevention. Cultural competence and cultural humility are a set of skills that cultivate the ability to put aside learned biases and provide services that respond to patients' needs. Building workforce capacity to address implicit bias and stigma is central to providing non-discriminatory care. Towards that end, we ask for PACHA to approve a resolution in support of robust non-discrimination requirements for participants in federally funded and administered health services. This includes, but is not limited to, those addressing the needs of people living with or at risk of acquiring HIV.

Robust community involvement in molecular HIV surveillance and cluster detection and response activities is critical. However, it is also my opinion that investments in the social determinants of health, and investment and engagement in marginalized communities that are disproportionately impacted by HIV, will help us achieve the goal of Ending the HIV Epidemic without unnecessarily endangering the privacy, dignity, and safety of marginalized and criminalized people.

My thanks for your time,



Benjamin Brooks, JD, MPH
bbrooks@whitman-walker.org