

AIDS Action Committee of Massachusetts - AIDS Foundation of Chicago - AIDS Project Los Angeles - AIDS Services of Dallas  
- AIDS Vaccine Advocacy Coalition - CAEAR Coalition - Columbus AIDS Task Force – Florida AIDS Action - Gay Men’s  
Health Crisis – Lambda Legal – Lifelong AIDS Alliance - National AIDS Housing Coalition - National Association of People  
with AIDS - National Minority AIDS Council - Project Inform - San Francisco AIDS Foundation - Whitman-Walker Clinic

March 13, 2002

The Honorable George W. Bush  
President of the United States of America  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Mr. President:

Each day, America is making brave and demonstrable progress in the war on terrorism and on efforts to improve the nation’s economy. However, the war on HIV/AIDS is now entering its third decade. There are now more than 40 million people living with HIV/AIDS worldwide and more than 21 million have died.

Our message is simple: We need your leadership to help end this human suffering and death.

There are few other issues facing our nation and the world that need your immediate attention and support, and that of your Administration, more than that of ending the toll of HIV/AIDS. As the Presidential Advisory Council on HIV/AIDS holds its first meeting, and as Congressional hearings on your proposed FY 2003 Budget get underway, we submit for your review the attached assessment of your Administration’s record on HIV/AIDS to date.

We urge you to give priority consideration to three items:

- Your strong commitment to increased funding for programs and services that provide hope and health to people living with HIV/AIDS at home and abroad;
- Rapid progress on the appointments of health experts in critical positions that are now vacant, especially those at the Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, and National Institutes of Health;
- A meeting between you, key officials in your Administration, and AIDS advocates regarding the many issues relating to AIDS in the third decade.

It is our strong desire to work with you and your Administration on these matters and others in the struggle to end this epidemic.

Sincerely,

AIDS Action Committee of Massachusetts  
AIDS Foundation of Chicago  
AIDS Project Los Angeles  
AIDS Services of Dallas  
AIDS Vaccine Advocacy Coalition  
CAEAR Coalition  
Columbus AIDS Task Force  
Florida AIDS Action  
Gay Men’s Health Crisis

Lambda Legal  
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San Francisco AIDS Foundation  
Whitman-Walker Clinic

# Report Card

President George W. Bush

Subject: AIDS

As the Bush Administration's Presidential Advisory Council on HIV/AIDS (PACHA) convenes, national, regional and local HIV/AIDS organizations have come together and find that President George W. Bush and his Administration are not making the grade in providing the strong leadership, coordinated national strategy and funding necessary to combat the AIDS epidemic both at home and abroad. With 40 million people in the world living with HIV, the AIDS epidemic remains an urgent "national security issue" that must be addressed at the highest levels of the federal government.

	Funding	Leadership
Care	D	D
Housing	C-	C
Minority HIV/AIDS Initiative	D-	D-
Prevention	D	F
Research	B+	D
Global	C-	C
Executive Office of the President	N/A	D+

We urge you to give priority consideration to three items immediately:

- Your strong commitment to increased funding for programs and services that provide hope and health to people living with HIV/AIDS at home and abroad;
- Rapid progress on the appointments of health experts in critical positions that are now vacant, especially those at the Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources Services Administration, and National Institutes of Health; and
- A meeting between you, key officials in your Administration, and AIDS advocates regarding the many issues relating to AIDS in the third decade.

Everyday in the United States 110 people are infected with HIV, and 50 percent of those infected are young people under the age of 24. While African Americans and Latinos make up 31 percent of the U.S. population, they account for an estimated 70 percent of new HIV infections. AIDS is disproportionately impacting women of color and men who have sex with men, and increasingly impacting older Americans and low-income persons. HIV is an issue of homeland security.

The HIV/AIDS epidemic requires a comprehensive, coordinated national strategy, adequate funding, and strong leadership at the highest levels of government. Numerous factors – including toxic, complicated, and expensive drug regimens; growing HIV and AIDS caseloads at home and abroad; and the lack of widespread, frank prevention programs – require a greater national commitment today than ever before.

The challenges faced by Americans – those living with HIV/AIDS, and the millions more who are affected by this disease – are opportunities for this Administration to build on our nation's reputation for leadership and resolve. As our nation invests in protecting our borders from the threat of terrorist attacks, this Administration must commit the same vigor, leadership and resources to protect Americans and other nations of the world from the terrors of the AIDS epidemic.

## ➤ Care

### Funding

With preliminary reports from the Centers for Disease Control and Prevention (CDC) showing that the number of new AIDS cases increased in the United

States by 8 percent last year and medical inflation reaching 11 percent, community-based AIDS service organizations around the country face significant challenges in their efforts to increase access to comprehensive care with less funding. When medical inflation is taken into consideration, flat funding the Ryan White CARE Act programs, as twice proposed by the Bush Administration, has the affect of reducing or eliminating care and treatment to nearly 16,000 individuals currently receiving care under this program. By not increasing funding for the CARE Act, it is also estimated that 27,000 of the 40,000 individuals infected by HIV annually in the United States will not be able to turn to federally-supported care.

The Administration's budget provides no new funding for the AIDS Drug Assistance Program (ADAP) while thousands of low-income persons living with HIV are waiting to access life-prolonging drugs through ADAP. Despite the billions of dollars invested in developing important AIDS drugs, escalating drug prices and no additional federal investment will force states to deny access to these essential drugs.

With states facing serious shortfalls in their respective state Medicaid budgets, the Administration has yet to show support for an increase in the federal Medicaid contribution, forcing states to reduce coverage, services and prescription benefits. This could threaten the care and treatment of the 30 percent of persons living with HIV/AIDS in the U.S. receiving essential medical services through Medicaid.

### Leadership

The Administration has failed to show any leadership in reforming Medicaid to ensure that low-income individuals whose HIV disease has not yet progressed to AIDS are eligible for the program so that they can benefit from early treatment. The Department of Health and Human Services has not led efforts to expand services covered by Medicaid or worked with states to reach eligible individuals and enroll them in Medicaid.

## ➤ Housing

### Funding

President Bush has twice requested modest increases for the Housing Opportunities for People with AIDS (HOPWA) program. The FY 2002 request allowed the Department of Housing and Urban Development (HUD) to fund newly eligible localities without major disruption to existing programs, but still leaves thousands of people living with HIV/AIDS homeless or marginally housed.

The proposed 5 percent increase for HOPWA in FY 2003 is an improvement, however, the overall HUD budget is flat-funded after accounting for renewal of expiring Section 8 vouchers. Characterized as increases, the renewal funds do not produce a single new slot for eligible individuals or families. The budget also flat funds other key programs for low-income, homeless people with HIV/AIDS, including Shelter Plus Care and Section 811.

### Leadership

HUD Secretary Mel Martinez and Deputy Secretary Roy Bernardi have publicly stated their support for expansion of federal housing for underserved, disabled populations, including low-income people with HIV/AIDS. Unfortunately, President Bush has largely ignored the federal government's responsibility to provide housing support for low-income, marginally housed working families and homeless individuals, including many who are living with HIV/AIDS.

## ➤ Minority HIV/AIDS Initiative

### Funding

An estimated 70 percent of all new HIV infections are among African Americans and Latinos, though they comprise only 31 percent of the U.S. population. Yet, for two consecutive years President Bush has requested no new funds for the Minority HIV/AIDS Initiative (MHAI). Officials at the Department of Health and Human Services (HHS) have undermined this critical initiative by failing to follow "congressional intent" and AIDS community efforts to target MHAI resources to indigenous, minority, community-based organizations within communities of color. As HIV infections and new AIDS cases increasingly devastate communities

of color in the United States, Presidential inaction on the domestic HIV/AIDS state of emergency in communities of color is unconscionable.

### Leadership

Despite promising statements from HHS Secretary Tommy Thompson about the Administration's commitment to eliminating health disparities and improving health access for people of color, he has not followed up that rhetoric with action. President Bush has done nothing substantive to support the MHA. Indeed, the President himself has yet to publicly acknowledge the AIDS crisis in communities of color, which continues to disproportionately impact women, gay men and youth.

## ➤ Prevention

### Funding

While the CDC has set a goal of reducing HIV infections by 50 percent by 2005, the Administration has failed to provide the resources to the CDC and community-based organizations to achieve such an important and necessary goal.

With the CDC's recent report that the number of HIV infections in the United States is increasing, it is irresponsible for the Administration not to make a significant commitment to increasing the nation's investment in HIV prevention. With half of all new infections in young people under the age of 24, a substantial influx of federal resources is necessary to protect a generation from HIV that has never experienced the real suffering and death associated with AIDS. The federal government must invest significantly more resources to enhance the quality and scope of locally planned and targeted prevention programs that respond to the particular needs of populations at greatest risk for infection including African Americans, Latinos and gay and bisexual men.

### Leadership

In the past year, the Bush Administration has actively undermined effective HIV prevention programs. The Administration failed to endorse and develop prevention policies and programs based upon the findings of "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual

Behavior." In addition, the Administration has attacked comprehensive, locally tailored HIV prevention programs. The ultimate goals and scope of an Administration-driven review of all HIV/AIDS programs, including prevention programs, remains unclear and undefined.

The public health community shares grave concern over this Administration's strong and vocal support for abstinence-only and abstinence-until-marriage programs to the exclusion of comprehensive prevention messages that include a discussion about and access to contraceptives.

This Administration continues to support a federal ban on harm reduction programs, including needle exchange programs that have been affirmed by the Institute of Medicine. President Bush has maintained the Clinton Administration directive prohibiting the use of federal funds to support needle exchange programs and has endorsed a similar ban on the use of District of Columbia funds in the Administration's FY 2002 and FY 2003 budgets.

## ➤ Research

### Funding

The National Institutes of Health (NIH) is the backbone of the nation's AIDS research initiative and President Bush's support for doubling of the entire NIH budget is critical and supported. However, allocation of these funds must be based on scientific opportunity. The consolidated AIDS research budget, which is required by law and provides for a comprehensive AIDS research portfolio, must also be included in the final NIH budget.

### Leadership

President Bush has left the NIH, the NIH's Office of AIDS Research and the Food and Drug Administration (FDA) without leadership for over a year while qualified candidates sit by. Both the NIH positions are key to the success of the nation's comprehensive AIDS research effort, including the development of effective, better-tolerated treatments, more evidence-based approaches to care and new prevention strategies including vaccines and microbicides. The FDA

director is key to the scientific review and marketing approval for new AIDS drugs and treatments.

The AIDS community applauds the President in announcing in his FY 2003 budget a long-awaited increase at NIH on microbicides, women and HIV, and HIV prevention. The AIDS community eagerly awaits the opportunity to work with the Administration in identifying the direction of such research and resources.

While the AIDS community recognizes the president's efforts in coordinating the federal government's AIDS vaccine research, it stands concerned that the transfer of the Department of Defense's (DOD) entire HIV research program to the NIH may compromise the flexibility and uniqueness of the DOD program.

## ➤ Global Programs

### Funding

Although the United States was first to pledge funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the initial \$200 million pledge was meager compared to the \$7 to \$10 billion needed annually to address the global pandemic. The U.S. contribution sent a poor message to other countries, and as a result contributions have been far less than expected. United Nation's Secretary-General Kofi Annan has called for the United States to contribute \$1 billion to the fund. The Bush Administration must make sure that our global response to HIV/AIDS does not come at the expense of other critical international or domestic health programs. Unfortunately, President Bush's FY 2003 budget includes less than \$900 million for international HIV/AIDS programs, including only \$200 million for the global fund. The United States remains on the bottom of the list of developed nations when considering our international foreign aid contribution as compared to total gross domestic product.

### Leadership

The Administration's leadership on global AIDS issues has been mixed. Secretary of State Colin Powell deserves great credit for making global AIDS issues a priority and delivering important public statements about the



pandemic's devastating consequences and the need to speak frankly about condom use. We applaud the Administration for recognizing the importance of HIV/AIDS at USAID by elevating the HIV/AIDS division to an office and increasing its budget and staff resources. The Administration's role in ensuring that non-governmental organizations (NGOs) are funded by the global fund is also noteworthy.

In contrast, some in the Administration have questioned the ability to provide treatment in the developing world and have attempted to limit developing countries' ability to manufacture their own versions of HIV treatments or import cheaper generic versions. By re-instating a policy that prohibits NGOs that provide comprehensive family planning services from receiving U.S. funds, President Bush weakens HIV prevention efforts abroad.

## ➤ Executive Office of the President

### Leadership

After a strong public outcry, the Administration decided to keep the Office of National AIDS Policy (ONAP) and subsequently named Scott Evertz, an openly gay man, to serve as ONAP's director. While Mr. Evertz has been visible in the HIV/AIDS community, it remains unclear how much influence and authority ONAP has on the development and support of sound HIV/AIDS policies within this Administration and the White House. We also stand concerned that the community has not been given the opportunity to have an open dialogue with key policy staff at the White House Office of Domestic Policy and the Office of Management and Budget to discuss the Administration's comprehensive HIV and AIDS strategy, or lack thereof.

The mission and clear commitment of the White House Task Force on HIV/AIDS, jointly chaired by Secretaries Powell and Thompson, to develop a coordinated and comprehensive strategy for addressing HIV/AIDS in the United States and internationally remain unclear and undefined. While the Task Force provides a promising forum for the formation of the Bush Administration's HIV/AIDS policies across agencies, it has truly been underutilized to date.

We stand concerned that a number of key appointments important to HIV/AIDS programs have not been made by the Administration including the Surgeon General, the Director of the CDC's National Center for HIV, STD and TB Prevention, the Director of the CDC's Division of HIV/AIDS Prevention, and the Director of the Office of HIV and AIDS Policy within HHS.

While the HIV/AIDS community commends the Administration for retaining the Presidential Advisory Council on HIV/AIDS (PACHA), we are concerned that a number of individuals appointed to the council have public track records of supporting HIV/AIDS policies that are at odds with science, public health experts, people living with HIV/AIDS and community-based providers and have made statements viewed as homophobic and discrediting sound, proven HIV prevention strategies.