

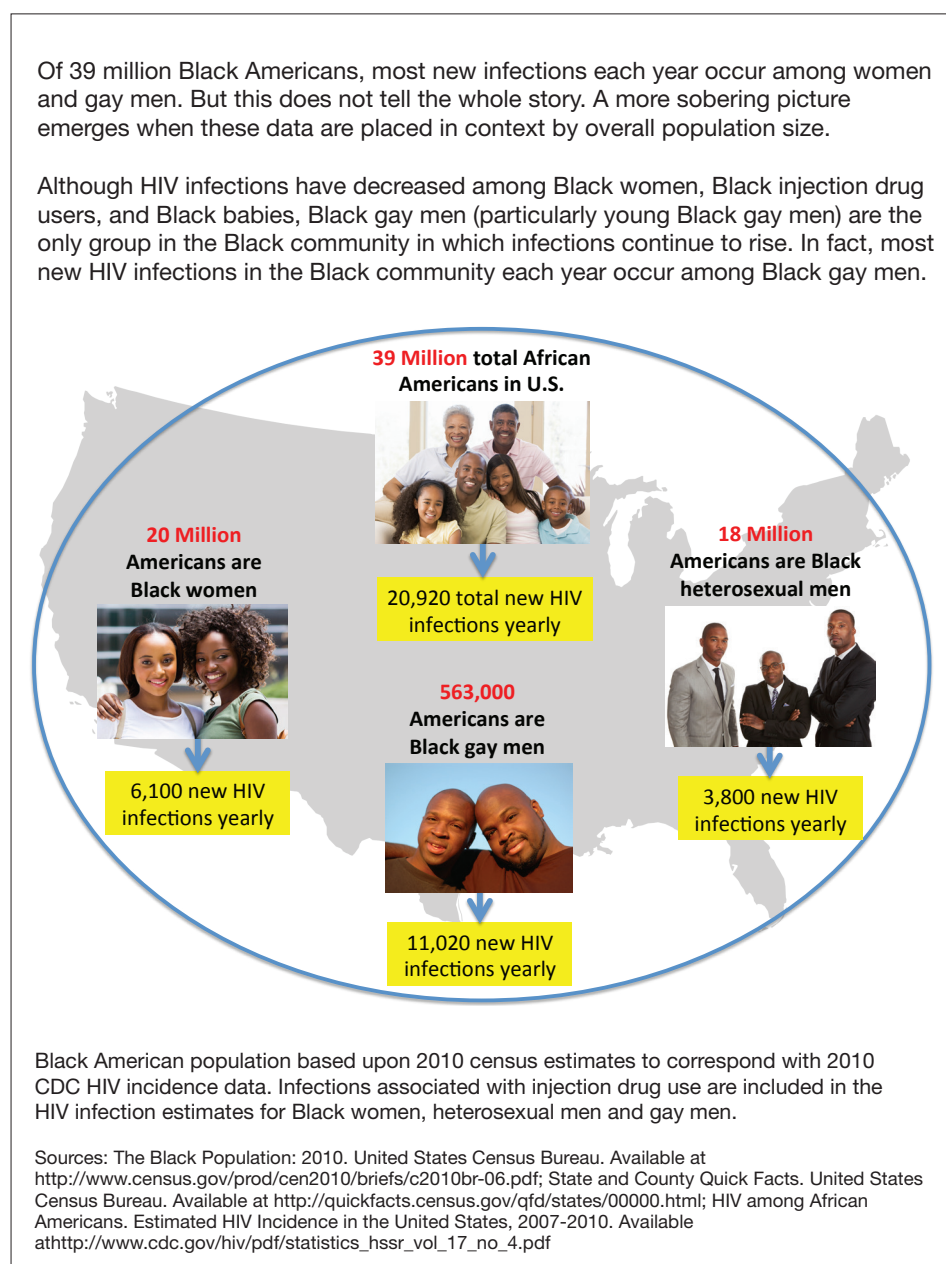
HIV and the Black Community: Do #Black(Gay)Lives Matter?

Introduction

From the very beginning of the HIV epidemic, Black gay men in the United States have been disproportionately impacted by HIV infection compared to all other Black Americans. Our nation's inability to effectively address HIV infections among Black gay men while making major progress among other heavily impacted populations in the Black community is one of the greatest failures of the U.S. HIV/AIDS response. As HIV among both Black Americans and gay men becomes increasingly concentrated among Black gay men, we must move beyond talk and engage in concrete action to turn things around.

In this issue brief, we add context to surveillance data from the Centers for Disease Control and Prevention (CDC) on HIV infections among Black gay men relative to the greater Black community. We also lay out the stark facts about the depth of observed disparities and summarize actions that need to be taken to better support Black gay men. Ultimately, our goal is to create environments that nurture Black gay men to lead long, fulfilling, and healthy lives. If we are to end the HIV epidemic among Black Americans, then #black(GAY)lives should and must matter.

Figure 1. Among all Black Americans, HIV infections are greatest among gay men and among women.



How Did We Get Here?

For years we have known that Black gay men were the only group in the black community in which HIV infections were increasing, but there has never been an honest, national-level dialogue about the situation. There are many reasons for elevated HIV rates among Black gay men. We will only highlight a few:

Too often, institutions and communities that could have made a difference remained on the sidelines. While there are biological and other factors that make gay men more prone to HIV infection than other populations,¹ these factors alone do not

“The AIDS response in the United States is failing MSM [men who have sex with men], particularly black MSM. . . . focus should be on the populations most vulnerable to HIV and should target interventions that are most useful and sustainable.”

— Dr. Anthony Fauci, Director,
National Institute of Allergy and
Infectious Diseases, NIH, *JAMA*,
January 27, 2015

explain such shocking infection rates among Black gay men. The truth is that even though Black communities and LGBT communities in the U.S. mounted vigorous responses to the HIV epidemic, neither adequately addressed the epidemic among Black gay men. For nearly three decades, evidence of a crisis among Black gay men has been well documented (see timeline) and was often covered in the national media, but many turned a blind eye.

Although the majority of mainstream Black media, celebrities, foundations, societies, civil rights organizations and churches have mobilized impressive efforts to fight HIV, almost none of these efforts have been directed to the one group with the greatest number of HIV infections in the Black community. Because half of new HIV infections in the Black community occur among Black gay men—and Black gay men have been the only Black population in which new HIV cases have been growing since 2001—ignoring this population will only maintain existing HIV infection disparities among Black Americans compared to other communities. In the LGBT community, the fight against HIV in the national discourse has been replaced by other important issues, such as marriage equality. In the end, the issue of HIV among Black gay men falls through the cracks because Black American leaders and gay community leaders each believe that the other is advocating for and addressing the needs of this highly impacted population.

A History of Neglect: Reports of Elevated HIV Infection Among Black Gay Men, 1987–2014

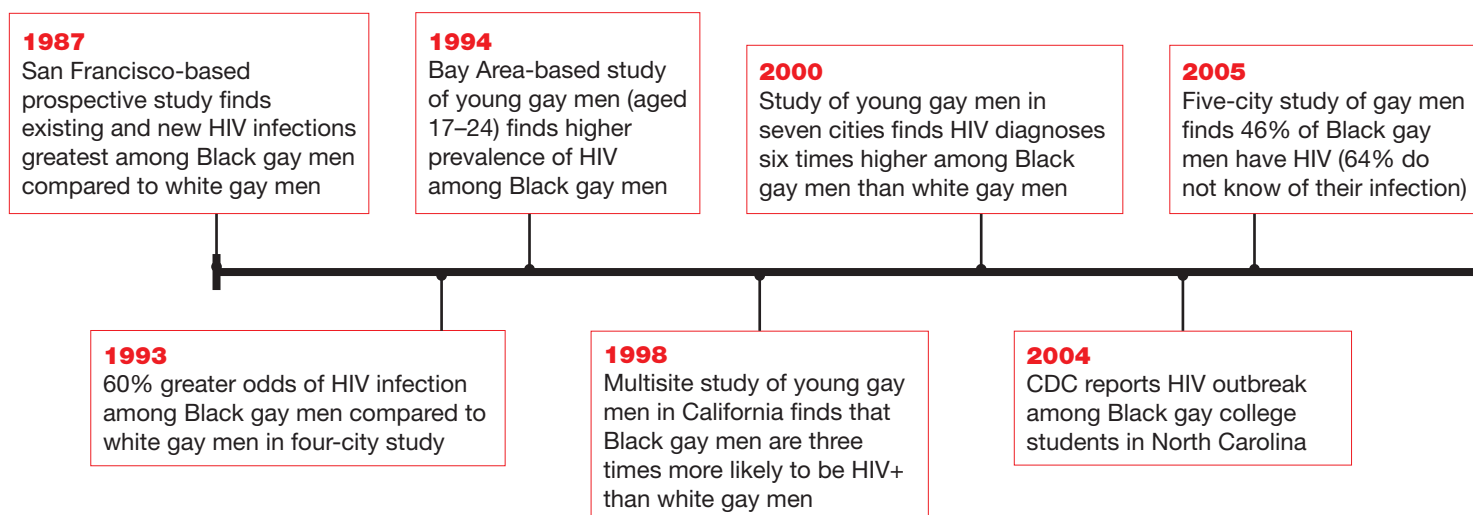
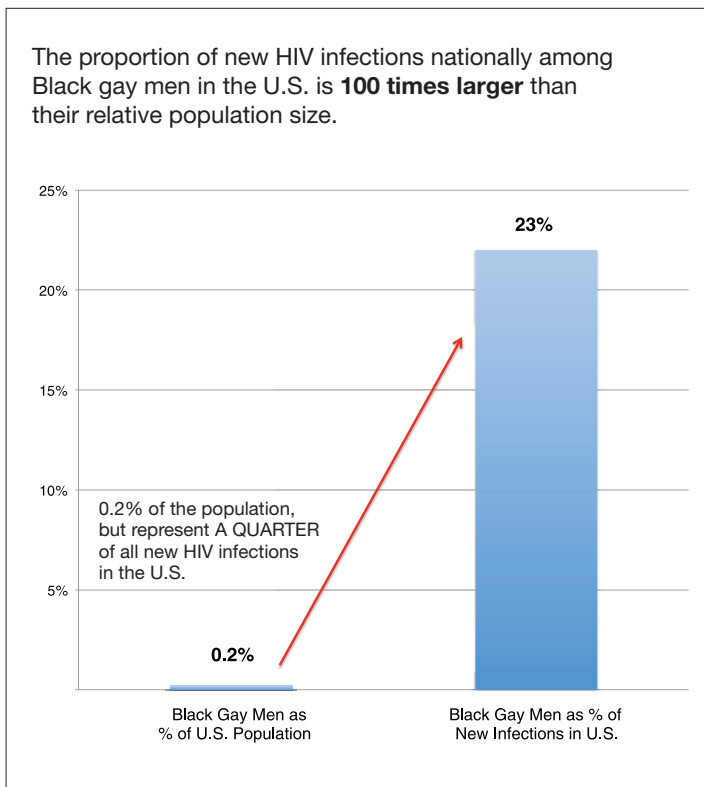


Figure 2. Black gay men are only 0.2% of the total U.S. population, but one in four new HIV infections nationally.

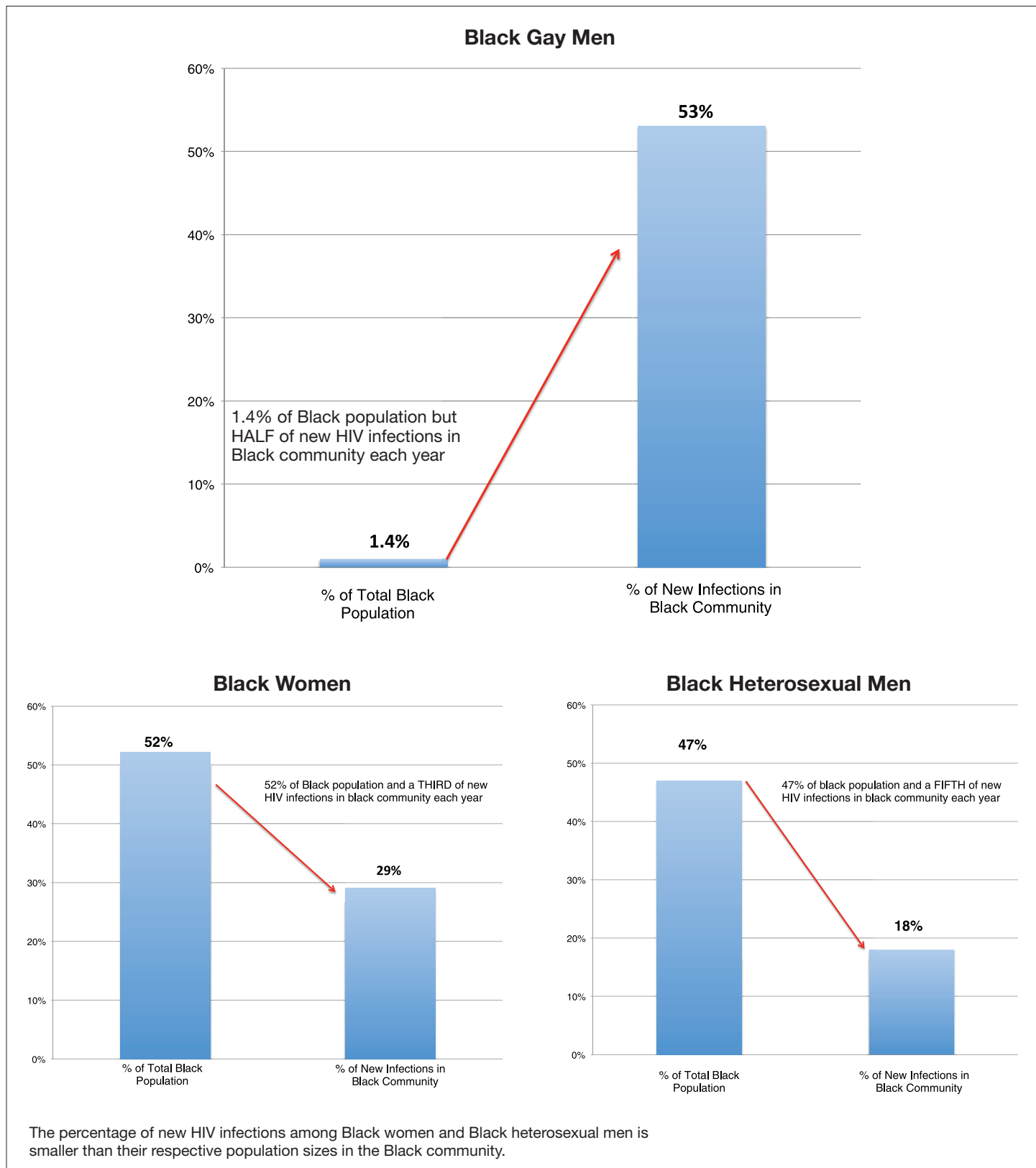


Lack of resources and historic underfunding has plagued Black gay communities. At the federal level, efforts targeting rising HIV infections among Black gay men have been intermittent and not at the necessary scale to make a meaningful difference. For example, although the Minority HIV/AIDS Initiative (MAI) was created in the late nineties to combat the epidemic among racial and ethnic minority populations and has awarded tens of millions in grant dollars annually, it has supported comparatively few projects expressly addressing the growing HIV burden among Black gay men.

A review of Department Health and Human Services HIV prevention programs serving Black Americans between FY09 and FY11 found that 60% targeted heterosexual women, 45% targeted heterosexual men, and 39% targeted gay men, despite most infections taking place among Black gay men (Note: some interventions were multi-population focused).² This under-prioritization continues at the agency level. A recent systematic review of funded primary HIV prevention interventions for youth from 1991 to 2010 found that only five interventions focused on gay and bisexual men, and none focused on young Black gay men.³ And the CDC’s Compendium of Effective Behavioral Interventions has *only two of 84* behavioral interventions that focus specifically on Black gay men, *only one of ten* linkage and re-engagement in care interventions that focus upon Black or Latino gay men,

- 2006** Prospective study in six cities reports new HIV infections are two times greater among Black gay men than white gay men
- 2008** CDC reports HIV diagnoses increased by 93% between 2001 and 2006 among young Black gay men (aged 13-24) across 33 states
CDC reports new HIV infections in 2006 higher among Black gay men than any other group in Black community
- 2009** CDC reports that HIV among young Black gay men (aged 17-24) increases by 45% in Jackson, MS
- 2010** CDC reports that new HIV infections increase among young Black gay men by 48% between 2006 and 2009
- 2011** CDC study finds that one third of Black gay men in 21 cities are HIV+
- 2012** BROTHERS study reports HIV incidence of 3% among Black gay men across six cities
CDC meta-analysis finds that Black gay men are 22 times more likely to be HIV+ than Black Americans overall
- 2013** CDC study in 20 cities finds that Black gay men are three times more likely to have undiagnosed HIV infection than white gay men
- 2014** CDC reports that 54% of HIV+ Black gay men not in care

Figure 3. Black gay men are only 1.4% of the Black population, but they account for one in two new HIV infections among Black Americans each year.



and *none of ten* HIV medication adherence interventions that focus on Black gay men.⁴

At the state level, an analysis by the CDC shows that health departments do a much better job of funding prevention efforts for Black Americans overall proportionate to their share of the epidemic than gay men of any race.⁵ Separate state-based reports also show that health department resources and prevention efforts tend to be directed at other Black populations even when most diagnoses statewide among African Americans occur among Black gay men.^{6,7}

Lack of social support, higher rates of homelessness, and less access to healthcare each contribute to HIV infection rates among Black gay men. Although gay, lesbian, bisexual and transgender youth make up 5% of all youth nationally, they comprise as much as 40% of homeless youth.⁸ High rates of homelessness among gay youth stem from the disproportionate number of LGBT children who are cast out or run away from unsupportive homes; and homeless LGBT youth are more likely to engage in high-risk survival sex with strangers than heterosexual youth.⁹ The CDC also reports that Black and Latino gay men who have less social support from friends and family are less likely to get tested for HIV, more likely to engage in risky sexual behavior, and more likely to have HIV and not know it.¹³

Do Black gay men engage in riskier behaviors that help fuel their infection rates?

Risk behaviors do not explain higher rates of HIV compared to other gay men. Analyses of multiple studies show that disproportionate rates of HIV among Black gay men are not because of sexual risk behavior,¹⁰ but due to the high numbers of people with HIV in the Black gay community. A greater number of people with HIV (particularly in communities with less access to healthcare or prevention) increases the chances of HIV transmission. This explains why Black gay men remain at elevated risk for HIV despite having fewer sexual partners than white gay men.

Similar studies among Black injection drug users and young Black heterosexual adults also have found that risk behaviors do not explain their higher rate of HIV infection.^{11,12}

Healthcare is another issue. Subpar healthcare delivery for Black gay men means that some men remain undiagnosed, and many previously diagnosed HIV-positive Black gay men remain virally unsuppressed. The CDC has reported that only 28% of HIV-positive Black Americans nationally are virally suppressed;¹⁴ but viral suppression rates for Black gay men nationally are much lower (only 16%).¹⁵ Because people living with HIV on treatment are 96% less likely to transmit HIV to their partners, such low rates of viral suppression help fuel HIV transmission rates among Black gay men. Other studies of Black gay men have found that previous experience of discrimination while seeking healthcare hampers future healthcare engagement for HIV-negative¹⁶ as well as HIV-positive Black gay men.¹⁷ Even when discrimination is not present, some physicians fail to test and diagnose Black gay men living with HIV.¹⁸ The race of the physician does not help improve HIV diagnoses for Black gay men. In a recent study, Black physicians who were obstetricians or gynecologists were more likely to test patients for HIV compared to family, emergency room, or infectious disease physicians, who would be more likely to encounter Black gay men.¹⁹

Initial Steps in the Right Direction, But More Are Needed

Recently, there have been steps in the right direction in our nation's response to HIV among Black gay men. Some may argue that these examples are too few or decades late. We believe that the initial steps can provide a foundation on which to build a substantive, sustainable, and ultimately an impactful response.

The Federal response: The National HIV/AIDS Strategy and other communications from the Administration have consistently acknowledged the disproportionate impact of HIV among Black gay men, and the current director of the White House Office of National AIDS Policy, Douglas Brooks, is a Black gay man living with HIV. The visibility of senior level Black gay men, including those openly living with HIV in the Obama Administration is unprecedented.

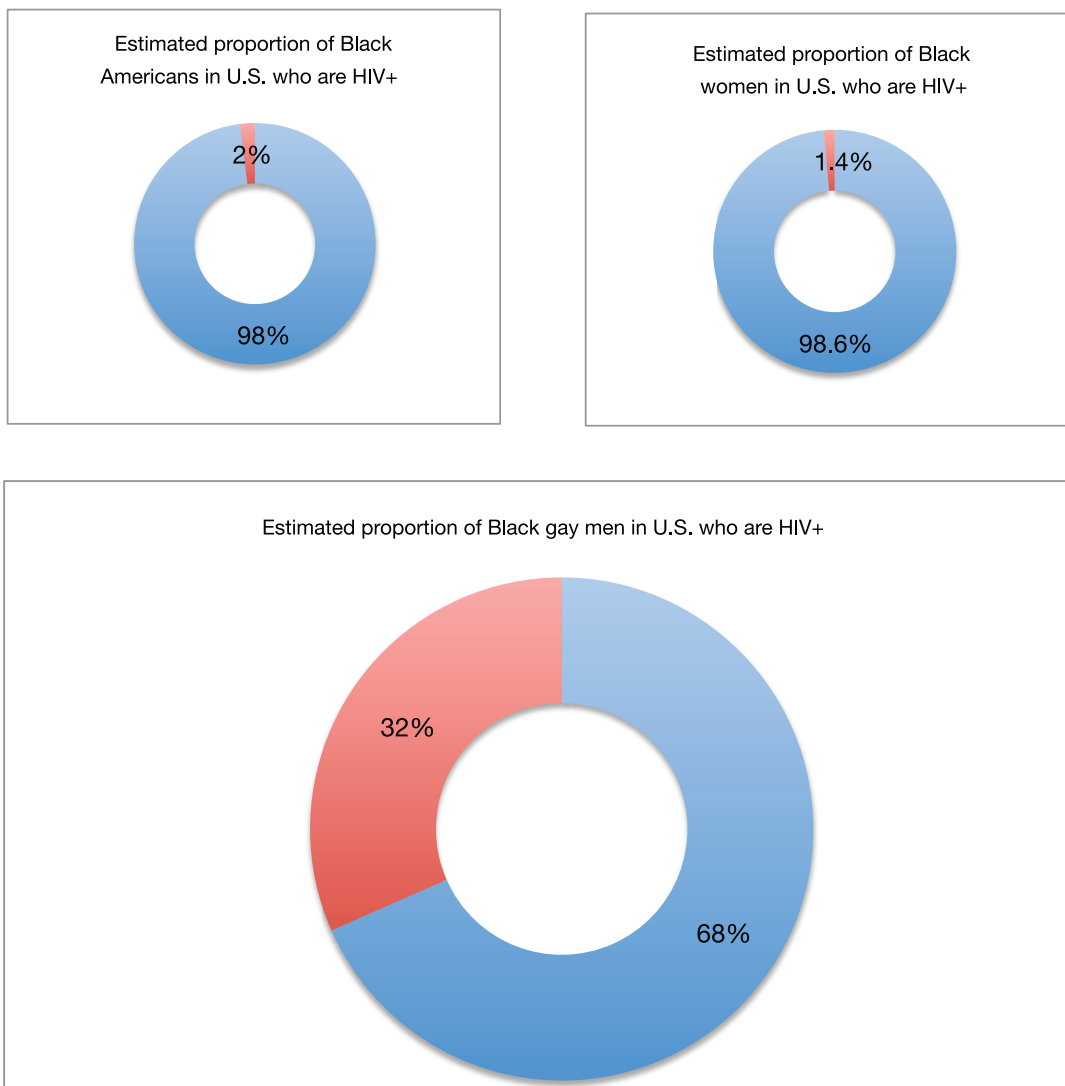
“When new infections among young Black gay men increase by nearly 50 percent in three years, we need to do more to show them that their lives matter.”

— President Barack Obama, December 1, 2011, at George Washington University

Figure 4. The vast majority of Black Americans and Black women *do not* have HIV. One in three Black gay men do.

Thankfully, the vast majority of African Americans overall (98%) and African American women (98.6%) are HIV negative. However, among Black gay men, far fewer (68%) are HIV negative and ONE THIRD are HIV positive.

The Centers for Disease Control and Prevention estimates that one third of all Black gay men in major U.S. cities are HIV-positive. HIV has become a fact of life for increasing numbers of Black gay men throughout their lifespan. For example, if one followed a group of Black gay men from age 20 to 40, one in four would be HIV-positive by age 25, rising to 59% of the same group contracting HIV by age 40.²⁰



Sources: McQuillan G, Cuszon-Moran D. HIV Infection in the United States Household Population Aged 18–49 Years: Results from 1999–2006. National Center for Health Statistics Data Brief. January 2008. Available at <http://www.cdc.gov/nchs/data/databriefs/db04.pdf>

Rosenberg E, Millett G, Sullivan P, del Rio C, Curran J. Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *Lancet HIV*. 2014. 1 (No. 3):112–118. Available at [http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(14\)00011-3/abstract](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(14)00011-3/abstract)

There also has been a noticeable effort on the part of various federal agencies to better address the HIV epidemic among Black gay men. The CDC has funded numerous initiatives, including social marketing campaigns to raise HIV testing awareness among Black gay men, and has provided funding to community-based organizations that target Black gay men; even in a period of budget austerity, it has increased funding for programs targeting this population. Similarly, the Health Resources Services Administration has funded demonstration projects to improve retention in care for HIV-positive Black gay men and has issued funding to catalogue and evaluate best practices to improve HIV care for Black gay men. In addition, over the past five years, partly through advocacy by the Black Gay Research Group, the National Institutes of Health has noticeably increased its research and intervention funding to address HIV among Black gay men; and the Department of Health and Human Services has prioritized Black gay and bisexual men within its FY15 MAI program.

Community response: There have also been welcome shifts in the Black community and, specifically, from influential Black Americans. Few batted an eye when both Magic Johnson and Isiah Thomas publicly supported their gay sons, or when Wade Davis, an openly gay former professional football player who has dedicated his post-football career to helping young Black gay men, lent his voice to HIV/AIDS issues. Such growing acceptance tracks societal shifts in attitudes toward the LGBT community. A recent Pew poll showed that support for marriage equality has steadily increased among Black Protestants since 2001²¹—a notable development given that the church remains the traditional civil rights base of the Black community.

Also, a new generation of Black gay leaders has emerged, including the Young Black Gay Leadership Initiative, the National Black Gay Men's Advocacy Coalition, and the Black Gay Research Group. Each of these groups, as well as some prominent Black AIDS organizations like the Black AIDS Institute, have increased the visibility of the HIV crisis among Black gay men and have demanded action from the federal government, the Black community, and the LGBT community. And the impetus for new federal efforts targeting Black gay men is partly due to a letter to the administration from prominent heterosexual Black American leaders who highlighted the disparate HIV infection rates among Black gay men.

Private sector response: HIV infection disparities among Black gay men have started to receive attention from private entities. The M•A•C AIDS Fund, Elton John AIDS Foundation, and the Ford Foundation have recently funded efforts targeting Black gay men in the United States, and Gilead Sciences and

Learning from and building upon HIV prevention successes with Black women

In the early years of the epidemic, women with HIV were marginalized and ignored by the advocacy community and government officials alike, increasing the stigma and isolation that women living with HIV felt. As infection rates among women increased and the Black community became more organized in responding to HIV, a cohort of Black women leaders took on the challenge of calling attention to HIV among women, especially Black women, and rightfully demanding appropriate programs and services. Such advocacy, awareness and collective action have contributed to declining new HIV infections and HIV diagnoses among Black women.²² These successes mirror similarly good news of declining HIV infections among Black injection drug users and Black infants born with HIV. We must build upon our success for Black women to further reduce their rates of HIV infection and to advocate for improved outcomes for Black women in HIV care. It is just as important that we learn from these collective successes to figure out how to finally reverse infection rates among Black gay men. #Blacklivesmatter can and should be a reality for the entire Black community, including Black gay men.

other pharmaceutical companies have helped fund national conferences for Black gay men. More recently, ViiV Healthcare has announced an unprecedented multi-million dollar effort to address HIV infection among Black gay men in two localities in the U.S.

Each of these developments is encouraging, but more must be done. A recent groundbreaking study reported that HIV infection disparities are so high among Black gay men that it will be decades before new HIV infections will decrease even with current successful prevention and care interventions.²³

Moving Forward

There is no off-the-shelf solution or a clear roadmap to turn around decades of missed opportunities. But fighting HIV has always been about doing the impossible with limited resources and insufficient public attention. We can and must recommit ourselves to doing the hard work of answering the President's

call: We need to do more to show young Black gay men that their lives matter. Five fundamental actions that we can start taking today can help turn things around:

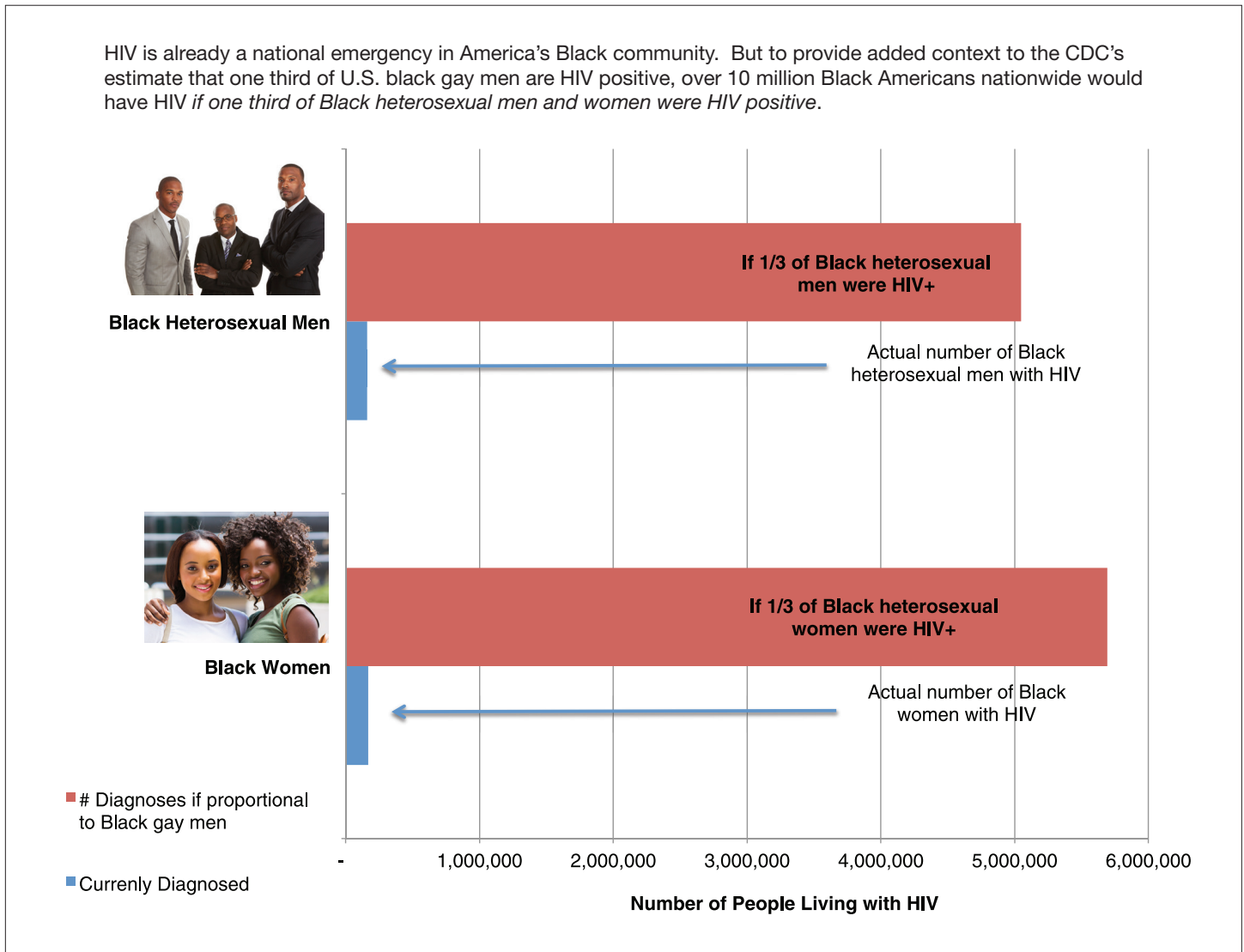
1. We need to achieve funding equity within HIV programs.

The National HIV/AIDS Strategy called for resources to follow the epidemic. Following the Strategy’s release, the CDC updated how it funds state and local health departments to better match the current epidemic, which is resulting in significant shifts in how funds are allocated among states. This has been a painful process for jurisdictions losing money, but the end result will be

greater funding equity among states. A comparable effort is needed at all levels of government, so that funding allocations within jurisdictions are clearly associated with the distribution of HIV infections.

Federal surveys and other data show that when HIV funds as a whole are divided by population, resources for gay men are consistently underfunded.²⁴ Evidence suggests that underinvestment in programs and services for gay men is even worse at the state and local levels. Such underfunding used to be the case for the share of funds allocated to Black Americans, but due to persistent advocacy, a proportional allocation of federal funds now goes to Black populations. However, within these

Figure 5. If HIV rates for Black heterosexual men and women were similar to Black gay men, millions more Black Americans would have HIV



funds, Black gay men have never been given an appropriate share of the resources in spite of their much greater share of Black America's HIV epidemic. This must change.

Our efforts must also be directed to those actions that will make the most impact. Ensuring seamless access to comprehensive and culturally appropriate health services is a clear priority. This includes working to enroll Black gay men in health insurance coverage, greatly expanding access to pre-exposure prophylaxis for Black gay men, and rebooting local testing efforts to prioritize this population. Additionally, new approaches need to be fielded to engage and keep Black gay men who are living with HIV in care. This is critically important because individuals living with HIV who are in care not only have improved health outcomes, but are far less likely to transmit HIV to their partners.

2. We need to invest in data and long-term monitoring of the lives and experiences of Black gay men.

The federal government has begun to track funding allocations by key populations. To date, however, these data are presented for gay men and for Black Americans, yet the share of Black gay men in each of these groups is often obscured. Unless we have a clear picture that shows what is happening to Black gay men, it is hard to build support for an effective response. We call on not only federal officials, but also state and local health departments to do more to provide the public with data about what is happening with Black gay men. Having a better understanding of what is driving increasing HIV infections among young Black gay men will help efforts to target these factors and ultimately bring down the number of infections.

3. Black families should start a new conversation with and about their Black gay sons.

The Black community is rightfully proud of its resiliency after having survived centuries of state-sanctioned discrimination. As the country undergoes a remarkable transformation in how it views and supports the LGBT community, Black communities have been contributing to this positive change. Too frequently, however, the full lives of many Black gay men such as James Baldwin, Bayard Rustin, Alvin Ailey and others who made profound impacts on the Black community have been undervalued or erased. Pro-active leadership must make Black gay men's lives and health a priority. Black gay men are more likely to become infected with HIV at younger ages (between 13 and 24 years old)²⁵ and most Black youth with HIV are gay.²⁶

This means that new approaches are needed to support Black gay men at younger ages. We must build structures and support mechanisms to help keep young Black gay men from becoming infected with HIV. To do this, we must be willing to speak with gay youth. This dialogue cannot be led by government officials, but by Black families. We recognize that conversations about sexuality are sensitive, but silence around this issue has already failed to shield generations of young Black gay men from HIV infection. We need new and different models for giving Black families (just like any other family with LGBT youth) the necessary tools to help keep their children healthy and safe.

4. We need to create more pathways and models of success for Black gay men to lead long, happy, and fulfilling lives.

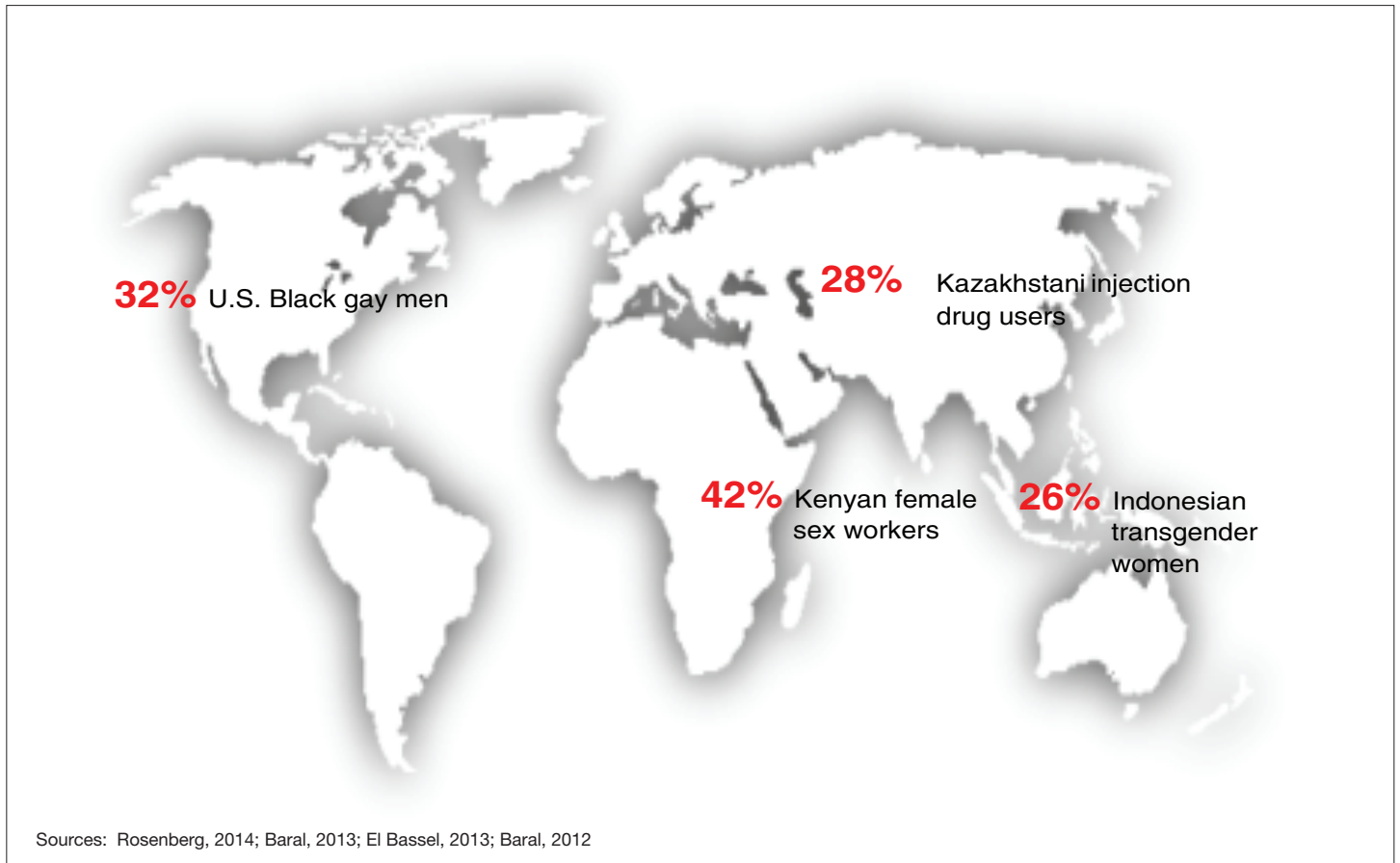
Responding to HIV among Black gay men must move beyond HIV. Our national response should be about helping Black gay men of all ages lead long, fulfilling and healthy lives. To do this effectively, we need to make HIV prevention and care just one part of a health system that engages and values Black gay men throughout their lives. We also need a broader set of models of success so that Black gay men can see paths for leading

Where do Black transgender Americans fit into all of this?

There is no doubt that male-to-female transgender individuals, in particular, are at very high risk for HIV infection. As with the racial disparities for Black gay men described here, a similarly depressing pattern plays out with stark racial disparities in HIV infection risk within the transgender community. Although transgender people comprise a relatively small number of people living with HIV, they have very high rates of HIV infection. The LGBT community, Black community and the U.S. as a whole must do substantially more to create and implement effective HIV prevention and care efforts for the transgender community.

amfAR has produced other materials highlighting the critical needs of this population. To learn more, go to www.amfar.org/end-the-neglect/.

Figure 6. The percentage of U.S. Black gay men living with HIV is similar to other greatly impacted populations globally.



fulfilling lives. There is an ever increasing number of openly gay celebrities and public figures such as the athletes Michael Sam, Jason Collins, and Wade Davis; journalists Jonathan Capehart and LZ Granderson; and entertainment industry giants such as Lee Daniels and Frank Ocean. More of these people must come forward and take up the mantle of fighting HIV. We also need more examples like Kaleb and Kordale Lewis, an Atlanta-based Black gay couple who have become an Internet sensation by showing two Black gay men functioning as supportive parents in a loving relationship. These actions matter.

Additionally, we must do more to address social issues that contribute to increasing HIV infection rates among Black gay men by supporting initiatives to reduce disparities in employment through education, job training, and other efforts to help disrupt the cycle of HIV transmission.

5. We need to fight against HIV and not against each other.

The HIV epidemic cannot be reduced in the United States without reducing new HIV infections among African Americans (44% of new infections nationally) or gay men (66% of new infections nationally). Without more cooperation between both communities and Americans as a whole, we will only add decades to a crisis that could and should have ended much earlier. Let's elevate the conversation, stick to the facts and the data, and ultimately make National Black HIV/AIDS Awareness Day a part of our past rather than a permanent fixture in our future.

References

1. Beyrer C, et al. Global epidemiology of HIV infection in men who have sex with men. *Lancet* 2012; 380:367-377.
2. Department of Health and Human Services. An Inventory of HIV Prevention Programs Serving African-Americans funded by the U.S. Department of Health and Human Services. October 2012. Available at <https://blog.aids.gov/wp-content/uploads/HHS-African-American-HIV-Prevention-Program-Inventory-Report-FINAL.pdf>
3. Harper GW, Ripplinger AJ. HIV Prevention Interventions for Adolescents and Young Adults: What About the Needs of Gay and Bisexual Males? *AIDS Behav* 2013;17:1082-1095.
4. Centers for Disease Control and Prevention. Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention. Available at <http://www.cdc.gov/hiv/prevention/research/compendium/>
5. Centers for Disease Control and Prevention. Funding Allocations Distributed Under Program Announcement (PA) 04012 by State and Local Health Departments in 2008 and 2009 for CDC-Supported HIV Prevention Projects. Available at http://www.cdc.gov/hiv/resources/reports/pdf/2008-2009_funding_allocations_report.pdf
6. Gasiorowicz M, Stodola J. HIV prevalence estimates and alignment among recent diagnoses, targeted tests, and prevention services by demographic and racial/ethnic group in Wisconsin. *AIDS Education and Prevention*. 2011; 23:7–16
7. Presentation by Wayne Duffus during CDC STD meeting. CDC STD meeting, 2012.
8. Williams Institute. Serving our Youth. 2012. Available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>
9. Tyler KA. Homeless Youths' HIV Risk Behaviors with Strangers: Investigating the Importance of Social Networks. *Arch Sex Behav*. 2013 Nov; 42(8): 10.1007/s10508-013-0091-3.
10. Millett G, et al. Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. *Lancet* 2012; 380:341-348.
11. DesJarlais D, et al. Persistence and Change in Disparities in HIV Infection Among Injection Drug Users in New York City After Large-Scale Syringe Exchange Programs. *Am J Public Health*. 2009;99:S445-S451.
12. Hallfors DD, Iritani BJ, Miller WC, Bauer DJ. Sexual and drug behavior patterns and HIV and STD racial disparities: the need for new directions. *Am J Public Health* 2007; 97: 125–32.
13. Lauby, J, et al. Having supportive social relationships is associated with reduced risk of unrecognized HIV infection among Black and Latino men who have sex with men. *AIDS Behav*. 2012;16:508–515.
14. CDC Fact Sheet: HIV in the United States: The Stages of Care, November 2014 Available at <http://www.cdc.gov/nchhstp/newsroom/docs/HIV-Stages-of-Care-Factsheet-508.pdf>
15. Rosenberg ES, et al. Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *Lancet HIV*. 2014;1:e112-118.
16. Eaton LA, et al. The role of stigma and medical mistrust in the routine health care engagement of black men who have sex with men. *Am J Public Health* 2015; 105:375-82.
17. Harper GW, Fernandez IM, Bruce D, Hosek SG, Jacobs RJ. The role of multiple identities in adherence to medical appointments among gay/bisexual male adolescents living with HIV. *AIDS Behav*. 2013; 17:213–223.
18. Millett GA, et al. Mistaken Assumptions and Missed Opportunities: Correlates of Undiagnosed HIV Infection among Black and Latino Men who have Sex with Men. *J Acquir Immune Defic Syndr*. 2011;58:64-71
19. Wong et al.: HIV testing practices among black primary care physicians in the United States. *BMC Public Health*. 2013; 13:96.
20. Stall R et al. Running in Place: Implications of HIV Incidence Estimates Among Urban Men Who Have Sex with Men in the United States and Other Industrialized Countries. *AIDS Behav*. 2009;12:615-629.
21. Pew Research. Changing Attitudes on Gay Marriage. September, 24, 2014. Available at <http://www.pewforum.org/2014/09/24/graphics-slideshow-changing-attitudes-on-gay-marriage/>
22. Centers for Disease Control and Prevention. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012;17(No. 4). December 2012. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental>
23. Rosenberg ES, et al. Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *Lancet HIV*. 2014;1:e112-118.
24. The White House. Implementing the National HIV/AIDS Strategy: Overview of Agency Operational Plans. February 2011. Available at <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-operational-plan-overview.pdf>
25. Centers for Disease Control and Prevention. Trends in HIV/AIDS Diagnoses Among Men Who Have Sex with Men — 33 States, 2001–2006. *MMWR*;57:681-686. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5725a2.htm>
26. Centers for Disease Control and Prevention. HIV among Youth. October 2014. Available at http://www.cdc.gov/hiv/risk/age/youth/index.html?s_cid=tw_std0141316

amfAR

MAKING AIDS HISTORY

amfAR, The Foundation for AIDS Research

www.amfar.org

Public Policy Office
1150 17th Street, NW
Suite 406
Washington, DC 20036
USA
+1.202.331.8600