

Top Priorities on HIV/AIDS for the Obama-Biden Administration From the Nation's Leading Advocates

The domestic HIV/AIDS epidemic is not over. Every 9 minutes someone in this country needlessly acquires HIV. In fact, more than one million Americans are living with HIV/AIDS. Half of these are not in medical care and one in five of them are unaware that they are even infected. Considering the magnitude of this problem, the neglect of the domestic epidemic over the past several years is all the more troubling and is evidenced by decreased financial resources, lack of leadership from the federal government, and the jettisoning of evidence-based standards in regard to prevention. The new annual incidence numbers released by the Centers for Disease Control and Prevention (CDC) earlier this year underscore the severity of the problem, revealing that our national epidemic is worse than previously thought. We must act and we must act now.

We are confident that the Obama-Biden Administration shares our concerns about the domestic epidemic. And while the Bush Administration has prioritized combating the epidemic overseas, we know you share the goal of bringing similar dedication and energy to tackling the epidemic here at home. The below represent the larger consensus among the nation's leading HIV/AIDS advocates of the top priorities.

► Develop and Implement a National AIDS Strategy

We call for the immediate development of a National AIDS Strategy (NAS) that is designed to lower HIV incidence, increase access to HIV care, reduce racial and ethnic disparities in the epidemic and integrate HIV with STD, viral hepatitis and TB programs at the local level. The NAS should rely on evidence-based policy and programming, set ambitious and credible targets for improved outcomes, ensure accountability at every level and require annual reporting on progress towards goals, address the social factors that increase vulnerability to infection, and engage multiple sectors in its development by focusing on the importance of public-private collaboration and ensuring equitable participation of those most affected by the disease including those living with HIV/AIDS, gay and bisexual men of all races, youth, people of color, women and injection drug users.

The NAS must create a coordinated federal response to preventing and treating HIV/AIDS that sets the stage for the development of cross-Departmental programmatic standards and outcome data that are based on scientific evidence, high quality and high accountability. Finally, sufficient financial resources must be prioritized to both develop and implement the NAS. To begin, the community supports the request of \$1.4 million for the development of the NAS.

► Increase Funding for HIV/AIDS Prevention, Care and Treatment Programs Immediately

The development of a National AIDS Strategy will require thoughtful deliberation and time. However, because the domestic epidemic is at an emergency situation, funding in the areas of prevention, care and treatment must immediately be brought to realistic levels to deal with the epidemic. For Fiscal Year 2010, we call for:

- HIV Prevention and Surveillance at the CDC to be funded at least at \$1.569 billion.
- Funding for the Division of Adolescent and School Health (DASH) at CDC of at least \$66.6 million.
- Overall funding of the Ryan White HIV/AIDS Program, including the AIDS Drug Assistance Program, of at least \$2.78 billion.
- Increased funding for the woefully neglected Minority AIDS Initiative (MAI) to a level of at least \$610 million
- Overall increase to the National Institutes of Health budget for at least a level of \$33.58 billion with a specific increase for HIV/AIDS Research to a level of at least \$3.35 billion.
- Increase for the Housing Opportunities for Persons with AIDS Program to a least \$470 million.

Additional information about the specific budgetary requests, including greater detail on how increases would be allocated in each program, can be found in the AIDS in America Transition Document at <http://www.theaidsinstitute.org/downloads/AIDSinAmerica.pdf>

► Restore Integrity to Our Nation's Prevention Agenda

Prevention initiatives have been increasingly politicized over the past several years. This has led to fear among prevention providers of doing innovative and targeted initiatives, a chilling of research on new interventions targeting highest risk communities, a severe shortage of financial resources from the federal government, and the trumping of ideology over science at nearly every turn.

Integrity must be restored to domestic prevention efforts. This must include: an end to all federal abstinence-only-until-marriage funding; implementing comprehensive sex education for all school-aged youth; an end to the war on condoms carried out by the previous Administration; tackling the persistent barriers caused by HIV-related stigma; lifting of the federal ban on funding for syringe exchange programs; the appointment of diverse and qualified individuals to key HIV/AIDS advisory panels; and a scaling up of HIV prevention and education initiatives in federal prisons to include voluntary, non-coercive, confidential and informed HIV testing, HIV prevention education and the distribution of condoms.

Further, CDC, NIH, and other appropriate agencies must increase collaboration in confronting persistent challenges in rates of HIV incidence through a robust, comprehensive and strategic agenda of cross-cutting research aimed at identifying and mitigating the root causes and social determinants of HIV disparities such as employment access, housing, stigma and discrimination. In addition, they must aggressively explore new “combination” HIV prevention approaches that bridge biomedical methods, behavioral change, social and structural interventions. Finally, serious attention should be paid to the forthcoming National HIV/AIDS Elimination Act in the U.S. Congress and the principles it sets forth to end the epidemic.

► Meet the Health Care Needs of Those Living with HIV/AIDS

We call for the inclusion of HIV/AIDS care and treatment in the development of a plan to reform the U.S. health care financing and delivery system. This overall plan is something that must be launched within the first 100 days, but again, we recognize that additional time will be required to assemble and carry out such a plan and to include the many important perspectives of those affected by such a reform, particularly those living with HIV/AIDS.

Consequently, a number of steps must be taken to secure the needs of those living with HIV/AIDS as our country moves toward fixing a health care system in crisis. To this end, we call for a simple three year extension of the Ryan White HIV/AIDS Treatment Modernization Act. If no action is taken, this program will sunset at the end of Fiscal Year 2009. This cannot be allowed to occur.

Meeting the health care needs of those living with HIV/AIDS, though, will require additional steps. We call for the creation of a federal program to provide comprehensive health care services to persons living with HIV infection below 250 percent of federal poverty and who are not disabled by AIDS and therefore eligible for greater coverage under Medicaid. More immediately, this could be facilitated by the passage of the Early Treatment for HIV Act (ETHA) or otherwise enabling states to receive waivers under Medicaid to provide comprehensive care to this population.

► Eliminate All HIV-Specific Discrimination by Federal Agencies and Contractors

Government-sponsored discrimination reinforces stigma by putting the “official” seal of approval on unsound treatment of those with HIV/AIDS. Yet certain federal agencies --such as the Job Corp and the Peace Corps -- still exclude or discharge applicants and employees solely on the basis of their HIV status, despite the prohibition against disability-based discrimination in the Federal Rehabilitation Act of 1973.

The new Administration should promptly issue an Executive Order to direct that all federal agencies, contractors and subcontractors comply with federal disability antidiscrimination law in its treatment of HIV; and to bar them specifically from using HIV infection as a basis for a blanket exclusion of, or restrictions on, applicants, candidates, or employees. Further, the Department of Health and Human Services should quickly promulgate new regulations that eliminate the blanket exclusion of HIV-positive immigrants and visitors to the United States.

The Following Organizations Have Endorsed This Document

ACT-UP Philly
African American Health Alliance
AIDS ACTION
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Children, Youth & Families
AIDS Foundation of Chicago
The AIDS Institute
AIDS Project Los Angeles
AIDS Task Force of Greater Cleveland
AIDS Vaccine Advocacy Coalition (AVAC)
American Civil Liberties Union
American Public Health Association
American Social Health Association
Asian & Pacific Islander American Health Forum (APIAHF)
Association of Nurses in AIDS Care
Association of Nutrition Services Agencies, Washington DC
BIENESTAR
CAEAR Coalition
Cascade AIDS Project
Catholics for Choice
Center for HIV Law and Policy
Community HIV/AIDS Mobilization Project (CHAMP)
Gay Men's Health Crisis (GMHC)
God's Love We Deliver
Harlem United Community AIDS Center, Inc
Harm Reduction Coalition
Health GAP, New York
HIV Health and Human Services Planning Council of New York
HIV Medicine Association
HIVictorious, Inc. - Madison, WI
Human Rights Campaign
Lambda Legal
Latino Commission on AIDS
Lifelong AIDS Alliance
National AIDS Fund
National Alliance of State and Territorial AIDS Directors
National Association of Social Workers
National Black Gay Men's Advocacy Coalition
National Black Leadership Commission on AIDS, Inc.
National Black Women's HIV/AIDS Network
National Coalition for LGBT Health
National Council of Jewish Women
National Minority AIDS Council
National Women and AIDS Collective
Ohio AIDS Coalition
Project Inform
San Francisco AIDS Foundation
Sexuality Information and Education Council of the United States (SIECUS)
Tennessee AIDS Care and Treatment Improvement Coalition, Inc.
TII CANN - Title II Community AIDS National Network
Treatment Action Group
Village Care of New York
Welcome House, Inc
Whitman-Walker Clinic, Washington, DC
Women Organized to Respond to Life-threatening Diseases (WORLD)
The Women's Collective
The Woodhull Freedom Foundation