

BUSH, KERRY, CONGRESS: WAKE UP

TIME'S UP! END AIDS NOW! TAKE REAL ACTION!

Demands of the May 20 Mobilization in Washington DC:

HIV is not just a virus. AIDS is not just a disease. HIV/AIDS is a pandemic – the biggest health crisis in world history, leaving a wake of death, destabilization and still more disease. Even as AIDS remains unchecked in developing nations, we now face an acceleration of the epidemic in vulnerable populations in the United States.

But the greatest horror may be that our leaders know what it would take to stem the tide of the pandemic, and have chosen not to act.

Comprehensive programs of prevention, treatment and care have been shown to work, and are needed worldwide. ***The United States government – both the Executive and Congressional branches – have consciously chosen to ignore what is needed to stop this virus,*** which has claimed more lives than every war in the history of modern civilization.

Despite widespread consensus on what must be done to stop AIDS, The Bush Administration and the U.S. Congress have failed to provide the funding and leadership necessary to reign in the epidemic and save millions of lives.

We are people whose lives are at risk, people who have lost our loved ones, people who have grown up in a country that has acted as if HIV/AIDS cannot be stopped, and as if our lives and the lives of others around the world are expendable.

We will not allow ourselves to be pitted against each other across region or national borders, HIV status, race, gender or sexual orientation. We are people who know that this is no time for inaction or hesitation – we need immediate and full-scale action to end AIDS in our lifetimes.

We are traveling to Washington DC on May 20, 2004 to unite our voices into a single call, demanding that Congress, the White House, and the presidential candidates commit to concrete actions towards a full-scale, comprehensive effort to stop HIV/AIDS

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FUND OUR PUBLIC HEALTH INFRASTRUCTURE

We demand full funding of domestic and global HIV/AIDS health care programs:

- Commit at least \$2547.4 million for FY 2005 to the Ryan White CARE Act, including the AIDS Drug Assistance Program.
- Commit at least \$30 billion by 2008 to fight global AIDS, with at least half going to the Global Fund to fight AIDS, TB and Malaria, beginning in FY2005 by committing \$5.4 billion to global AIDS.

PROVIDE MEDICATION FOR ALL IN NEED

We demand access to lifesaving AIDS medication for all:

- Full funding of the AIDS Drug Assistance Program (ADAP) with appropriations totaling at least \$965.87 million for FY 2005.
- Ensure real access to lifesaving generic medication under the Presidents Emergency Plan for AIDS Relief (PEPFAR).

FUND & SUPPORT REAL-WORLD HIV PREVENTION

We demand full funding for domestic AIDS prevention needs, totaling \$1.0626 billion in FY 2005.

- Communities must be allowed to use prevention funds to address local needs and priorities, including needle exchange and comprehensive sex education.
- End restrictions that mandate unproven abstinence-only-until-marriage programs.

SAFE HOUSING, NOT HOMELESS SHELTERS

We demand full funding for housing needs for people living with AIDS with \$350 million for HOPWA in FY 2005 and adequate resources to stop the Section 8 crisis.

FUND AND SUPPORT RESEARCH

We demand full funding and freedom for research.

- Fully fund research in FY 2005 for breakthroughs such as vaccines and microbicides by supporting a 10% increase for the National Institutes of Health (\$30.6 billion total) and a commensurate increase for AIDS research (\$3.135 billion total).
- Keep scientific inquiry free from ideological screens.

To access the AIDS community platform for the *next President of the United States*, see AIDSVote, www.aidsvote.org

For the May 20 Mobilization, see: www.champnetwork.org/May20 or contact:

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FURTHER DETAILS:

FUND OUR PUBLIC HEALTH INFRASTRUCTURE

- *Fully fund the Ryan White CARE Act with appropriations totaling at least \$2,547.4 million for FY 2005.*

The Ryan White CARE Act funds local and state primary health care, treatment, and support services for people with HIV/AIDS. As the payer of last resort, the CARE Act fills in gaps in public and private health insurance. It has enabled people living with HIV/AIDS to live longer, more productive lives through the provision of a safety net of care and treatment services.

- *Commit at least \$30 billion by 2008 to fight global AIDS, with at least half going to the Global Fund to fight AIDS, TB and Malaria, beginning in FY2005 by committing \$5.4 billion to global AIDS.*

According to projections from health experts, the US fair share of the global need to mount a credible fight against the AIDS pandemic equals \$30 billion by 2008. We must double our existing spending in order to cover the necessary expenditures to existing programs as well as significantly scale up our financial contributions to the efficient and effective Global Fund for AIDS, TB and Malaria. In order to appropriately fund the Global Fund, the US should lead the way and commit at least \$15 billion by 2008 to this multilateral and highly cost-effective funding mechanism.

PROVIDE MEDICATION FOR ALL WHO NEED IT!

- *Full funding of the AIDS Drug Assistance Program (ADAP) with appropriations totaling at least \$965.8 million for FY 2005.*

ADAP provides access to treatment for low-income people living with HIV/AIDS who are uninsured or lack adequate prescription drug coverage. It is the final safety net and a lifeline for approximately 95,000 clients every month.

However, many state ADAPs are being dramatically underfunded. As of April 2004, thirteen states have implemented restrictions to treatment access, including waiting lists of 1,263 people in nine states. Several more states are anticipating new or additional restrictions this year. In order to ensure that Americans living with HIV/AIDS have access to vital care and treatment services, are not denied life-saving medications, it is necessary to fund the Ryan White CARE act at a minimum of \$2,547.4 million for FY 2005, including \$965.87 million for ADAP.

- *Ensure real access to life saving generic medication under the Presidents Emergency Plan for AIDS Relief (PEPFAR).*

The Bush Administration is using PEPFAR as a slush fund for big drug companies and is blocking access to life saving generic AIDS medications to millions of people living with HIV/AIDS in developing nations. If the Bush Administration chose to value people's lives over pharmaceutical company profit and allow procurement of WHO quality assured generic AIDS medications, 4-5 times more people would be treated. The US must ensure access to quality generic AIDS medications to those living in the developing world in order to counter this deadly pandemic.

FUND AND SUPPORT REAL-WORLD HIV PREVENTION!

- *Fully fund domestic AIDS prevention needs in FY 2005, totaling \$1.0626 billion.*

Americans desperately need adequately funded prevention programs based on science not politics. Disturbing increases in infection rates among women and people of color must be stopped. HIV will not sit idly by while the nation's commitment to prevention is held hostage to politics. The next president must ensure that \$1.0626 billion be spent in FY05 on effective and scientifically proven prevention.

- *Use prevention strategies based on science, not politics. Teach the A, B, C's, including condom use.*

Abstinence-only-until-marriage education has been taught for over two decades and yet there is still no peer-reviewed research that proves it is effective. Currently, over \$100 million federal dollars are spent each year on abstinence-only-until-marriage education. The overwhelming majority of adults want comprehensive sexuality education programs in our nation's schools -- but the White House budget proposed to double federal funding to approximately \$273 million for programs that explicitly forbid discussion of how sexually-active young people can protect themselves from HIV. Globally, at least one third of all monies contributed by the President's Emergency Plan For AIDS Response are earmarked for abstinence only education. We will not accept a situation where prevention strategies are based on the desires of special interest groups at the expense of millions of lives. Effective prevention strategies must include the option of condom use.

SAFE HOUSING, NOT HOMELESS SHELTERS!

- *Fully fund housing needs for people with AIDS by committing \$350 for HOPWA in 2005 and providing adequate resources to end the Section 8 crisis.*

Housing is the number-one unmet need among people living with AIDS and HIV everywhere in the United States. In high-cost urban areas, isolated rural areas, and in small cities and suburbs, AIDS housing is needed as a basic foundation for medical care, treatment and prevention.

Leaders in Congress have fought on a bipartisan basis for the Housing Opportunities for Persons with AIDS (HOPWA) program at HUD, which needs \$350 million to do its job this year. And people living with AIDS and HIV are among the hundreds of thousands of tenants nationwide who are threatened with eviction due to inadequate funding and mistaken new rules imposed on the Section 8 housing voucher program. Homeless shelters are deadly for people with AIDS -- housing saves lives.

FUND AND SUPPORT RESEARCH!

- *Fully fund research in FY 2005 for breakthroughs such as vaccines and microbicides by supporting a 10% increase for the National Institutes of Health (\$30.6 billion total) and a commensurate increase for AIDS research (\$3.135 billion total).*

New research on HIV treatment and prevention is vital in the ongoing fight against the AIDS pandemic. Areas of research including vaccine and microbicide development are in need of additional funding. If we are to mount an effective fight against HIV/AIDS we need a diverse and strong arsenal. We demand \$30.6 billion for FY 2005 for AIDS research in order to create this arsenal.

- *Keep scientific inquiry free from ideological screens.*

In order to ensure high quality, innovative research, we must allow scientist freedom from ideological constraints. However, over the last year, there has been a steady increase in attacks on peer-reviewed research funded by the National Institutes of Health (NIH). These constraints destroy the scientific peer review system that is vital to sustaining quality, novel research. Further, the long-term effects of making scientific inquiry fit a particular political agenda is that science will no longer address the health needs of members of society and the public will lose faith in the institutions charged with protecting their health. Decisions affecting medical research should be made by scientists aiming to promote the health and well being of the public, not politicians aiming to please special interest groups.