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SPECIAL ISSUE

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The View from Under the Bus: HIV and STD Funding Becomes Lightning Rod for Stimulus Foes

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In his inaugural address, President Obama vowed to “restore science to its rightful place,” refreshing words after eight long years of an administration that placed ideology over data, time and again.

The detrimental impact of STDs, including HIV, on the American public—most particularly among people of color and gay men—is clear. And the persistent under-funding of science-based prevention and sound public health infrastructure to combat these and other infectious diseases is now worsening due to the economic crisis.

Yet, in debates about the economic stimulus bill, science and public health seems to have once again been put asunder when it comes to the inclusion of funds to combat STDs – even though the short-term spending would create jobs and protect the nation’s health.

The House passed a version of the bill with \$335 million for the Centers for Disease Control and Prevention’s (CDC’s) National Center for HIV, STD, and TB Prevention to screen for, and prevent, some of the most common, costly and controllable infectious diseases in the United States (despite their nixing of funds for contraception, a harbinger of things to come).

But then the controversy began, as conservatives looking for a way to thwart momentum for the massive bill found a way in by attacking STD funding.

The “stimulation” jokes would seem better suited for the locker room than the halls of Congress, unless one had already lived through years of attacks on science-based prevention for gay men, sex workers and drug users like persistent

political footballs tossed throughout the history of the epidemic.

It didn't seem to matter that economic recovery money for HIV and STD prevention would hit the streets quickly and strategically, working to fill widening gaps in the public health workforce—it sounded like dirty talk, and the likes of the Drudge Report latched on this like a bridge going to nowhere but smutsville.

And now, the counterpart language in the Senate bill that would have given \$400 million towards CDC's HIV and STD work has been axed.

It is undeniable that the high stakes of our economic crisis require much scrutiny in how stimulus funds are spent. We need to ensure that the public and decision-makers discern the differences between million-dollar bonuses to bank bigwigs and slow-burn strategies versus public health programs that would immediately put people to work saving lives.

Fighting for our Work, Fighting for our Lives:

We recommend the following actions, not only to push back against the stigmatization of HIV and STDs in the current debate, but to ensure that we pave the way for a return to science-based public policies for this legislative session and beyond:

Alerts:

We know [the alerts](#) have been coming fast and furious the past few days. And there's more to come. But we need to keep the calls coming. We need to express our disappointment at the removal of the HIV and STD language from the Senate bill as we lend support for the \$5.8 billion that remains for prevention and wellness, as well as the significant

investments in health care, while remaining poised to speak up for other, specific funding opportunities.

The talking points below will help you understand and be able to explain that these funds would be used for job creation and keeping the workforce healthy—exactly what this stimulus bill is supposed to be about.

Letters to the Editor:

Use the template letter on the following page to craft your own response about HIV and STD prevention as part of a responsible economic recovery plan. Remember to keep it short and specific (if you have the type of job or work with people who would be served by this funding, let them know!) and stay on message—investments in public health will stimulate the economy, help keep our nation healthy, and tackle dangerous infectious diseases. Now is the time to put public health to work.

District Visits:

The week of February 16, members of Congress will be back home. Call now to arrange a meeting, or see if they can come to see the lifesaving work you are doing in the community.

Remember, this is not just about the stimulus bill—this is about putting names and faces to the folks who are standing up to infectious diseases in our communities, and whose lives and jobs are worthwhile, so go in prepared to talk about a range of issues that affect us. For example, the Harm Reduction Coalition and allies are making progress on lifting the Federal funding ban on syringe exchange. Contact Hilary McQuie at mcquie@harmreduction.org to learn more about efforts in your state and

strategies for your federal elected officials.

And a final note, speaking of stigma, for those who don't believe that stigma remains alive and well as a barrier to our HIV/AIDS efforts: Consider our present situation, in which job creation for science-based public health efforts to prevent STDs cannot be broached in the

halls of Congress without paving the way for late-night TV jokes, vicious attacks from conservatives, and timidity from those we assume are our allies, and then think about what happens every single day in the rural towns, inner cities, schools and workplaces in our nation. Change is what we need, but we've got quite a bit of work to do.

TEMPLATE LETTER TO THE EDITOR

Critics of emergency spending on sexually transmitted disease (STD) and HIV prevention, as part of the economic recovery bill, overlook important points. [Cite the headline and date of any particular story that may have run on this topic, right here in parenthesis].

As someone who has devoted my career to HIV and STD prevention, I can attest that promoting public health is real work. It requires society to make tangible financial investments to create the essential careers and infrastructure needed to respond rapidly to chronic and emerging infectious diseases, among other health threats.

Our jobs are not glamorous, high paying, or all that visible but we provide essential services to our communities on par with firefighters, teachers, and police. Outreach workers, for example, frequently work evenings and weekends in blighted communities and dangerous settings. Undeterred, our field works hard to help ordinary Americans prevent HIV, get tested for a whole range of conditions, connect people with vital services, monitor community-wide indicators of health, administer vaccinations, and obtain other important health services.

But public health work has been long neglected. Overall, our field lacks the personnel, training, and infrastructure (hardware, software, equipment, supplies) needed to adequately respond to raging epidemics of HIV and STDs, particularly in low-income communities where the recession is most acute.

As a field, public health—and HIV prevention especially—is woefully underfunded. The Bush Administration testified on Capitol Hill in September that the federal HIV prevention budget would need to double over five years to achieve a 50 percent reduction in new HIV infections.

Public health work is rewarding—and there's a lot of work to be done—but it needs a boost in funding, the kind of boost that could be made possible by the economic recovery bill. We're "shovel ready" to save lives, but will Congress put us to work?

Shovel-Ready, But Shoved Aside? HIV Prevention is Real Work

David Ernesto Munar
AIDS Foundation of Chicago

Images of bulldozers, cranes, orange cones, and crowded cubicles are common TV visuals when newscasters report about government efforts to create jobs in America.

Left invisible are the public health clinicians, outreach workers, health educators, prevention case managers, group facilitators, social workers, epidemiologists, peer educators, substance abuse counselors, phlebotomists, hotline operators, HIV and STD screeners, program coordinators, housing locators, food pantry managers, and many others providing essential public health functions.

And what you (don't) see is what you (don't) get: our contributions are mostly disregarded in the current public discourse about jobs and the economy. While overlooked, public and private social services are first responders for people bearing the brunt of the current financial crisis.

Community-based organizations focus their efforts in low-income, marginalized communities where the needs are greatest. When economic times are tough, as they are now, the demand upon community-based and government social services increase dramatically. That is why Medicaid and Food Stamp applications across the country have skyrocketed as people scramble to get their basic needs met—and why our stretched-thin organizational budgets and caseloads are straining even further.

In the fight against HIV/AIDS, government and community-based organizations provide essential services helping people with or at risk for HIV/AIDS gain access to the health and support services they need to stabilize their lives, improve their health, and reduce HIV transmission.

Low-paid workers in unconventional jobs are the backbone of HIV prevention. They conduct street outreach (including in dangerous settings), facilitate group and individual counseling sessions, educate individuals about health topics, and supply everything from toothbrushes to food, condoms, HIV testing, and healthcare and shelter referrals.

Just like community organizing (the much-maligned vocation of a young Barack Obama at the 2008 Republican National Convention), HIV and STD prevention is vital work with real responsibilities and real economic impact.

And, just like organizing, most work in community-based AIDS organizations involves long hours, often in the evenings and weekends, low pay, few benefits, and plenty of obstacles. Workers often dip into their own paychecks for such expenses as filling the gas-tank to drive clients to appointments, feeding hungry runaway or cast-away gay youth, or supplying impoverished mothers with diapers.

Sadly, the divestment in public health and community-based services has made it that much harder to turn the tide against

raging epidemics of STDs and HIV. While survival for people with HIV has vastly improved, HIV/AIDS remains an incurable, infectious condition that, when left untreated, is still deadly.

Because of sporadic funding cycles, community-based agencies may be able to afford key outreach positions for only short periods of time, often less than 12 months. Even in more established settings, workers must contend with low pay, no raises, mandated furlough days, little or no supervision, and few opportunities for advancement. Given these conditions, frontline staff members are generally young and inexperienced and typically stay on the job for short periods at a time. The quick turnover is especially costly for agencies and public organizations that must consistently provide training and orientation for their revolving workforce.

But where stability and earning potential are lacking, the field is rich in passion and commitment to build communities under siege and help turn America around one individual at a time.

It's these realities that make the political assaults against HIV and STD prevention

so insulting. Media pundits and politicians cynically disparage HIV and STD prevention without even bothering to interview frontline HIV/AIDS workers, public health experts, or the very community members who depend on public and private organizations for an array of essential services.

Choosing *not* to make short-term investments in public health infrastructure is a very cynical way to stimulate the economy in the long term, when hundreds of billions of dollars in future HIV and STD treatment expenditures would be required. But a far more humane and rationale alternative exists today.

Investments in our fractured and long-neglected public health and HIV/STD systems will reap immediate benefits. Like teachers and emergency personnel, the lack of a deep bench means the sector can readily create thousands of important jobs assisting Americans to improve their health and lives. Such investments would provide an economic engine in already marginalized and low-income communities, where the current economic crisis is felt the most.

Why Invest in HIV, Viral Hepatitis, STD and TB prevention?

How funds for HIV, viral hepatitis, STDs and TB would create jobs, strengthen health infrastructure, and address an urgent health threat.

*Talking points based on materials developed
by a special subcommittee of the Federal AIDS Policy Partnership (FAPP)*

In discussing the stimulus bill, President Barack Obama has repeatedly said that the country must shore up and improve its infrastructure. The infrastructure of our public health system, particularly the public health workforce, must not be ignored in these discussions.

One-time investments in the prevention of HIV, STDs, viral hepatitis and TB would be an effective way to:

- create thousands of jobs,
- modernize and strengthen the public health infrastructure,
- accelerate prevention efforts, and
- hasten the elimination of these preventable infectious diseases.

The nation must invest in turning the tide on these infections for a healthier society and improved healthcare infrastructure. We must invest now in training and retaining the next generation of public health professionals: *One in four of the current public health workforce will be eligible for retirement by 2012.*

Funds are Desperately Needed to Address Persistent and Urgent Health Threats:

HIV, viral hepatitis, STDs and TB are some of the most common, costly, and controllable infectious diseases:

- Every year, 19 million Americans become infected with STDs, including HIV. Most do not know they are infected.
 - 21 percent of HIV-infected persons are unaware of their infection.
 - One in four teen girls has at least one STD. These infections increase the risk of infertility, ectopic pregnancy, poor pregnancy outcomes, cancer and HIV infection.
- These infections continue to disproportionately impact racial, ethnic and sexual minorities
 - The rate of new HIV infections among African American women is 15 times higher than that of white women.
 - 71 percent of AIDS cases diagnosed in 2006 were in communities of color.
 - Young gay men of color bear a disproportionate burden of the epidemic, with more new infections in 2006 occurring among 13 to 29 year old African-American gay men and other men who have sex with men (MSM) than among any other group of MSM.
 - In 2006, the rate of syphilis among African-American women was more than 16 times higher than among white women.
 - Approximately half of persons with chronic hepatitis B are Asian Americans and hepatitis C infection is 2 to 3 times as prevalent among African Americans as it is among whites.

Yet, our ability to prevent these diseases is hampered by deep and prolonged funding shortages.

Adjusted for inflation, CDC's HIV prevention budget has decreased by 19.3 percent since fiscal year 2002. CDC's STD budget has declined 15 percent since 2002 as well.

States are in desperate need of resources to tide their public health programs over until their budget situations improve.

Economic Benefits of Investing in HIV, Viral Hepatitis, STD and TB Prevention are Many

Chronic under-investment in prevention has resulted in:

- ongoing and high rates of transmission,
- severe health disparities,
- spiraling healthcare costs, and
- public health work burnout and attrition.

The funds included in the stimulus would create jobs, modernize healthcare infrastructure and reduce unnecessary healthcare costs.

Job Creation

- The majority of stimulus funding would be used to support state and local health departments and community-based organizations. Health departments across the nation are experiencing budget shortfalls and are being forced to reduce staff and provide fewer public health services.
 - The Center for Budget Policy and Priorities has said that 46 states face budget shortfalls and that 26 states have made or are proposing cuts to their public health programs.
 - In the past three years, over 1,000 TB program staff across the country have been furloughed, laid off, or lost.
 - California has reduced the work week of state health staff by 10 percent due to the declining state budget.
 - One state has proposed eliminating its health department *entirely*, due to severe budget shortfalls.
 - Due to state budget cuts in 2008, funding for all seven STD clinics in Massachusetts has been eliminated.
- Most funds would be used to retain and hire thousands of workers in a broad range of fields, including:
 - nurses and nurse aides;
 - community outreach workers;
 - medical assistants;
 - other allied health and public health professionals, including:
 - phlebotomists and prevention counselors;
 - laboratory technicians;
 - IT (information technology) specialists, including software developers, technicians and engineers; and
 - clerical staff.

- There is currently *no* federal funding to provide core public health services for viral hepatitis. *States receive on average only \$90,000 for adult hepatitis prevention.* Funds would be used by states to ensure that at least one staff person is dedicated to combating viral hepatitis in their jurisdiction.
- Funds would also support local economies and promote secondary job creation through:
 - Increasing the purchase of screening and diagnostic tests and laboratory equipment and supplies.
 - Increasing the purchase of drugs and therapies for those diagnosed with HIV, TB, viral hepatitis and STDs.
 - Reducing the loss of productivity and absenteeism due to complications of diseases.
 - Increasing funding to nongovernmental organizations to deliver, monitor and evaluate services.

Modernization of the Public Health Infrastructure

Investments in training, information systems, laboratories, and new technologies would increase efficiency, ensure program effectiveness and protect the health of future generations.

- We urgently need funds for implementation and upgrading disease surveillance systems to increase completeness and efficiency.
 - Some states still use paper to report cases to CDC, which is costly and slow and limits the ability of states and CDC to respond to disease outbreaks.
 - There is no federally funded chronic hepatitis B and C surveillance system in our country. Stimulus funds will allow states to begin to develop hepatitis surveillance systems to monitor disease incidence, prevalence, and trends.
 - Health IT (information technology) experts will be used for electronic records implementation and electronic laboratory disease surveillance implementation.
- We also need funds to support the transition to faster, better diagnostic technologies.
 - Diagnostic tests currently used by most states for TB and STDs are decades old. States need assistance to purchase equipment and train staff to adopt new technologies.
 - A rapid test for the identification of hepatitis C is expected to be approved this year. This important break-through gives us the potential to implement a comprehensive screening and testing program, if resources are available.

- CDC currently has a waiting list for training of more than 2,000 organizations to deliver scientifically proven prevention interventions.
- Additional surveillance resources are needed in order to eliminate backlogs of cases waiting to be investigated and entered into state and local surveillance systems.

Reduce Healthcare Costs

These investments will reduce healthcare costs and improve the health of Americans.

- For every dollar spent on STD prevention, \$43 is spent each year on STD related treatment costs.
- Undiagnosed infections drive up medical care costs due to disease complications and ongoing transmission. We must make individuals aware of their infections to increase quality of life and decrease costs.
 - The cost of HIV treatment and lost productivity is largely paid by the public sector and can reach \$1 million per infection.
 - Screening for STDs such as Chlamydia is cost-effective and can prevent more serious complications.
 - Individuals who are aware of their HIV infection are far less likely to transmit the virus. They have an estimated transmission rate of 1.7 percent to 2.4 percent in contrast to estimated transmission rates of 8.8 percent to 10.8 percent for those who are unaware that they are infected with the virus.
 - At least 3 million Americans are chronically infected with the hepatitis C virus. The projected direct and indirect costs of this epidemic, if left unchecked, will be over \$85 billion for the years 2010 through 2019.
 - Treatment costs for just one case of multidrug-resistant (MDR) TB range from \$100,000 to \$300,000, which can cause a significant strain on state public health budgets.

Statement on the Need for HIV/AIDS and STD Prevention Funding in the American Recovery and Reinvestment Act

Congressional Black Caucus

On February 7, 2009, health care organizations, providers and advocates, as well as the millions of those affected, will commemorate National Black HIV/AIDS Awareness Day. This year, the theme is Black Life is Worth Saving. The

sad irony, however, is that the removal of \$400 million for the prevention and treatment of HIV/AIDS and sexually transmitted diseases from the American Recovery and Reconstruction Act sends quite the opposite message.

“We should not cut funding for HIV/AIDS services when the AIDS virus is spreading faster than previously thought, and minority communities are continuing to suffer. As local sources of funding dry up, communities need assistance to reach people who are at risk of HIV/AIDS, make HIV testing available, and provide life-saving treatment to those who need it,” noted Congresswoman Maxine Waters, co-Chair of the CBC HIV/AIDS Task Force. “Without these services, the AIDS virus could spread even more quickly as the economy deteriorates.”

Studies confirm that HIV and STD infections are fueled by the poor social and economic conditions in which many African Americans struggle to survive. Putting disease prevention into a package that begins to address the social determinants of our health finally puts our country on the right path to resolving the looming healthcare crisis—a crisis which is affecting us all, but which has a disproportionate and detrimental impact on people of color.

“Because we are disproportionately more likely to experience health inequities across the entire health care continuum, the African-American community ought to be outraged by the removal of any health provision from legislation that is aimed at getting this nation back on track,” observed Congresswoman Donna Christensen, Chair of the CBC Health

Braintrust. “However, that this needed investment of \$400 million was stripped from the prevention and treatment of HIV/AIDS and other STDs is nothing short of outrageous when African Americans currently account for nearly 50% of all AIDS cases and new HIV infections, and more than half of all AIDS-related deaths. Additionally, across all reported cases of STDs, African Americans are consistently over-represented among those affected.”

“The HIV/AIDS Community sent a rallying cry to our offices to ensure that this desperately needed assistance was included in the stimulus.” stated Congressman Gregory W. Meeks, co-Chair of the CBC HIV/AIDS Task Force, “Black Americans have always been disproportionately affected by HIV/AIDS and the disparity has deepened with Blacks accounting for almost half of all new cases. This prevention funding is critical to the health and well-being of the country and will save countless federal health dollars in the long run. It must be reinstated. ”

“Because we care about the health of our nation, seek to achieve equity and justice in healthcare, and give our community—and every other community in the country—a chance for wellness, we will launch aggressive efforts to restore this critically important provision,” concluded Congresswoman Christensen.

HHSWatch, a watchdog newsletter from CHAMP, monitors and reports on activities related to HIV prevention at Health and Human Services agencies, including CDC, NIH, HRSA and SAMHSA.

HHSWatch is a resource for community members, policy advocates, researchers and anyone interested in more fully understanding and tracking the committees, panels and administrators whose recommendations and decisions affect our work.

HHSWatch is committed to providing an outlet for those concerned about infringements upon science-based HIV prevention and treatment, and will respect your wishes for confidentiality. If you are interested in contributing information or suggesting a story, please contact champ@champnetwork.org.



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