Congress of the United States
Washington, DC 20515

April 11, 2003

The Honorable Ralph Regula, Chairman
Subcommittee on Labor, Health and Human Services, and Education
Committee on Appropriations
2358 Rayburn House Office Building
Washington, DC 20515

The Honorable David R. Obey, Ranking Member
Subcommittee on Labor, Health and Human Services, and Education
Committee on Appropriations
1018 Longworth House Office Building
Washington, DC 20515

Dear Mr. Chairman and Ranking Member Obey:

We are writing to express our strong support for increased funding for domestic and international HIV/AIDS research, prevention, care and treatment programs for FY 2004. We are mindful of the Committee's past commitment to these essential programs, and hope we can count on your continued leadership this year.

Thanks to improvements in care and effective drug therapies, many people with HIV/AIDS are living longer, more productive lives. Yet as increasing numbers of people with HIV/AIDS live longer, the cost of their care and treatment places ever-greater demands on state and local governments and community-based organizations. It is essential that funding for HIV/AIDS treatment and care reflect the increasing numbers of clients these programs serve each year, as well as the rising costs of health care services and prescription drugs.

As important as the new medications have been, they are extremely expensive, have severe side effects with long-term usage, and are ineffective in treating resistant strains of the virus. Continued research is needed to provide better, more affordable treatments -- and eventually, a vaccine or cure.

Ironically, the very success of the new drug therapies may encourage some to believe that the epidemic has subsided, making it harder than ever to reinforce the need for prevention among those most at risk. There are currently 42 million people living with HIV/AIDS in the world, and over 5 million people were newly infected last year. In the United States, it is estimated that there are 950,000 individuals living with HIV/AIDS -- a rate that is expected to grow to 1 million within the next year. Adolescents, women, and minority communities are particularly hard hit by this epidemic. Every hour two people under the age of 25 become infected with HIV. In the last I0 years alone, the number of

AIDS cases among women has more than tripled, and over 80 percent of newly HIV infected women are African American or Latina.

Congress provided much-needed increases for HIV/AIDS research, prevention, care and treatment programs in FY 2003. However, this funding has not kept pace with demand for services and costs of providing care. At a time when many states are struggling with severe budget shortfalls, leading to cuts in HIV/AIDS prevention, care and treatment programs, a stronger federal commitment is critical.

Prevention: Until research yields a vaccine or a cure, HIV prevention strategies remain our best, and most cost-effective, weapon in the fight against AIDS. Comprehensive HIV prevention programs, funded by the Centers for Disease Control and Prevention (CDC), are effective in helping individuals adopt healthy behaviors and avoid the transmission of HIV infection. It will cost a lifetime average of $155,000 to care for each of the 40,000 Americans who will be infected with HIV this year. Yet given adequate resources, these new infections could be prevented through effective community-based HIV strategies.

In his proposed FY 2004 budget, President Bush stated his goal to help reduce the number of new HIV infections in the United States 50 percent by 2005. The President also highlighted the promise of new HIV testing technology in helping identify the 300,000 Americans who are living with HIV and don't know their status. While we applaud these goals, we are concerned that the President's budget provides no new domestic prevention funding for CDC to meet them. To effectively fight the spread of HIV/AIDS in the United States, the nation's leading organizations committed to fighting the HIV/AIDS epidemic have called for an increase of $300 million for domestic prevention activities at CDC. We urge the Subcommittee to increase funding for these activities by as much as possible for FY 2004.

Care: The Ryan White CARE Act provides resources to state and local health departments and community-based organizations for primary medical care, drug treatments and supportive services for low-income, underserved people living with HIV/AIDS. The CARE Act provides access to vital but costly new drug therapies that have enabled many people to live longer, more productive lives, and a continuum of services that help patients follow the complicated treatment regimen that these new drugs require, and without which they would be of little therapeutic benefit.

The demand for these services has continued to out-pace available resources, and steadily rising costs of medical care and drug therapies have strained CARE Act programs to the breaking point. According to national HIV/AIDS advocates, an increase of $466.6 million is required to respond to this situation. Unfortunately, the President's budget provides an increase of only $16.6 million for these programs. We urge the Subcommittee to provide the highest possible funding levels for CARE Act programs for FY 2004.

Minority HIV/AIDS Initiative: Now in its fourth year, the Minority HIV/AIDS Initiative (MHAI) is a critical tool in the nation's efforts to eliminate health disparities among ethnic and racial groups. Communities of color now represent 30 percent of the U.S. population, yet account for more than 70 percent of all new HIV infections. The MHAI provides targeted resources to expand the capacity of minority community-based organizations and providers to deliver HIV/AIDS prevention, care, and other services to their severely affected communities. National HIV/AIDS advocates have recommended a total of at $610 million for this important initiative for FY 2004. However, the President's budget provides no new funding for MHAI. We urge the Subcommittee to do all that it can to provide the highest possible funding for this vital program for FY 2004.

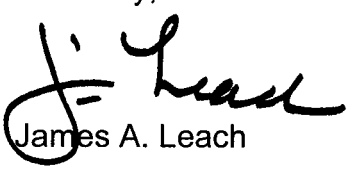
Research: Aggressive, targeted research has led to important new treatments and greatly increased our understanding of AIDS and many other diseases – including other viruses and retroviruses, hepatitis, osteoporosis, Alzheimer's, dementia, encephalitis, and meningitis. In 1998, scientists and advocates for biomedical research called for a doubling of the National Institutes of Health's (NIH) budget over five years. Now that this goal has been achieved, it is essential that appropriate funding levels be maintained. Leading national health research advocates have recommended a 10 percent increase for a total of $30 billion for FY 2004, and we urge the Subcommittee to provide the highest possible levels of support. In addition, to help ensure that AIDS research dollars are spent in the most coordinated and cost-effective manner, we urge the Subcommittee to provide a consolidated appropriation to the Office of AIDS Research (OAR) for distribution in accordance with the OAR director's strategic plan.

Global HIV/AIDS Initiatives: In his State of the Union message, President Bush committed his Administration to providing $15 billion over five years to address the global HIV/AIDS pandemic. HHS programs will play a critical role in this initiative. In his FY 2004 Budget, the President proposed $1.65 billion, which includes a $111 million increase for the CDC's Global AIDS Program. We encourage the committee to support this budget recommendation. Multilateral efforts, specifically the Global Fund to Fight AIDS, TB and Malaria, will also play a critical role in the efforts. With Secretary Thompson serving as the Chairman of the Board and HHS providing half of the U.S. contribution, it is important that the U.S. continue to play a leadership role. National and global HIV/AIDS advocates have recommended that the U.S. provide at least $1.2 billion to the Global Fund in FY 2004.

We commend the Subcommittee's longstanding support for AIDS prevention, care and research, and urge you to give the highest priority to meeting this continuing epidemic.

Sincerely,

William D. Delahunt



James A. Leach

Neil Abercrombie

Thomas H. Allen

Tammy Baldwin

Xavier Becerra

Shelley Berkley

Howard L. Berman

Earl Blumenauer

Sherwood Boehlert

Madeleine Z. Bordallo

Robert A. Brady

Corrine Brown

Sherrod Brown

Lois Capps

Michael E. Capuano

Julia Carson

Ed Case

Donna Christian-Christensen

Jerry F. Costello

Joseph Crowley

Elijah E. Cummings

Danny K. Davis

Peter Deutsch

Norman D. Dicks

John D. Dingell

Lloyd Doggett

Rahm Emanuel

Eliot L. Engel

Anna G. Eshoo

Lane Evans

Bob Filner

Harold E. Ford, Jr.

Martin Frost

Gene Green

James C. Greenwood

Raúl Grijalva

Luis V. Gutierrez

Maurice D. Hinchey

Rubén Hinojosa

Joseph M. Hoeffel

Rush D. Holt

Michael M. Honda

Amo Houghton

Jay Inslee

Steve Israel

Eddie Bernice Johnson

Stephanie Tubbs Jones

Dale E. Kildee

Ron Kind

James R. Langevin

Rick Larsen

John B. Larson

Barbara Lee

William O. Lipinski

Zoe Lofgren

Stephen F. Lynch

Betty McCollum

Jim McDermott

James P. McGovern

Michael R. McNulty

Carolyn B. Maloney

Edward J. Markey

Jim Marshall

Robert T. Matsui

Martin T. Meehan

Kendrick B. Meek

Gregory W. Meeks

Michael H. Michaud

Juanita Millender-McDonald

Brad Miller

George Miller

James P. Moran

Jerrold Nadler

Eleanor Holmes Norton

Solomon P. Ortiz

Doug Ose

Major R. Owens

Frank Pallone, Jr.

Bill Pascrell, Jr.

Donald M. Payne

Jack Quinn

Charles B. Rangel

Silvestre Reyes

Ciro D. Rodriguez

Ileana Ros-Lehtinen

C.A. Dutch Ruppersberger

Bobby L. Rush

Linda T. Sánchez

Loretta Sanchez

Janice D. Schakowsky

Adam B. Schiff

José E. Serrano

Christopher Shays

Hilda L. Solis

Fortney Pete Stark

Ellen O. Tauscher

Bennie G. Thompson

Edolphus Towns

Mark Udall

Tom Udall

Chris Van Hollen

Nydia Velázquez

Maxine Waters

Diane E. Watson

Henry A. Waxman

Anthony D. Weiner

Lynn C. Woolsey

Albert R. Wynn