

Congress of the United States
Washington, DC 20515

May 30, 2012

The Honorable Kathleen Sebelius
Secretary
U. S. Department of Health and Human Services
200 Independence Avenue, S. W.
Washington, D. C. 20202

Cecilia Muñoz
Director of the Domestic Policy Council
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Secretary Sebelius and Mrs. Cecilia Muñoz:

We write to commend the White House for its March 2012 appointment of Dr. Grant Colfax as the new Director of the Office of National AIDS Policy. As one of our nation's leading public health policy experts, we believe Dr. Colfax is well positioned to lead the Administration's continued progress in implementing the National HIV/AIDS Strategy.

In addition, we write to express our concern about the rising HIV rate in the South and among women, particularly women of color across the country. Taken together, these trends underscore the ways in which race, sex, poverty, stigma and geography substantially contribute to the preventable, yet ongoing HIV transmission within specific populations. It additionally highlights the urgent need for the formulation of programs and women-specific goals as the Administration continues to implement the National HIV/AIDS Strategy.

According to the Centers for Disease Control and Prevention (CDC), women constitute roughly one-quarter of new HIV infections in the United States with 66 percent of these infections occurring among black women. More recently, the HIV Prevention Trials Network (HPTN) 064 Women's HIV Seroincidence Study (ISIS) found an HIV incidence of 0.24% in the study cohort of 2,099 black women who live in cities and high poverty areas, a rate that is fivefold higher than that estimated for African American women nationally by the CDC.^[1] Structural barriers including sexism, poverty and racism experienced by women, along with the stigma and discrimination faced by people living with and vulnerable to HIV, remain issues that we can ill-afford to ignore if we are ever to eliminate HIV-related disparities among women.

Additionally, a recent report on the HIV/AIDS epidemic in the South found that among persons living with HIV, nine of the ten states with the highest HIV case fatality rates were in the South and women of color have been found to be less likely than men and white women to start antiretroviral therapy.^[2] In addition, nine of the top ten metropolitan areas with the highest HIV prevalence in

2009 were in the South, with African American women representing 71% of new HIV diagnoses. Furthermore, 92% of people on ADAP (AIDS Drug Assistance Program) waiting lists live in the South.

In the southern United States, an environment has been created where basic rights are at risk.^[3] Disproportionately high levels of poverty in the South combined with a relatively low level of investment in the health care infrastructure has led to large numbers of uninsured, contributing to lower than average health outcomes. HIV-related stigma and cultural factors combine to create a burgeoning HIV epidemic, including increasing deaths from HIV.

In recent months, dramatic scientific breakthroughs and new approaches for reversing the epidemic call for an emphasis on expanding access to HIV treatment, and supporting high-quality, appropriate and effective prevention and care initiatives that are critical to contain and, eventually, defeat HIV/AIDS.

As such, we commend the recent Presidential Memorandum on *Establishing a Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities*—and look forward to supporting the working group in their efforts to develop a detailed set of recommendations that support the needs and rights of women living with and affected by HIV, and provide explicit goals and metrics to monitor how well that is being done.

Additionally, we encourage the Administration to develop and support specific approaches to reduce new HIV cases, increase access to care, and reduce health disparities in southern states, including addressing underlying structural and social factors contributing to the spread of HIV in regions or jurisdictions where these factors are salient.

We look forward to working with you in both of these efforts, and supporting your ongoing work to implement the National HIV/AIDS Strategy throughout the country.



BARBARA LEE
Member of Congress

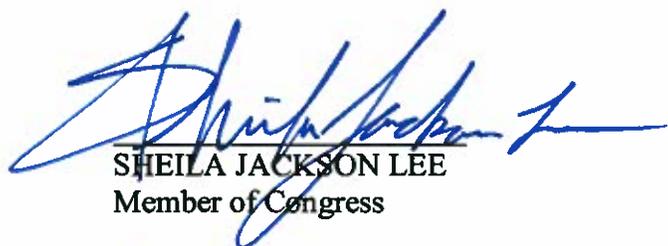


HENRY C. "HANK" JOHNSON
Member of Congress

[1] See *HIV/AIDS Epidemic in the South Reaches Crisis Proportions in Last Decade* by Susan Reif et. al, Duke Center for Health Policy and Inequalities Research, Dec. 2011, <http://globalhealth.duke.edu/news/2011/ResearchReportFinal3-12.pdf>

[2] See *HIV/AIDS Epidemic in the South Reaches Crisis Proportions in Last Decade* by Susan Reif et. al, Duke Center for Health Policy and Inequalities Research, Dec. 2011, <http://globalhealth.duke.edu/news/2011/ResearchReportFinal3-12.pdf>

[3] See *Rights at Risk: State Response to HIV in Mississippi*. Prepared by Megan McLemore. Human Rights Watch, 2011. http://www.hrw.org/sites/default/files/reports/us0311web_0.pdf


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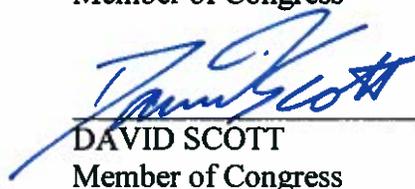

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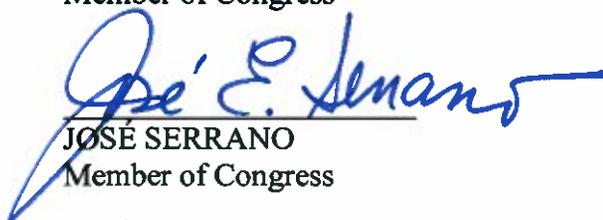

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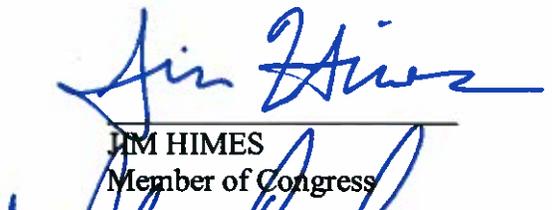
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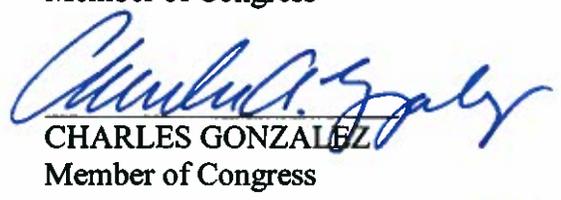
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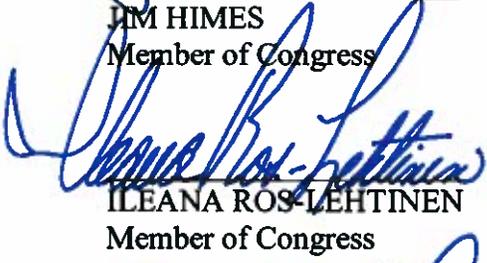
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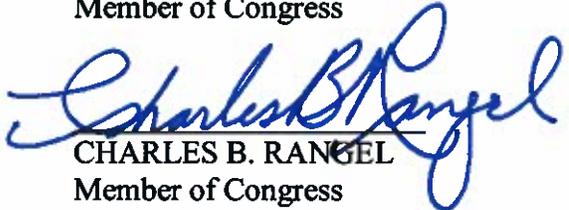

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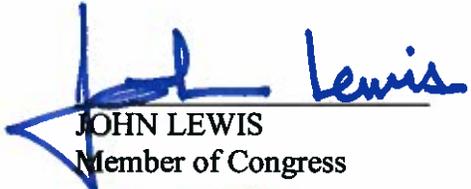

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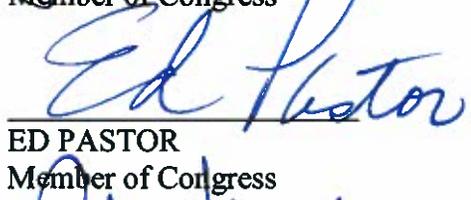

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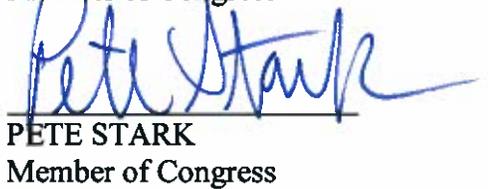

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