



## **The History of NMAC**

NMAC leads with race to urgently fight for health equity and racial justice to end the HIV epidemic in America. NMAC represents over 3,000 community- and faith-based organizations nationwide. The agency advances its mission by providing minority community-based and minority-serving faith organizations with a variety of capacity building assistance programs, online and classroom-based trainings, printed and electronic resources, grassroots organizing and political advocacy. These initiatives help these agencies deliver HIV/AIDS services more efficiently and effectively with the ultimate goal of helping mitigate the impact of HIV/AIDS in underserved and marginalized communities.

Since the first instances of AIDS were first described in June 1981 in the *Morbidity and Mortality Weekly Report*, AIDS has disproportionately affected minorities. A nurse named Joan Vleno, of Montifore, a health care facility in the Bronx, New York, recounted in Jane Gross' *New York Times* article: "The State of AIDS, 25 Years After the First, Quiet Mentions; The Nurse," that the majority of her patients in the early 1980s were minority heterosexual IDUs (injecting drug users). Many delayed seeking medical care due to AIDS' close association with homosexuality. All of her patients died many of whom were estranged from their families.

Leaders of prominent minority AIDS organization nationwide – including Paul Kawata, Gil Gerald, Calu Lester, Don Edwards, Timm Offutt, Norm Nickens, Craig Harris, Carl Bean, Suki Ports, Marie St.-Cyr and Sandra McDonald – started the National Minority AIDS Council (NMAC) in response to the American Public Health Association (APHA) decision to not invite anyone of color to participate on the panel of its first ever AIDS workshop, at its 1986 association meeting. Harris, an African-American gay man living with AIDS, announced the formation of NMAC during that panel discussion after he rushed the stage, shouting "I WILL BE HEARD" and took the microphone away from Dr. Merv Silverman, then the San Francisco Health Commissioner.

NMAC then set about building awareness of the impact of HIV in minority communities. It met with then U.S. Surgeon General C. Everett Koop while he was writing his historic report about AIDS. Originally scheduled for just 15 minutes, Koop, who had not known about the disproportionate impact of HIV/AIDS among minorities, sat riveted by NMAC's representatives for nearly two and half hours. The report would become the only publication, other than tax and census forms, to be mailed to every person in the United States.

The agency incorporated in 1987, and later launched the groundbreaking social marketing campaign, “Live Long Sugar,” with Patti LaBelle, which alerted people of color living with HIV/AIDS about the dangers of the common HIV co-infection, Pneumocystis carinii pneumonia (PCP).

In 1989, NMAC partnered with the Centers for Disease Control and Prevention (CDC) to help build the capacity of small faith- and community-based organizations (F/CBOs) delivering HIV/AIDS services in communities of color. This changed the mission of the agency from raising awareness of the impact of HIV/AIDS among minorities, to building leadership within communities to address the challenges of HIV/AIDS.

Today, NMAC provides a range of services to engage local leaders fight the HIV epidemic in their areas, including Capacity Building, Leadership Pipeline training for new leaders in the HIV community, and our HIV/STD Action Day to bring advocates to Capitol Hill.