World AIDS Day-Atlanta 2015
Georgia Equality
Youth HIV Policy Advisors' Program

2015/2016 Policy Agenda- Youth Living with HIV in Atlanta

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HIV IN METRO ATLANTA: IMPACT

While HIV is a complex issue, it is important for leaders like you to understand a few, simple facts about the epidemic in our city and how it affects young people:

- **There are over 50,000 people in Georgia living with HIV** and 2/3 of us live in Metro Atlanta.
- **3,000 people were diagnosed with HIV** last year in Georgia[i].
- **Metro Atlanta ranks 5th among all Metropolitan areas in new HIV diagnoses in** the CDC's latest reports[ii].
- **Youth account for over a quarter of all new HIV infections** in the United States.
- While HIV is decreasing in the population at large, it's **increasing among certain groups of youth**.
- **Youth are less likely than older people to be tested for HIV**. The CDC estimates that more than half of youth 13-24 who are living with HIV do not know they are positive[iii].
- **Youth living with HIV are less likely to have access to medical care** than their older counterparts. A year after diagnosis, only a third are receiving the care and medication they need to stay healthy and prevent transmission to others[iv].
- **Black Gay/Bisexual Men** (or other men who have sex with men) are arguably most likely of all youth to contract HIV. A recent Emory study of youth in Atlanta showed that **by age 30, up to 60% of young, black, gay men will become HIV positive**[v].
- The cost of HIV is enormous: **each new infection reflects a monetary cost of almost $400,000 per person** for a lifetime of care[vi]. The human cost is worse; HIV is treatable, but our friends and loved ones are still dying needlessly every day.

WHO WE ARE: Youth Living with HIV in Metro Atlanta

We are young people with HIV who want to make a difference. You should know that we are surviving, thriving, and we deserve equal rights afforded to all Georgians. We are the only ones who can tell you what it really means to live with HIV, and you need us to stop HIV. Together, we can create the answers for prevention and care for all those living with and affected by HIV. We are overwhelmingly young, black, gay men living in a city that tolerates us but has few resources dedicated to our needs, particularly those who sit at the nexus of all three. We are also young women who are mothers, caretakers, aspiring careerists, and daughters. We are transgender women who experience unparalleled levels of violence, homelessness, unemployment and discrimination.

RIGHTS & EXPECTATIONS FOR YOUTH LIVING WITH HIV IN METRO ATLANTA

As representatives of our highly-impacted community, we demand to serve as active participants in every level of decision-making pertaining to ending HIV in Atlanta. This is not an unprecedented paradigm. This principle of self-representation or "nothing about us without us" is a commonly cited notion from the 1983 *Denver Principles*[vii]. In accordance with this concept, we lay out these policy asks, which we know are crucial to overcoming the barriers that have kept metro Atlanta as an epicenter of the HIV crisis in the United States.

We declare the rights of youth living with HIV to be the following:

- The chance to live a healthy, fulfilling life with HIV, regardless of ability to pay for care.
- The right to live without fear of criminalization based on our serostatus.
- All youth should be able to access services related to HIV care and treatment.
- No youth interested in HIV testing should ever be turned away prior to receiving services.
- All youth should be treated as a person first and not a diagnosis. Healthcare providers must show dignity and respect for young people living with HIV.

OUR RECOMMENDATIONS

Leaders should use sound, evidence-based policy to prevent new HIV infections and care for those who are living with HIV. We ask that you consider implementing the following policy recommendations this year:

MAXIMIZE FEDERAL HIV PREVENTION AND CARE RESOURCES FOR LOCAL USE

Support continued federal funding for HIV prevention & care services.

Georgia receives the vast majority of HIV/AIDS prevention and care services through federal funding to our state and local health departments. We ask that our Georgia representatives in the United States House and Senate support and vote in favor of increases to these resources over time, given the disproportionate impact that HIV has on our state and its people.

- **Support full funding of Ryan White HIV/AIDS Program ($2.455 billion).**
  The Ryan White CARE Act was introduced in 1990 to allocate funding for comprehensive HIV care services to states and local jurisdictions affected by HIV. It remains a lifeline for people living with HIV who do not have access to health insurance. In Metro Atlanta, 13,574 people receive HIV care services annually through Ryan White-funded clinics[viii], and Atlanta is home to one of the largest Ryan White HIV clinics in the United States, Grady Health System's Infectious Diseases Program at the Ponce de Leon Center. Patients in these clinics receiving Ryan White assistance have some of the best HIV health outcomes related to prescription of antiretroviral therapy and controlling viral replication.

- **Fully fund CDC Division of HIV/AIDS Prevention ($822.7 million).**
  Ryan White funding is essential for care and provides secondary prevention, but the Centers for Disease Control and Prevention (CDC) provides the majority of primary prevention programming and research that lead to innovations in our ability to fight HIV. We ask that our leaders continue to support all of the HIV prevention efforts CDC has underway.

- **Fully fund Housing Opportunities for People With AIDS (HOPWA) programs at $364 million.**

Homelessness is closely tied to both HIV risk and the ability for people living with HIV to stay healthy and remain connected to medical care. Housing Opportunities for people living with HIV (HOPWA) is an essential funding stream that supports housing programs in municipalities hard hit by HIV epidemics. It is critical that HOPWA funding continues to support those living with HIV in Atlanta who would otherwise lack stable housing. We ask that our leaders support continued funding for HOPWA.

Local HIV prevention and care funding should be allocated transparently and accountably to populations at greatest need.

We ask that any councils or entities responsible for the allocation of federal financial resources to HIV prevention and care services release annual reports detailing how this money is spent. Reports should be in plain language, easy to access and updated regularly. They should be posted online whenever possible for general viewing.

Federal funding for HIV prevention and care is competitive. Continued funding is predicated upon local jurisdictions' ability to demonstrate both need and proper management of this funding. Mismanagement of this funding in Metro Atlanta has recently resulted in major inefficiencies in spending and people in need left underserved. This must not be allowed to happen. Every penny of federal funding funneled into Metro Atlanta must be spent to meet the needs of those at highest risk, and county leaders must exercise oversight to ensure the continued transparency and accountability of this process.

Young voices must be present in all decision-making bodies that take youths' needs into account.

People under 30 living with HIV and who are part of populations at highest risk for HIV should be invited to and encouraged to be present in all planning councils, strategy groups, taskforces and any other advisory bodies that are responsible for the allocation of federal or other funding for HIV prevention and care. The leadership of all local planning councils should actively recruit and make necessary accommodations to retain youth living with HIV on these councils. Accommodations may include travel stipends, meetings held during youth-friendly hours, communicating with members in youth-friendly and non-traditional ways, and ensuring group culture respects the input and participation of young members.

Youth in Metro Atlanta should be prioritized for HIV testing.

Only half of youth living with HIV know their status, and youth in general are infrequently tested for HIV and other STDs. Healthcare organizations, community-based organizations, schools and HIV prevention organizations must prioritize youth for HIV testing and work for overall increases in the number tested. Special prioritization must be given to young, black, gay men and transgender women, as they are disproportionately affected among all youth.

ALL youth diagnosed with HIV in Metro Atlanta should be linked to medical and mental health care within one month of diagnosis.

A majority (two-thirds) of all youth diagnosed with HIV in Metro Atlanta remain disconnected from medical care a year after their diagnosis. HIV is only manageable if diagnosed and treated promptly. Youth who are out of care are likely to progress to advanced HIV (AIDS), become seriously ill, and they are more likely than youth in care to transmit the virus to others. Youth must be linked to specialized medical care promptly after diagnosis, and those who conduct HIV testing must prioritize their medical and mental healthcare needs. Mental healthcare support is essential to processing a new diagnosis, and it is rarely available to those in need.

METRO ATLANTA: SECTOR-SPECIFIC POLICY RECOMMENDATIONS

SCHOOLS

Schools are essential allies in the fight against HIV in Metro Atlanta. Providing quality education, safe environments for those at highest risk for infection, and accessible health clinics would all be impactful changes.

Support scientifically accurate, age-appropriate HIV and sex education in public schools.

- **Implement comprehensive sex education curricula in Metro Atlanta schools.**

  Numerous studies have shown over time that abstinence-only sex education is ineffective[ix]. Comprehensive sex education includes instruction on abstinence, other methods of contraception and STD prevention alongside social and relationship skills. It is proven to improve students' sexual health decision-making and reduces their risk for unplanned pregnancy and STDs. Georgia law does not prohibit school districts from implementing sex education that goes beyond abstinence, but of Metro Atlanta's three largest

districts: Atlanta Public Schools, Fulton County and DeKalb County public schools, only DeKalb County has adopted a comprehensive sex education curriculum (FLASH Curriculum, see endnote[x] for curriculum details). Fulton County and Atlanta Public Schools should follow suit, and all three districts should implement these curricula fully and promptly. These three school districts account for the majority of new youth HIV infections in Georgia.

- **Sex education should include the diverse needs and identities of LGBT youth.**
  Lesbian, Gay, Bisexual and Transgender (LGBT) and questioning students are at increased risk of acquiring HIV and other STDs. Young, gay men make up a sizable majority of new HIV infections among youth in Metro Atlanta and it is likely that transgender women are even more disproportionately affected. Sex education that does not address the needs of LGBT youth fails to address our HIV epidemic.

- **Georgia needs a state standard for sex education**
  Georgia law mandates that HIV and sex education are offered at all Georgia school districts, but it allows local school districts to choose their own curricula, and does not specify that the curricula should be grounded in science. This means that abstinence-only curricula may be implemented in high-HIV-risk districts, depriving at-risk youth from resources with which to protect themselves.

Create and maintain school–based healthcare resources that respect students' needs for confidentiality

- **Support funding for school-based clinics to provide comprehensive healthcare services including HIV and other STD testing to youth who lack access elsewhere.**
  Many youth in Metro Atlanta lack access to healthcare and visit healthcare providers infrequently. There is also substantial evidence to suggest that youth are very infrequently tested for HIV, even if they are at risk. School-based clinics have been shown to improve student health outcomes, decrease absenteeism and improve the overall school environment. They

provide much-needed healthcare infrastructure in an easy-to-access location.

- **Encourage high schools to offer HIV and STD testing on school grounds during school hours.**
  Georgia law does not prohibit students from being tested for HIV or other STDs during school hours or on school grounds, yet this practice is uncommon or non-existent in Metro Atlanta school districts. Offering these tests at school would provide improved access. All schools, especially those in high-prevalence districts, should consider the implementation of regular and routine HIV and STD screening on campus.

- **Increase HIV and STD testing on college campuses in Metro Atlanta**
  Colleges and universities often provide comprehensive healthcare services to students. Clinics on campus are excellent places to provide routine HIV and STD screenings and testing on demand. Studies show that youth are often exposed to HIV and STDs during the college years but are not tested until many years later. Providing screenings on campus could significantly increase the number of youth who identify HIV infections before they progress to more serious illness.

- **Ensure that campus-based resources are supported by policies that protect confidentiality of student health records**
  Parental or other third-party notification would prevent many adolescents and young adults from seeking out the sensitive health care services they need, such as HIV testing. Many adolescents and young adults are uninsured; if they are insured through their parent's or spouse's health insurance coverage, they may be reluctant to seek needed care because of confidentiality concerns. (Refer to "Healthcare" section for an expanded legal discussion on confidentiality).

Create school environments that are safe for LGBT students

LGBT students often experience bullying and harassment based on sexual orientation and/or gender identity. LGBT students are likelier than their non-LGBT peers to suffer from depression and attempt suicide. Depression is linked to

behaviors that place LGBT youth at disproportionate risk for HIV.

- **Encourage the formation of Gay-Straight Alliances (GSAs).**
  The presence of a gay-straight alliance (GSA) inside a school has been shown to reduce bullying and associated risk of depression and suicide for LGBT students[xi]. Students and staff advisors should be encouraged and supported in their efforts to create a GSA. Three policy changes at the district level would provide a better environment for LGBT students:

- **Enforce existing policies banning bullying and discrimination based on sexual orientation and/or gender identity.**
  Fulton, Dekalb and Atlanta city school districts all have anti-bullying policies in place that address sexual orientation and/or gender identity. This is an important first step in creating safe space for LGBT students. In the school itself, staff allies may designate "safe space" in their classroom, counseling office or other area where LGBT students will be welcomed as they are, affirmed and connected to resources that meet their needs. This safe space could be designated by LGBT-affirming symbols or literature.

- **Make training for school staff on how to support LGBT or questioning students mandatory**
  Teachers, counselors, administration, nurses and parent liaisons should be trained at least annually to work with LGBT students. Staff should be prepared to address bullying based on sexual orientation and gender identity and connect LGBT students with appropriate resources.

HEALTHCARE

To stay healthy, young people must have access to quality, affordable and confidential healthcare, insurance options, and access to information about these options. Sexual health is no exception.

Expand young people's access to sexual health services, including HIV testing and treatment.

Georgia is one of 18 states that allows a doctor to inform a minor's parent if the minor receives testing or treatment for STDs[xii]. Under this scenario, although a doctor is not required to inform a minor's parents, the doctor has discretion to

decide whether to disclose this information. This is a significant barrier to STD testing and treatment, especially for teens who are estranged from parents during the time of testing and diagnosis. While a minor's right to consent to STD testing and treatment is explicitly allowed by law in all 50 states, including Georgia, this right is truncated by a potential breach in medical confidentiality under Georgia law. Moreover, Georgia is not one of the 31 states that include HIV testing as part of the package of STD services to which minors can explicitly consent. If we are to overcome barriers related to HIV testing among youth, we need this to change!

- Recognize and expand youth-friendly clinical services.
  Youth-friendly clinical services are those that protect confidentiality. Sexual health services, such as STD testing and treatment, can occur without parental consent as mentioned previously. For young people that are insured as dependents under the Affordable Care Act (up to age 26), routine insurance processes can inadvertently breach medical confidentiality. At least 8 states have enacted statutes or regulations that could provide a starting point for giving Georgia youth insured as dependents the confidentiality protection they need. We also require that medical staff at clinics and hospitals should be trained to be sensitive to confidentiality and should be trained to deal with the unique sexual health needs of young people and LGBT people.

- Expand Medicaid.
  The Affordable Care Act (ACA) was enacted in 2010, but the U.S. Supreme Court's decision in National Federation of Independent Business v. Sebelius (2012) affirmed the right of states to decline to expand the pool of people eligible for health insurance under the Medicaid program. Medicaid expansion would extend coverage to people living with incomes at 133% of the federal poverty line. Expansion of Medicaid in Georgia would, therefore, have a tremendous effect on reaching more young people and ultimately improving sexual health outcomes for youth living with HIV or at risk of acquiring HIV.

- Make routine, opt-out HIV testing available in pediatric and adolescent healthcare sites throughout Atlanta.
  The CDC recommended in 2006[xiii] that all people routinely receive HIV tests

during healthcare visits unless they opt out. Up to 60% of young people living with HIV are unaware of their HIV status, and young people are less likely than older people to be tested for HIV. Thus, routine, opt-out HIV screening could have a tremendous impact on identifying young people living with HIV and engaging them in medical care. To our knowledge, no pediatric or adolescent health centers in Atlanta offer routine, opt-out HIV screening to all patients. This means youth must ask for an HIV test, which requires them to understand and assess their own risk.

- Make Pre-Exposure Prophylaxis (PrEP) free and accessible to teens and young adults.

  Pre-exposure prophylaxis (commonly known as "PrEP") is a medication that decreases HIV risk by over 95% when taken as directed. It is more effective than condom use at preventing HIV[xiv]. The U.S. Food and Drug Administration approved it for consumption in July 2012, but it is not yet widely available in Metro Atlanta to those who lack health insurance. Young people at highest risk for HIV need access to PrEP.

- End HIV criminalization now.

  The state of Georgia joins 32 other states with laws that seek to impose criminal punishment upon people living with HIV. Georgia's law[xv], passed in 1988, criminalizes non-disclosure of an already-known HIV infection prior to engagement in any of the following: vaginal, anal, and oral sex, sharing needles, offering and/or having sex for money, and donation of blood or tissue. The law was later amended in 2003 to include negligible risk activities such as biting, spitting, or throwing bodily fluids at peace or correctional officers[xvi]. This most recent addition to the law is being used in criminal proceedings even though the science is clear[xvii] – spit does not transmit.

  Georgia's law is bad for public health for several reasons. First, taking an HIV test in our state is synonymous with risking arrest. Second, the law does not include language that reflects current knowledge: that people who know their HIV-positive status can and do take steps to reduce transmission to others through activities such as condom use or taking antiretroviral therapy to suppress the virus to undetectable levels. Thus, such outdated laws can have the opposite effect of what they intended to accomplish – they

discourage HIV testing, increase stigma, and keep people from accessing care[xviii]. In fact, study of young people revealed that a large proportion of young adults aged 18-29 thought it was reasonable to avoid HIV testing, partner disclosure, and HIV treatment because of a fear of litigation[xix]. Finally, the law assumes that it is always safe to disclose being HIV-positive, when, in fact, such honesty can be a death sentence[xx] even though HIV is no longer considered by medical professionals to be.

Solutions for ending HIV in our state need to tackle – not increase – HIV stigma and enable people living with HIV to be open about their status and to practice safer sex. The more comfortable people living with HIV feel about their status, the more likely they may be to engage in safer sex and discuss their status with their sexual partner(s).

HOUSING

Of all social determinants of health, it is likely that homelessness plays the biggest role in HIV prevention strategy and may have the largest impact on ability of those living with HIV to remain engaged in healthcare. Homelessness is a risk factor for HIV among youth in Atlanta, and many people living with HIV experience homelessness. Youth at highest risk for HIV- namely, LGBT youth of color- are especially vulnerable to homelessness. Local research is underway to determine exactly how many homeless LGBT youth live on the streets of Atlanta[xxi], but it is widely understood that Atlanta is a destination for LGBT youth of color from throughout the United States.

Increase capacity for housing the homeless in Metro Atlanta

Two contributing factors to increasing new HIV/AIDS diagnoses in Atlanta are the rate of homelessness and food insecurity; National Alliance reported in 2014 there are 17,000 people in Atlanta living with HIV/AIDS that are not in stable housing. Homelessness and food insecurity may lead to the exchange of sex for housing or food (and other basic needs), and they are therefore linked directly to HIV risk among youth[xxii].

- Increase shelter and emergency capacity for youth living with HIV in Metro Atlanta.

  With federal HOPWA funding alone, there is never enough housing stock for all the people living with HIV in Metro Atlanta, nor enough local resources to ensure housing-related case management for those living with HIV. The City of Atlanta must increase investment in housing resources specifically for

those living with HIV. Youth who are homeless and living with HIV need stable, affordable and safe housing in order to survive and thrive.

- Decrease the bureaucratic paperwork burden placed upon housing applicants.
  Many young people begin applying for housing assistance but become mired in a complex maze of document requirements, paperwork, and multiple contacts at multiple agencies. This is an unrealistic process for a young person newly diagnosed with HIV who may be living on the streets without access to resources. Every effort should be made to ensure housing applications are simple and easy to follow, especially for youth in crisis situations.
- Prioritize food assistance for people living with HIV.
  Preventing HIV infection is difficult for those who lack food resources. Those who are hungry may engage in survival sex or sex in exchange for resources in order to meet short-term food needs. This goes hand-in-hand with homelessness as a major driver of the epidemic among high-risk youth.
- Increase shelter and emergency resources for homeless youth in Metro Atlanta
  Youth- particularly LGBT youth- are often left out of housing policy and the annual homeless census. There is an effort underway to count homeless youth in Metro Atlanta, and there is currently only one shelter dedicated to LGBT youth. It has 6 beds.

Improve housing shelters' and housing organizations ability to meet the needs of LGBT youth.

- Implement shelter non-discrimination policies that include sexual orientation and gender identity
  It is estimated nationwide that 40% of homeless youth identify as LGBT. LGBT youth are at a heightened risk for discrimination and violence while staying in shelters, both from staff members and other clients. Many shelters are highly gendered environments that are difficult for transgender residents. It is essential that homeless shelters create non-discrimination policies in line with Atlanta city law banning discrimination based on sexual orientation and gender identity.

- **Train shelter staff in LGBT cultural competency at least once per year.**
  To bolster policies banning discrimination based on sexual orientation and gender identity, staff should be trained at least once per year on cultural competency specific to LGBT residents. Given their likelihood of encountering LGBT youth, homeless shelter staff should be prepared to house LGBT residents and ensure their safety and wellbeing while sheltered.

EMPLOYMENT & EDUCATION

HIV disproportionately affects people of prime-working ages. Over 3/4 of Georgians diagnosed with HIV during 2013 were between the ages of 20 and 49. Given that a person can live years with HIV before becoming diagnosed, risk for acquiring HIV is high during adolescence and young adulthood[xxiii].

Research shows that being employed has potential positive physical, mental, and social health outcomes for people living with HIV and reduces risk among those not living with HIV[xxiv xxv xxvi xxvii]. In a study of patients at Grady's Infectious Diseases Program, those who experienced unemployment within the last five years were more than three times more likely to have had an AIDS-defining illness during that same time period.[xxviii] Another study showed sex in exchange for money is more prevalent among urban women who report unemployment.[10] Having employment contributes to financial stability, the ability to pay for preventive services, treatment, and care, provides a routine, a sense of pride, and can be a source of social support for all individuals. Finally, research using data from over 200 countries suggests that unemployment is independently associated with national HIV prevalence.

Education and training that leads to gainful employment is important to young people living with and at risk for HIV. People living with HIV, LGBT youth and youth of color have high rates of unemployment relative to others. Young, Black, Gay men and transgender women, who exist at the intersection of all of these categories, experience extremely high levels of unemployment.

Create employment opportunities for groups at risk for and living with HIV in Metro Atlanta

Improved employment is crucial for Georgia's economic well-being. From an employment perspective, HIV presents in a similar manner to other episodic disabilities that wax and wane, and public policies need to reflect this in order to

avoid unnecessary job loss. Ensuring job security is in everyone's best economic interest with rollover benefits for the state of Georgia's HIV epidemic.

- Atlanta must create an employment pipeline strategy to decrease major racial employment disparities.
  Youth of color experience massively disproportionate risk from HIV compared to their white counterparts. People of color in Atlanta experience disproportionately high rates of unemployment[xxix]. Unemployment in Georgia in 2014Q3 was 7.9%, higher than the national average (5.9%). Atlanta's unemployment rate (7.7%) was estimated to be similar to Georgia's during the same time period. Racial disparities in unemployment persist both at the city and state level, with the black–white unemployment rate ratio nearing 3:1. Unemployment in DeKalb, Fulton, and Clayton counties was 7.8, 8.3, and 9.4% respectively at the county level for 2014Q2[xxx]. Atlanta must recognize and strategize to end this disparity in employment in order to address HIV disparities simultaneously.

- The Fair Employment Practices Act must pass and State-level discrimination of LGBT Georgians must end.
  It is legal in Georgia for gay or transgender people to fired based on sexual orientation and/or gender identity. The Fair Employment Practices Act (FEPA) would add sexual orientation and gender identity to Chapter 19 of the Georgia state statutes[xxxi]. The City of Atlanta and several other small jurisdictions have ordinances that offer these protections, but this should extend to all Georgians. The majority of those at risk for and newly diagnosed with HIV today belong to the LGBT community. This discrimination has a direct effect on their ability to live independently by obtaining and maintaining meaningful employment that matches their skills and experience.

- More jobs and job training programs must be created for Young, Black, Gay men and Transgender people.
  LGBT people- especially transgender people- experience significantly higher rates of unemployment than the general population[xxxii]. In Georgia, job training and education resources must be culturally competent and a portion

must be dedicated specifically to LGBT Georgians. Institutions that provide job training (JobCorps, Georgia Department of Labor, etc.) must pursue not only cultural competency in working with LGBT populations, but seek out funding and resources targeting these communities to ensure well-rounded and inclusive programming that truly promotes equal opportunity.

Mandated earned sick leave must be available to all Georgians.

Mandated sick leave is important to people living with HIV and their families. Just twenty-four of the many jurisdictions in the United States require employers to provide paid sick leave; these now include 4 states, 19 cities, and 1 county[xxxiii]. There is no Georgia law that requires private employers to provide employees with paid or unpaid sick leave; however, Georgia regulations govern policies pertaining to accrued sick leave for executive branch employees.

Questions, comments or suggestions about this document should be sent to WADA@GeorgiaEquality.org.

For My Own Protection
by Essex Hemphill

I want to start an organization
to save my life.
If whales, snails, dogs, cats
Chrysler and Nixon can be saved,
the lives of Black men are priceless
and can be saved.
We should be able to save each other.
I don't want to wait for the Heritage Foundation
to release a study saying
Black people are extinct.
I don't want to be the living dead
pacified with drugs, sex and rock-n-roll.
If a human chain be formed
around nuclear missile sites,
then surely Black men can form
human chains around Anacostia, Harlem
South Africa, Wall Street, Hollywood
each other.

If we have to take tomorrow with blood
are we ready?
Do our s curls and dreadlocks and phillies
make us any more ready than a bush or a conkaline?
I'm not concerned
about the attire of a soldier.
All I want to know
for my own protection
is are we capable
of whatever
whenever.

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[i] Georgia Department of Public Health Georgia's HIV/AIDS Epidemiology Surveillance Section, accessible online at: https://dph.georgia.gov/georgias-hivaids-epidemiology-surveillance-section

[ii] CDC HIV Diagnosed HIV Infection among Adults and Adolescents in Metropolitan

Statistical Areas—United States and Puerto Rico, 2013. Accessible online at: http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillancereport-vol20-no4.pdf

[iii] CDC Youth HIV Fact Sheet, 2014, accessible online at http://www.cdc.gov/hiv/group/age/youth/

[iv] Linkage to care data available online at GDPH HIV Surveillance summary: https://dph.georgia.gov/sites/dph.georgia.gov/files/HIV_EPI_2013_Surveillance_Summary.pdf

[v] AIDSmap. *HIV incidence at record high in young gay black men in southern USA: lack of health insurance, incarceration and partner choice all implicated as causes.* Published March 5, 2014. Accessed XXXX. Available at: http://www.aidsmap.com/HIV-incidence-at-record-high-in-young-gay-black-men-in-southern-USA/page/2833285/

[vi] CDC HIV Cost-Effectiveness webpage, accessible online at: http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

[vii] The Denver Principles is a document penned by people living with HIV in 1983 outlining the rights and responsibilities of people living with HIV in prevention, care and research efforts underway at that time. It is accessible online here: http://www.actupny.org/documents/Denver.html

[viii] Metropolitan Atlanta's Ryan White funding information available online at http://www.fultoncountyga.gov/ryan-white-home

[ix] Trenholm C *et al. Impacts of Four Title V, Section 510, Abstinence Education Programs: Final Report*, submitted to the U.S. Dept. of Health & Human Services, Office of the Assistant Secretary for Planning & Evaluation. Princeton, NJ: Mathematica Policy Research, 2007.

[x] FLASH is a comprehensive sex education curriculum completely accessible online at: http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx

[xi] The Gay, Lesbian Straight Education Network (GLSEN) releases an annual report on LGBT student experience in schools. It can be accessed online here: http://www.glsen.org/article/2013-national-school-climate-survey

[xii] The Kaiser Family Foundation's report on states allowance of minors ability to consent to HIV/STD testing and treatment can be accessed online here: http://kff.org/hivaids/state-indicator/minors-right-to-consent/

[xiii] CDC recommendations for routine opt-out screening can be accessed online here: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

[xiv] More information about Pre-Exposure Prophylaxis is available at: https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/

[xv] O.C.G.A . § 16-5-60

[xvi] Lehman JS, Carr MH, Nichol AJ et al. Prevalence and public health implications of state laws that criminalize potential HIV exposure in the United States. *AIDS Behav*. 2014; 18:997–1006.

[xvii] CDC. HIV transmission risk. Accessed November 16, 2015. Available at: http://www.cdc.gov/hiv/policies/law/risk.html

[xviii] Galletly CL, Pinkerton SD. Conflicting messages: how criminal HIV disclosure laws undermine public health efforts to control the spread of HIV. AIDS Behav. 2006 Sep;10(5):451-61.

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[xix] Sprague L. Young People of Color and HIV Criminalization(2013) Acecssible online at: http://seroproject.com/wp-content/uploads/2013/07/Young-people-of-color-and-criminalization_Sero-results-2013.pdf

[xx] Dallas Morning News. *Man who admitted killing HIV-positive girlfriend: 'I wanted to make her pay'* Published October 29, 2013. Accessed November 16, 2015.

[xxi] For more information about the Atlanta Homeless Youth Count, contact Professor Eric Wright at Georgia State University at ewright28@gsu.edu. Data reports from the first annual Atlanta Homeless Youth Count survey will be released in 2016.

[xxii] Palar, Kartika, et al. "Food Insecurity is Longitudinally Associated with Depressive Symptoms Among Homeless and Marginally-Housed Individuals Living with HIV." *AIDS and Behavior* (2014): 1-8.

[xxiii] Georgia Department of Public Health, HIV/AIDS Epidemiology Section. *HIV Surveillance Summary, Georgia 2013*. Available at: https://dph.georgia.gov/data-fact-sheet-summaries. Accessed August 2, 2015.

[xxiv] Vance DE, Cody SL, Yoo-Jeong M et al. The role of employment on neurocognitive reserve in adults with HIV: a review of the literature. *J Assoc Nurses AIDS Care*. 2015 Jul-Aug;26(4):316-29.

[xxv] Degroote S, Vogelaers D, Vandijck DM. What determines health-related quality of life among people living with HIV: an updated review of the literature. *Arch Public Health*. 2014 Nov 17;72(1):40.

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