

June 29, 2009

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable David Obey
Chairman
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Senators Inouye and Cochran and Representatives Obey and Lewis:

Amidst rising infection rates and shrinking state budgets, increased federal funding for HIV/AIDS programs is more vital than ever. The undersigned HIV/AIDS service and advocacy organizations urge Congress to increase funding for domestic HIV/AIDS programs in the Fiscal Year 2010 Labor-HHS and Transportation/HUD Appropriations bills. While we are appreciative of the proposed increases for some HIV/AIDS programs in President Obama's FY 2010 Budget Request, they fall well short of the true need.

The HIV/AIDS epidemic remains a severe and worsening public health crisis in the United States, devastating communities nationwide. At the end of 2006 an estimated 1.1 million adults and adolescents were living with HIV in the United States. Of those living with HIV in the United States, 21% are unaware of their infection and over half did not have reliable access to medical treatment. The HIV epidemic continues to have a disproportionate impact among men who have sex with men, African Americans, Latinos and other racial and ethnic communities, the incarcerated, and those living in poverty. We are losing the battle against HIV; treatment efforts, funding levels, and governmental responses have not kept pace with the epidemic.

Increased need for public HIV/AIDS programs coupled with chronic underfunding of HIV services at the state and federal level has created a burgeoning crisis. States, cities, and counties are currently experiencing record deficits and as a result are drastically cutting funding for state and local health departments' HIV, STD, and viral hepatitis programs. According to a survey of states' HIV/AIDS programs conducted by NASTAD, reductions in state HIV funding totaled \$84 million in FY 2009 (37 states responded). Consequently, health departments and community based organizations (CBOs) are reducing staff and services. HIV/AIDS clinics around the country are closing and/or cutting hours and programs. There are currently 263 unfilled positions within state HIV/AIDS programs due to budgetary constraints.

This urgent situation must be addressed and reversed through increased federal investment. Even amidst these tough economic times, we ask that the committee prioritize responding to the nation's HIV epidemic and implore you to consider our requests for HIV prevention, treatment, research, and housing. Please refer to our [community request chart](http://www.capwiz.com/aac/home/archives/FY2010_ABAC_Table/) attached to this letter and at http://www.capwiz.com/aac/home/archives/FY2010_ABAC_Table/.

HIV Prevention at the CDC

After several years of cuts and flat funding, we are pleased that President Obama has proposed an increase of \$53 million for HIV prevention programs at the Centers for Disease Control and

Prevention (CDC). Much of this funding has been slated for increased HIV testing and connecting people to care and treatment with an emphasis on African Americans, Hispanics, and men who have sex with men of all races and ethnicities. **While this is a good start, this amount is far from what is needed to adequately reduce the number of new infections in the United States, which now stands at over 56,000 per year.**

To substantially reduce the number of new HIV infections, the CDC estimated in a professional judgment budget that it would need an additional \$878 million over each of the next five years. Increased funding would not only be used for testing programs, but on other crucial prevention efforts such as the delivery and evaluation of behavioral interventions, social marketing campaigns, surveillance, and other preventative education programs. Community based organizations and state and local health departments are all facing severe financial challenges. Through budget cuts, hiring freezes, layoffs, and furloughs, health departments across the nation are struggling to perform core public health functions and prevent the spread of HIV and other infectious diseases. The current H1N1 outbreak has put a further strain on prevention efforts, as HIV and STD health department staff have been deployed to work on H1N1 response, leaving their other prevention work undone.

Additional federal resources are absolutely necessary if we are to reverse the increase of new infections. Investing in HIV prevention will result in billions of dollars in reduced healthcare costs in the future. **We continue to urge you to increase funding for CDC HIV prevention programs in FY10 by \$878 million for a total of \$1.57 billion.**

Comprehensive Sex Education

We are pleased by the new, evidence-based direction that the President's Fiscal Year 2010 budget suggests for the future of sex education in the United States. **We encourage the Congress to follow the President's lead in eliminating all funding for abstinence-only-until-marriage programs.** Programs that include information about both abstinence and contraception help young people delay sexual activity and increase contraceptive use when they do become sexually active.

We are encouraged by the significant step forward that the President's Fiscal Year 2010 budget represents in supporting evidence-based interventions; however, **we urge the Congress to support \$110 million for comprehensive sex education and expansion of the narrow approach advanced in the President's proposal, which is solely focused on preventing teen pregnancy.** We would like to offer the following recommendations that will strengthen the initiative and ensure it is sustainable in the long term: 1) include inclusive language that supports HIV/AIDS and other Sexually Transmitted Infections (STI) programs in addition to teen pregnancy prevention; 2) make specific and strategic investment in public entities, such as schools, to compliment community-based programs; and, 3) diversify investments among multiple existing government agencies that can work in communities as well as schools, particularly at the CDC.

The Ryan White Program

Ryan White HIV/AIDS Programs provide life extending healthcare, drug treatment, and support services to approximately 577,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year. The President requests \$2.292 billion for the Ryan White Program, which is an increase of \$54 million over FY2009. However, this funding level is not adequate to stabilize the system of care the Ryan White Program provides to people living with HIV/AIDS in the face of dramatic reductions in state contributions.

Consider that two states have already failed to appropriate the required state contribution for the Federal Ryan White Program match, Mississippi and Alabama. In Alabama, the state legislature cut Ryan White Program funds in half (\$2.8million). Arizona has a \$2.3 million shortfall in its HIV/AIDS funding, so its AIDS Drug Assistance Program is severely cutting the number of medications it covers which may lead to significant increases in HIV associated disease and death. In California, Gov. Arnold Schwarzenegger proposed to cut \$80.1 million to HIV/AIDS programs. While the state legislature is pushing to reduce the proposal, actual cuts could still total \$10 to \$33.5 million. CA counties are reducing funding for non profit organizations by 20% in an effort to address budget shortfalls. One clinic in Oakland is now only open 4 days a week and was forced to lay off 40% of its staff. These examples are representative of situations arising all over the country.

The Coalition’s overall request for Ryan White programs is an increase of \$577.8 million.

Please refer to the attached chart for specific program requests for each part of the program. Part D and the AIDS Education and Training Centers have revised their requests to create a “minimum ask.”

Part D is requesting at least \$5 million increase for the existing 91 Part D programs, none of whom have received an increase in funding for the last five years. Part D programs target women, children and youth and are responsible for the remarkable achievement of dramatically reducing HIV transmission from mother to baby in the U.S. They are facing increased demands for their services as a result of more testing and a greater number of families living with fewer resources.

The AETCs are requesting at least an \$8 million increase to support the network of 11 regional centers (and more than 130 local performance sites) that conduct targeted, multi-disciplinary education and training programs for healthcare providers treating persons with HIV/AIDS and include \$4 million for a “new grant” program expanding existing workforce development training and education programs seen in the President’s budget request. The AETCs support this initiative.

Housing Opportunities for Persons with AIDS (HOPWA)

For the more than 62,000 households coping with HIV/AIDS and expected to be assisted this year, the Housing Opportunities for Persons With AIDS program (HOPWA) is a critical source of housing and services that work to prevent the spread of the virus, facilitate improved health outcomes and save taxpayer dollars by reducing reliance on other systems such as hospitals, emergency rooms and shelters. This year four new jurisdictions are eligible for formula funding raising the total number to 133. AIDS housing is a cost-effective way to end homelessness and achieve positive individual and community health outcomes. Significantly, HUD reports that 91% of all HOPWA rental assistance households in a recent program year were able to achieve maximum stability, reducing risks of homelessness and participating in healthcare. AIDS housing need has exploded in virtually every region of the country as other housing options available in the past through the continuum of low income housing programs and the Ryan White Care Act disappear. In the District of Columbia, for example, 276 people with HIV/AIDS were waiting for housing assistance in October 2008. In eight short months the unofficial number waiting jumped to 400. **“A funding level of \$360 million for FY2010, representing a \$50 million increase over the current year, will permit housing and stabilizing housing-related services to an additional 12,000 households.**

HIV/AIDS Research at the National Institutes of Health:

Since the beginning of the epidemic, NIH funded research has produced an impressive array of HIV prevention and treatment strategies that have profoundly catalyzed technologies in drug

development, diagnostics and disease prevention. This research has not only helped to improve and prolong the lives of countless people living with HIV worldwide, but it has also led to new treatments and innovations for other diseases including cancer, heart disease, hepatitis and osteoporosis. Within NIH, the Office of AIDS Research (OAR) has widely been considered a model of inter-NIH collaboration. After years of flat-funding OAR has requested \$3.35 billion in new funds in FY 2010. According to the most recent OAR By-Pass Budget Estimate, “this 15 percent increase is an initial investment – a down payment - that must be maintained and enhanced to reverse the impact of the erosion of buying power on critical research programs, to restore lost opportunity, and to take advantage of emerging scientific advances.” Additionally, several groundbreaking HIV research projects will be supported by investments in NIH from the American Recovery and Reinvestment Act. However, this one time funding is not a substitute for real or sustained growth and will not address long term needs. NIH needs- and the President promised- a doubling of NIH funding over the next decade, which can be realized via an annual increase of 15% for at least the next five years. Additionally, we recommend that research investments in TB and viral hepatitis – the most common and deadly co-infections associated with HIV- grow by at least 15% per year to correct years of underfunding. **We are asking for \$35 billion in total NIH funding in FY 2010, including at least \$3.35 billion for HIV/AIDS research through the Office of AIDS Research.**

Syringe Exchange Access

Approximately 20 percent of AIDS cases and upwards of 55 percent of hepatitis C cases can be attributed to injection drug use. Numerous studies, including eight federally funded studies, have proven that syringe exchange programs (SEPs) are an effective means to lower rates of HIV/AIDS and hepatitis C and do not increase the use of illegal drugs. SEPs also provide prevention education and provide links to medical care and substance abuse treatment services prevention services for people who are often disconnected from health care services. SEPs are cost-effective and have the potential to save millions of dollars in costs of prevented HIV and hepatitis infections. Most importantly, they save lives.

Unfortunately, since 1989, Congress has inserted a policy rider into the Labor, Health and Human Services Appropriations bill effectively using the appropriations process to ban the use of federal funding for syringe exchange programs. Over 200 local communities in the United States currently have syringe exchange programs and the ban prevents these jurisdictions from deciding how best to use scarce prevention funds based on the needs of their local HIV and hepatitis C epidemics. Removal of the ban would result in significant reductions of new HIV and hepatitis C infections translating into substantial savings in HIV and hepatitis treatment costs in Medicaid, Medicare, and discretionary systems like the Ryan White Care Act. No community would be forced to create a syringe exchange program. In 2007, Congress lifted the ban on local funding of SEPs in Washington, D.C. and President Obama has strongly expressed support for syringe exchange. **We strongly urge Congress to remove the ban on the use of federal funds for the purpose of syringe exchange.**

Thank you for your consideration of our request. We look forward to working with you to ensure adequate funding to respond to the nation’s HIV/AIDS epidemic.

Sincerely,

A Family Affair, Orangeburg, SC
Adolescent Medicine Program at the CORE Center, Chicago, IL

Advocates for Youth, Washington, DC
Agency-X-Tending Hands, Inc., Orlando, FL
AIDS Action, Washington, DC
AIDS Action Baltimore, Baltimore, MD
AIDS Action Committee of Massachusetts, Boston, MA
AIDS Alabama, Birmingham, AL
AIDS Alliance for Children, Youth & Families, Washington, DC
AIDS Community Research Initiative of America, New York, NY
AIDS Foundation of Chicago, Chicago, IL
AIDS Housing Corporation, Boston, MA
AIDS Project Los Angeles, Los Angeles, CA
AIDS Treatment Data Network, New York, NY
Albany Medical College AIDS Program, Albany, NY
American Academy of HIV Medicine, Washington, DC
amfAR, The Foundation for AIDS Research, New York, NY
Asian & Pacific Islander American Health Forum, San Francisco, CA
Association of Nurses in AIDS Care, Akron, OH
Building Changes, Seattle, WA
CAEAR Coalition, Washington, DC
CAEAR Foundation, Washington, DC
Cascade AIDS Project, Portland, OR
Clare Housing, Minneapolis, MN
Community Access National Network, Washington, DC
Community HIV/AIDS Mobilization Project (CHAMP), New York, NY
Comprehensive AIDS Program, University of Miami Miller School of Medicine, Miami, FL
Connecticut AIDS LIFE Campaign, Hartford, CT
Connecticut AIDS Resource Coalition, Hartford, CT
Cornerstone Services, Inc., Joliet, IL
Dominican Sisters Family Health Service, Inc., Ossining, NY
Doorways, in St. Louis, MO
Fan Free Clinic, Richmond, VA
Frannie Peabody Center, Portland, ME
Gay Men's Health Crisis, New York, NY
Georgia AIDS Coalition, Snellville, GA
God's Love We Deliver, New York, NY
Harlem United Community AIDS Center, New York, NY
HIV/AIDS Services of Greater Love Tabernacle, Dorchester, MA
HIV Law Project, New York, NY
HIV Medicine Association (HIVMA), Washington, DC
HIVictorious, Inc., Madison, WI
Human Rights Campaign, Washington, DC
Larkin Street Youth Services, San Francisco, CA
Legacy Community Health Services, Inc., Houston, TX
Lifelong AIDS Alliance, Seattle, WA
Living Room, Inc., Atlanta, GA
Michigan AIDS Coalition, Ferndale, MI
Minnesota AIDS Project, Minneapolis, MN
Miriam's House Inc., Washington, DC
Nashville CARES, Nashville, TN
National Alliance of State and Territorial AIDS Directors, Washington, DC

National Association of People with AIDS (NAPWA), Silver Spring, MD
National Coalition of STD Directors (NCSD), Washington, DC
National Minority AIDS Council (NMAC), Washington, DC
Native American AIDS Project, San Francisco, CA
New Mexico AIDS Services, Albuquerque, NM
NO/AIDS Task Force, New Orleans, LA
North Mississippi Friends of Ryan Group, Southhaven, MS
Ohio AIDS Coalition, Columbus, OH
Our House, Portland, OR
Partnership Project, Portland, OR
Project Inform, San Francisco, CA
Public Health Solutions, New York, NY
Roper St. Francis Healthcare- Ryan White HIV Care Management Program, Charleston, SC
Ryan White Medical Providers Coalition, Arlington, VA
Sexuality Information and Education Council of the U.S. (SIECUS), Washington, DC
Street Works, Nashville, TN
Tennessee AIDS Advocacy Network (TAAN), Nashville, TN
The AIDS Institute, Washington, DC
The Grapevine HIV/AIDS Foundation, Inc., Atlanta, GA
The Women's Collective, Washington DC
Treatment Action Group (TAG), New York, NY
Urban Coalition for HIV/AIDS Prevention Services, Washington, DC
Victory Programs, Inc., Boston, MA
Village Care of New York, New York, NY
Women Organized to Respond to Life-threatening Disease (WORLD), Oakland, CA

CC:

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Senate Appropriations Committee