



THE AIDS INSTITUTE

National Office - Washington, DC: 202-835-8373

Administrative Office - Tampa, FL: 813-258-5929

For Immediate Release: 6.8.07

Media Contacts: Carl Schmid, (202) 669-8267 CSchmid@theaidsinstitute.org
Jamila Taylor, (202) 835-8373 JTaylor@theaidsinstitute.org

THE AIDS INSTITUTE RECOGNIZES HOUSE SUBCOMMITTEES FOR INCREASED FUNDING FOR DOMESTIC & GLOBAL HIV/AIDS PROGRAMS

**- But More Funds Needed to Meet Growing Needs-
- Disappointed in Abstinence-only Program Increases -**

Washington, DC – “Funding for domestic and global HIV/AIDS programs will increase in FY 2008 based on the actions of two House Appropriation Subcommittees that have marked up their appropriation bills this week”, commented Dr. Gene Copello, Executive Director of The AIDS Institute. “While the increase falls far short of what is actually needed, we are pleased to see more funding for people living with HIV/AIDS and for prevention, particularly on the domestic front, which has been seriously neglected for several years.”

Funding for the Ryan White Program, which provides care and treatment for over half a million low-income people with HIV/AIDS in the U.S. is slated to receive an increase of \$99.3 million or 4.6%. “While this increase doesn’t even reach the medical rate of inflation and doesn’t meet the needs of what people with HIV/AIDS require, it is a step in the right direction, particularly since many parts of the program have been inadequately funded for several years,” added Copello.

“We are pleased to see the AIDS Drug Assistance Program, which provides life-saving medications, is proposed to receive an increase of \$41 million,” he continued. “With over 200,000 people living with HIV/AIDS in our own country not receiving antiretroviral treatment, and given the existence of waiting lists and other cost containment measures in numerous states, the actual need for increases to ADAP is \$233 million.” This year, 27 states and the District of Columbia experienced cuts to their ADAP, and with new drugs coming on the market and increased HIV testing efforts, the demand will continue to grow.

Carl Schmid, Federal Affairs Director for The AIDS Institute added, “After repeated years of inadequate funding, it is encouraging that the large urban areas most affected by HIV/AIDS and early intervention programs are being recommended for increases of \$32.3 million and \$23 million, respectively. With growing caseloads and funding cuts in 29 cities this year, this funding will be welcomed news.” Unfortunately, the Subcommittee chose to basically flat fund the program that provides services to Children, Youth and Families. The AIDS Institute will work on rectifying this in coalition with other organizations, as the bill progresses through the Congress.

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“After five years of funding cuts for domestic HIV/AIDS prevention programs at the CDC, we welcome the proposed \$64 million increase for these important programs,” added Schmid. “Although we have not seen specifics, we understand the bulk of this will be used for HIV testing. While we are extremely supportive of increased testing programs, we hope there will be increases for prevention educational programs, as well.” He commented, “Increased funding will certainly be needed to meet the goals contained in CDC’s revised strategic plan. We also hope the Subcommittee blocked funding for the unnecessary Early Diagnosis Grant Program, as it did in FY 2007.”

“Our biggest disappointment in the bill is an increase for abstinence-only funding by \$28 million,” commented Suzanne Miller, Public Policy Associate for The AIDS Institute. The AIDS Institute has been advocating an elimination of all funding for these ineffective programs, and expected the Subcommittee to at least reduce funding. Despite study after study that concludes abstinence-only programs do not work, the Subcommittee chose to actually *increase funding to a record level*. “We are just dumbfounded by this action and will work hard to undue it,” Miller added. The AIDS Institute is also disappointed the Subcommittee continued the federal funding ban on syringe access programs; a proven effective method to prevent HIV/AIDS.

After years of inadequate funding, The AIDS Institute is hopeful the Congress will increase funding for Hepatitis prevention and surveillance at the CDC.

Under the bill proposed by the Subcommittee, funding for medical research at the National Institutes of Health will only increase by 2.6%. “If we are going to develop new drugs, new prevention methods, such as microbicides and a vaccine, much more money will be necessary,” said Peter Gamache, Director of Research at The AIDS Institute.

“It is encouraging to see the House State and Foreign Operations Subcommittee make global AIDS a priority”, stated Jamila K. Taylor, Global Policy Coordinator for The AIDS Institute. A total of \$6.5 billion was appropriated to global health programs. Of this, \$4.15 billion is directed to the Global HIV/AIDS Initiative, which matches the President’s request and represents a \$1.28 billion increase above FY 2007 levels. \$550 million is directed to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Additionally, the Labor HHS Subcommittee appropriated \$300 million for the Global Fund, putting its total at \$850 million for FY 2008.

“We will continue to work with the House and Senate throughout the remainder of the appropriations cycle to ensure that global AIDS remains a priority and the U.S. keeps pace with its fair share in response to the pandemic”, Taylor continued. Other important global health programs also received increases including family planning programs, combating XDR-TB, malaria, and maternal and child health.

Summarizing The AIDS Institute response, Copello said: “We are hopeful that some increases in domestic HIV/AIDS appear in place for FY 2008 and that our nation’s commitment to addressing the pandemic globally remains intact. At the same time, we challenge Congress and the Administration to more adequately fund the growing needs in HIV/AIDS prevention, care, treatment, and research. In addition, our government needs to follow scientific evidence in developing policies and programs in HIV/AIDS and related areas.”

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*For more information and to become involved in AIDS advocacy work, please contact
The AIDS Institute at: (202) 835-8373, or by email at: Info@theaidsinstitute.org or www.TheAIDSInstitute.org*

*The AIDS Institute is a national nonprofit and nonpartisan agency that promotes action for social change
through public policy research, advocacy and education.*