Dear Chairman Shelby, Vice Chairman Leahy, Chairwoman Lowey and Ranking Member Granger:

The undersigned 220 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP) urge you to increase crucial funding for domestic HIV/AIDS and related programs in the Fiscal Year 2021 Appropriations Bills. In last year’s appropriations bills, domestic HIV programs received a significant increase in funding, and we thank you for your leadership and commitment to improving the lives of people living with and at risk of HIV, STIs, hepatitis and TB. This year, we have a chance to amplify the impact of last year’s success and implement the plans our communities have developed to end these epidemics once and for all.

Since 2013, new HIV diagnoses have plateaued at around 38,000 per year. This comes after years of steady progress in combating the disease and new science that increases the effectiveness of treating and preventing HIV. There is now scientific and community consensus that if a person living with HIV is on treatment and achieves viral suppression, they cannot pass HIV on to a partner. Additionally, people who are HIV negative have an ever-expanding toolbox of HIV prevention options, most notably pre-exposure prophylaxis (PrEP), a once daily medication that effectively prevents HIV.

Our scientific knowledge of HIV treatment, prevention and epidemiology has never been stronger, but progress has stalled. ABAC believes that in order to capitalize on these advancements, there must be an increase in our federal investment to combat HIV. In last year’s State of the Union Address, the Ending the HIV Epidemic Initiative (EHE Initiative) was announced, setting a goal of reducing new instances of HIV by 75% in five years, and 90% by 2030.

The Initiative recognizes that we have the tools to end the epidemic, but those tools must be expanded and focused within communities most impacted by the epidemic. We believe that this Initiative, coupled with strong public policies that increase health equity, reduce barriers to healthcare access, and address co-occurring conditions like STIs, viral hepatitis, TB, homelessness, and substance use, will help us achieve the goal of ending the epidemic.

We have the tools, knowledge and drive to end the epidemic; however, we must ensure there is sufficient federal leadership and resources to make it a reality. As your Committees begin to craft the
Fiscal Year 2021 Appropriations Bills, we urge you to increase investments in the public health infrastructure created to combat these epidemics in the United States.

Below are detailed funding levels we urge you to include in the Fiscal Year 2021 Appropriations Bills.

For a chart of current and historical funding levels, along with coalition requests for each program, please click here: [https://bit.ly/2SNWk7h](https://bit.ly/2SNWk7h)

**Ending the HIV Epidemic Initiative**

We thank you and your colleagues for appropriating $261 million for year one of the EHE Initiative in the FY20 appropriations package. The EHE Initiative focuses on 48 counties, the District of Columbia, San Juan, P.R., and seven rural states where the burden of new HIV infections are the highest. Last year, those jurisdictions developed community-specific plans to combat HIV that addresses the unique needs of each jurisdiction. The funds appropriated last year will allow those plans to be scaled up.

In FY21, the request for the EHE Initiative builds on this planning process and will help jurisdictions transition from planning into implementation. In order to see success, a significant amount of new resources is required. EHE Initiative activities are split among multiple operating divisions:

- To scale up testing, linkage to care, and prevention services, we support the request of **$371 million for Centers for Disease Control, an increase of $231 million over FY20 levels.**
- To expand comprehensive treatment for newly diagnosed people living with HIV, we support the request of **$165 million for the Ryan White HIV/AIDS Program, an increase of $95 million over FY20 levels.**
- To increase access to HIV prevention services, particularly PrEP, as well as expand community outreach, we support the request of **$137 million for Community Health Centers, an increase of $87 million over FY20 levels.**
- To increase research, implementation and best practices in HIV prevention and treatment, we support the request of **$16 million for NIH’s Centers for AIDS Research, an increase of $10 million over FY20 levels.**

Last year, the community and administration requested $25 million to address the disparate impact HIV has on American Indian/Alaska Native populations through the Indian Health Service. Between 2011 and 2015, there was a 38% increase in new HIV diagnoses among the AI/AN population overall, and an increase of 58% among AI/AN gay and bisexual men. We were extremely disappointed that the $25 million request was not included in final FY20 funding and hope that this disappointment can be remedied in FY21. This year, **we urge you to fund EHE Initiative work within Indian Health Service at $27 million.**

The EHE Initiative is meant to compliment already existing and effective HIV treatment, prevention and research programs. We ask that these increases are not at the cost of decreases to other vital public health programs.

**The Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program provides medications, medical care, and essential coverage completion services to low-income, uninsured, and/or underinsured individuals living with HIV. With over 530,000 clients, The Ryan White Program has consistently shown success in the treatment of HIV,
with over 87% of clients achieving viral suppression in 2018 compared to just 50% of people living with HIV nationwide.

The Ryan White Program provides services critical to managing HIV, often inadequately covered by insurance, including case management; mental health and substance use services; adult dental services; and transportation, legal, and nutritional support services. While increasingly clients have access to insurance, patients still experience cost barriers to insurance, such as high premiums, deductibles, and other patient cost sharing. The Ryan White Program, particularly the AIDS Drug Assistance Program, assists with these costs so that clients can access comprehensive and effective medical care and treatment.

Many Ryan White Program clients live in states that have not expanded Medicaid and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, which is disproportionately impacted by the HIV epidemic. In order to improve the continuum of care and progress toward an AIDS-free generation, continued, robust funding for all parts of the Ryan White Program is needed.

Ryan White Program services are especially important in areas impacted by the opioid crisis, where new HIV infections associated with injection drug use are increasing in rural areas with healthcare access barriers. The Ryan White Program is uniquely able to expand services to these areas, including substance use and mental health treatment services, but increased Ryan White Program funding is required to adequately meet the growing need.

We urge you to fund the Ryan White HIV/AIDS Program at a total of $2.652 billion in FY2021, an increase of $263 million over FY2020, distributed in the following manner:

- Part A: $686.7 million
- Part B (Care): $437 million
- Part B (ADAP): $943.3 million
- Part C: $225.1 million
- Part D: $85 million
- Part F/AETC: $58 million
- Part F/Dental: $18 million
- Part F/SPNS: $34 million
- EHE Initiative: $165 million

**CDC Prevention Programs**

**CDC HIV Prevention and Surveillance**

There has been incredible progress in the fight against HIV over the last 35 years, however that progress has stalled with new infections remaining around 38,000 per year. Increasing funding for high-impact, community-focused HIV prevention services has proven to result in a strong return on investment. Not only are these prevention tools effective at halting new HIV infections, but in the long-term they result in decreased lifetime medical costs that are associated with HIV treatment.

HIV continues to disproportionately impact certain populations, and HIV prevention measures that are catered to the needs of these populations are key to ending the epidemic. Gay and bisexual men remain the most impacted community, especially gay and bisexual men of color. Also, the South continues to have disproportionate HIV infections.

The **CDC’s Division of HIV Prevention** is the federal leader in creating new and innovative strategies for HIV prevention. Through partnerships with state and local public health departments, and community-based organizations, the CDC has expanded targeted, high-impact prevention programs that work to address
racial and geographic health disparities in HIV transmissions. Additionally, CDC’s national surveillance system is a key tool in identifying people and regions most impacted by the epidemic, and tailoring prevention efforts to meet the needs of those populations and prevent HIV transmission clusters. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and PrEP.

We urge you to fund the CDC Division of HIV Prevention at $822.7 million in FY2021, an increase of $67 million over FY2020. This is in addition to the $371 million for EHE Initiative work within the Division.

**CDC Division of Adolescent and School Health (DASH)**

One in five new HIV infections are among young people between the ages of 13 and 24, however, only 43% of high schools and 18% of middle schools teach CDC’s recommended sexual health topics. For less than $10 a student, CDC’s school-based HIV prevention has provided funding for schools to increase access to health services, implemented evidence-based sexual health education, and foster supportive environments for young people to learn. These programs have shown tremendous success in reducing risk factors related to HIV and other STDs, but because of a lack of funding, only reach 8% of our nation’s middle and high school students. In order to someday create a generation free of HIV, we must start in schools and ensure young people have the tools they need to make healthy decisions.

We urge you to fund the CDC Division of Adolescent and School Health at $100 million in FY2021, an increase of $66.9 million over FY2020.

**CDC STD Prevention**

Our nation is facing a public health crisis, with STDs in the United States at an all-time high for the fifth year in a row. STD data from 2018 shows that combined cases of chlamydia, gonorrhea, and syphilis infections are nearing 2.4 million cases a year – up 30% in five years. STDs can have life-changing and life-threatening consequences, including infertility, cancer, ectopic pregnancy, pelvic inflammatory disease, and transmission of HIV. For over 17 years STD programs were level funded, resulting in a 40% reduction in buying power, we need to rebuild STD health infrastructure. We urge you to fund the CDC Division of STD Prevention at $220.8 million to rebuild their infrastructure and respond to the dramatic rise in STDs across the country.

Furthermore, maternal to child transmission of syphilis (congenital syphilis) increased by more than 40% between 2017 and 2018, resulting in a 22% increase in newborn deaths. Congenital syphilis is fully preventable with early prenatal care and STD testing. We can see an elimination of congenital syphilis in our lifetime, but something must be done now. Twenty million dollars is needed to activate a new congenital syphilis elimination initiative at the CDC Division of STD Prevention.

We urge you to fund the CDC Division of STD Prevention at $240.2 million in FY2021, an increase of $80 million over FY2020.

**CDC Viral Hepatitis Prevention**

Injection drug use as a result of the ongoing opioid crisis has drastically increased the number of new viral hepatitis cases in the U.S. The CDC estimates that between 2010 and 2017 the country experienced a 374% increase in new hepatitis C (HCV) infections, with an estimated 44,600 new cases in 2017. The number of new cases of hepatitis B (HBV) has also increased over the past several years, with 22,200 new cases in 2017, ending years of declining rates. Of the more than 3.2 million people now living with HBV and/or HCV in the U.S., as many as 65% are not aware of their infection.
The **CDC’s Division of Viral Hepatitis (DVH)** remains the lead agency combating viral hepatitis at the national level by providing important information and funding to the states. The division is currently funded at only $39 million. This is nowhere near the nearly $393 million CDC estimates is needed for a national viral hepatitis program focused on decreasing mortality and reducing the spread of the disease. We have the tools to prevent this growing epidemic, but only with significantly increased funding can there be an adequate level of testing, education, screening, treatment, surveillance, and on-the-ground syringe service programs needed to reduce new infections, and put the U.S. on the path to eliminate hepatitis as a public health threat.

*We urge you to fund the CDC’s Division of Viral Hepatitis at $134 million in FY2021, an increase of $95 million over FY2020.*

**CDC Infectious Diseases and Opioid Epidemic Funding**

The FY2019 budget included new funding for the CDC to combat infectious diseases commonly associated with injection drug use in areas most impacted by the opioid crisis. This program increases prevention, testing and linkage to care efforts to combat increasing new infections, such as HIV and viral hepatitis, which have spiked in areas impacted by the opioid crisis. These services are urgently needed, and adequate funding would provide a critical down payment for services needed to help stop the spread of opioid-related infectious diseases.

*We urge you to fund the CDC’s Infectious Diseases and Opioid Epidemic program in FY2021 at the $58 million requested in the president’s FY2021 budget, an increase of $48 million over FY2020.*

**CDC Division of Tuberculosis Elimination (DTBE)**

**CDC’s domestic Tuberculosis program** leads tuberculosis (TB) elimination in the U.S. and provides funding, coordination, and guidance to state and local TB programs across the country, which are on the front lines of fighting this ongoing battle and any emerging outbreaks. TB continues to be reported in every state. Flat funding has eroded TB program capacity against this airborne disease as evidenced by outbreaks across the country, stagnant rates of TB cases, and the rise of deadlier drug-resistant forms of TB. DTBE is also a key federal partner in TB research and development through its TB Trials Consortium (TBTC), helping accelerate the global TB response. To enable the domestic TB program to pursue its core functions—including research for new tools and supporting domestic TB programs —as well as fulfill the National Action Plan to Combat Multidrug-Resistant Tuberculosis (NAP), increased funding is needed. This includes funding for a national prevention initiative prioritizing those who are infected and are at highest risk for progressing to active disease, and additional resources to address ongoing infrastructural issues such as critical treatment shortages related to an unstable TB drug supply.

*We urge you to fund the CDC Division of Tuberculosis Elimination at $195.7 million in FY2021 an increase of $60.7 million over FY2020.*

**Syringe Services Programs**

The Department of Health and Human Services has said that syringe service programs (SSPs) are a proven, evidence-based and effective tool in HIV and hepatitis prevention. Beyond providing access to sterile syringes, SSPs connect people to substance use treatment, HIV and hepatitis testing, and other supportive services. These cost-effective programs must be expanded, especially in areas hardest hit by the opioid epidemic. The FY2020 appropriations bill continued a harmful policy rider that restricts the use of federal funds for the purchase of sterile syringes, which negatively impacts the ability of state and local public health groups from expanding SSPs.
We urge you to remove all restrictions on federal funding for syringe service programs in those jurisdictions that are experiencing or at risk for a significant increase in HIV or hepatitis infections due to injection drug use.

Minority HIV/AIDS Initiative (MAI)
Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. Three out of four new HIV infections occur among people of color. While there have been consistent decreases in new HIV infections among certain populations, HIV infections are still increasing for gay and bisexual African American and Latino men, demonstrating that targeted investments in minority populations is still desperately needed.

Twenty years ago, The Minority AIDS Initiative was created to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. MAI resources supplement other federal HIV/AIDS funding and are designed to encourage collaboration between agencies, breaking down silos in order to increase capacity and target funding to programs that demonstrate effectiveness.

The Minority HIV/AIDS Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. MAI programs at the Substance Abuse and Mental Health Administration target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing and linkage service when appropriate, for people at risk of mental illness and/or substance abuse.

We urge you fund the Minority HIV/AIDS Fund at $105 million, and SAMHSA’s MAI program at $160 million in FY2021, an increase of $51.1 million and $44 million over FY2020 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at $610 million in FY2021.

HIV/AIDS Research at the National Institutes of Health
AIDS research supported by the NIH is far reaching and has supported innovative basic science for better drug therapies, behavioral and biomedical prevention interventions, and has saved and improved the lives of millions around the world. We are thankful that the overall budget for the NIH has increased significantly over the past few fiscal years, though we remained concerned that those increases have not translated into increases in HIV research, which has been effectively flat funded for almost a decade. The NIH Office of AIDS Research has identified $450 million promising research priorities that remain unfunded, such as reducing incidence through vaccines, more effective treatments, cure research, addressing the relationship between HIV and aging, as well as HIV co-morbidities research involving opioid co-epidemics, viral hepatitis, tuberculosis and cancer. Without increases in HIV research funding, advances in these areas will be slowed or stopped in their tracks, research support for EHE Initiative and the National HIV/AIDS Strategy for the United States will falter and the early career researchers so critical to the future of HIV will move to other fields. While HIV treatment and prevention are the primary beneficiaries of HIV research, advances in basic medicine funded through HIV research at NIH has led to new vaccines, treatments and medication for many other diseases such as cancer, Alzheimer’s, kidney disease and tuberculosis.

We urge you to increase funding for HIV/AIDS research by at least the same percentage as the increase of overall funding for NIH.
**HIV/AIDS Housing**
Housing continues to be the greatest unmet need for people living with HIV. Housing is an essential element to ensure that people living with HIV can engage with medical services and unstable housing significantly reduces the likelihood of a person living with HIV achieving viral suppression. The Department of Housing and Urban Development’s **Housing Opportunities for People With AIDS (HOPWA)** program is the only federal program that expands access to safe and affordable housing for low-income people living with HIV. HOPWA is a proven, highly effective housing program, providing housing to 55,000 households and supportive services to over 100,000 individuals. HOPWA funding currently only meets a fraction of the need, especially given that an estimated half of all people living with HIV in the U.S. will need some sort of housing assistance during the course of their illness. In 2015, Congress passed legislation to update the HOPWA formula, ensuring funds go to communities at most need. This update was necessary, however, some jurisdictions could lose significant resources if funding for HOPWA isn’t increased to offset the impact of the formula change.

*We urge you to fund the HOPWA program at $430 million in FY2021, an increase of $20 million over FY2020.*

**Sexual Health Programs**
The **Teen Pregnancy Prevention Program** provides young people with evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs. As noted above, HIV and STDs disproportionately impact young people, so it is vital that they receive age-appropriate and medically accurate and complete information. In order to ensure the integrity and effectiveness of this program continues, ABAC asks that Congress includes report language that ensures that TPPP is administered consistent with the original intent of the 111th Congress.

*We urge you to fund the Teen Pregnancy Prevention Program at $101.0 million in FY2021, which is the same level as FY2020.*

Despite decades of research that shows that “sexual risk avoidance” abstinence-only programs are ineffective at their sole goal of abstinence until marriage for young people, more than $2 billion has been spent on abstinence-only programs since its emergence in 1982. These programs withhold necessary and lifesaving information, reinforce gender stereotypes, often ostracize LGBTQIA+ youth, and stigmatize young people who are sexually active or survivors of sexual violence.

*We urge you to completely eliminate funding for the failed and incomplete abstinence-only-until-marriage “Sexual Risk Avoidance Education” competitive grant program and the Title V “Sexual Risk Avoidance Education” state grant program in FY2020, which would render a $35 million savings based upon FY2020 funding levels.*

The **Title X** program is the only dedicated federal family planning program and is a vital tool in fighting the HIV and STD epidemics in the United States. Title X-funded health centers provide close to 4 million people with high-quality care—including contraceptive care, HIV and STD screening, STD treatment, cancer screening, and sexual health education—each year and are a particularly important lifeline for low-income women, especially women of color.

*We urge you to fund Title X at $400.0 million in FY2021, an increase of $113.5 million over FY2020. We further urge you to use the appropriations bill to block the Trump administration’s 2019 Title X program rule.*
Thank you for considering these requests. We hope your Fiscal Year 2021 Appropriations Bills demonstrate Congress’s commitment to fighting HIV/AIDS and helps set our nation on a path to eradicating HIV as we know it in the United States.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Emily McCloskey at emccloskey@nastad.org or Carl Baloney at cbaloney@aidsunited.org.

Sincerely,

ADAP Advocacy Association (DC) ADAP Education Initiative (OH) Advocates for Youth (DC) African American Office of Gay Concerns (NJ) AIDS Action Baltimore (MD) AIDS Alabama (AL) AIDS Alabama South (AL) AIDS Alliance for Women, Infants, Children, Youth & Families (DC) AIDS Care (PA) AIDS Community Research Initiative of America (NY) AIDS Foundation of Chicago (IL) AIDS Legal Council of Chicago (IL) AIDS Legal Referral Panel (CA) AIDS Project New Haven (CT) AIDS Project of the East Bay (CA) AIDS Project Rhode Island (RI) AIDS Resource Center of Wisconsin (WI) AIDS Resource Council, Inc. (GA) AIDS Services Foundation Orange County (CA) AIDS United (DC) AIDS/HIV Services Group (ASG) (VA) AL GAMEA (MI) Aliveness Project (MN) Alliance for Positive Health (NY) American Academy of HIV Medicine (DC) American Liver Foundation (NY) American Psychological Association (DC) American Run to End AIDS (AREA) (NY) American Sexual Health Association (NC) amfAR (NY) Amida Care (NY) API Wellness (CA) APICHA Community Health Center (NY) APLA Health (CA) Asian & Pacific Islander American Health Forum (DC) Association of Asian Pacific Community Health Organizations (DC)

Equality North Carolina (NC)
Equitas Health (OH)
Fenway Health (MA)
Five Horizons Health Services (AL)
Food For Thought (CA)
Georgia AIDS Coalition (GA)
Georgia Equality (GA)
Georgia Rural Urban Summit (GA)
Global Liver Institute (DC)
God’s Love We Deliver, Inc. (NY)
Gregory House Programs (HI)
Harlem United (NY)
Harm Reduction Coalition (NY)
Hawaii Health & Harm Reduction Center (HI)
Health Services Center, Inc. (AL)
HealthHIV (DC)
Healthy Teen Network (MD)
Heartland Cares (KY)
Hep Free Hawaii (HI)
Hepatitis C Allies of Philadelphia (PA)
Heritage Health and Housing (NY)
Hispanic Health Network (NY)
HIV/AIDS Alliance of Michigan (HAAM) (MI)
HIV Dental Alliance (GA)
HIV + Hepatitis Policy Institute (DC)
HIV Medicine Association (VA)
HIV Prevention Justice Alliance (IL)
HIVRN Associates
Hope and Help Center of Central Florida, Inc. (FL)
Hope House of St. Croix Valley (MN)
HopeSprings (MD)
House of Blahnik, Inc. (PA)
Housing Works (NY)
Howard Brown Health (IL)
HRA Wellness Center of New Britain (CT)
Human Rights Campaign (DC)
Hyacinth AIDS Foundation (NJ)
iHealth (NY)
International Association of Providers of AIDS Care (DC)
Iris House (NY)
Joseph H. Neal Wellness Center (SC)
JustUS Health (MN)
Lansing Area AIDS Network (MI)
Latino Commission on AIDS (NY)
Life We Live Youth Advocates of Colors (TN)
LifeLinc of Maryland (MD)
Lifelong AIDS Alliance (WA)
LLHC (Louisiana Latino Health Coalition for HIV/AIDS Awareness) (LA)
Los Angeles LGBT Center (CA)
Loving Arms For Families, Inc. (CA)
Mayfaire (FL)
Medical Advocacy & Outreach (AL)
Mendocino County AIDS/Viral Hepatitis Network (CA)
Mercy Health McClees Clinic (MI)
Metropolitan Area Neighborhood Nutrition Alliance (MANNA) (PA)
Metropolitan Community Churches (FL)
Metropolitan Latino AIDS Coalition (MLAC) (DC)
Michigan Coalition for HIV Health and Safety (MI)
Minnesota AIDS Project (MN)
Miracle of Love, Inc. (FL)
Moveable Feast (MD)
Multicultural AIDS Coalition (MA)
NASTAD (DC)
National AIDS Housing Coalition (DC)
National Alliance of HIV Education and Workforce Development (NAHEWD) (DC)
National Association of County and City Health Officials (DC)
National Black Gay Men’s Advocacy Coalition (NBGMAC) (DC)
National Black Justice Coalition (DC)
National Black Women’s HIV/AIDS Network (TX)
National Coalition for LGBT Health (DC)
National Coalition of STD Directors (DC)
National Family Planning and Reproductive Health Association (DC)
National Gay and Lesbian Task Force Action Fund (DC)
National Latino AIDS Action Network (NLAAN) (NY)
National Native American AIDS Prevention Center (CO)
National Tuberculosis Controllers Association (GA)
National Viral Hepatitis Roundtable (DC)
National Working Positive Coalition (NY)
NMAC (DC)
North Carolina AIDS Action Network (NC)
North Central Health District - Hope Center (GA)
North Central Texas HIV Planning Council (TX)
Open Door Clinic of Greater Elgin (IL)
Pediatric AIDS Chicago Prevention Initiative (IL)
Pierce County AIDS Foundation (WA)
PFLAG National (DC)
Planned Parenthood Federation of America (NY)
Positive Impact Health Centers (GA)
Positive Women’s Network - USA (CA)
Positively U, Inc. (FL)
POZ Military Veterans USA International (GA)
Presbyterian AIDS Network (DC)
| Prevention Access Campaign (NY)                     | The Center for Black Equality - Baltimore (MD)          |
| Pride at Work (DC)                                  | The HIV/AIDS Prevention and Planning Group of St. Lucie County (FL) |
| Project Inform (CA)                                 | The Well Project (NY)                                    |
| PWN-USA-Ohio (OH)                                   | The Women's Collective (DC)                              |
| Rainbow Health Initiative (MN)                      | Thomas Judd Care Center (MI)                             |
| Rocky Mountain CARES (CO)                           | Thrive Alabama (AL)                                      |
| Rural AIDS Action Network (MN)                      | Ti-chee Native Health Service Agency (WA)                |
| Ryan White Medical Providers Coalition (DC)         | TOUCH-Together Our Unity Can Heal, Inc. (NY)             |
| Saint Louis Effort for AIDS (MO)                    | TransSOCIAL, Inc. (FL)                                   |
| San Francisco AIDS Foundation (CA)                  | Treatment Action Group (TAG) (NY)                        |
| Seattle TGA HIV Planning Council (WA)               | Trillium Health (NY)                                     |
| Selma AIR (AL)                                      | Trust for America's Health                               |
| Sexuality Information and Education Council of the U.S. (SIECUS) (DC) | True Colors Fund (DC)                                    |
| Shanti (CA)                                          | UNIFIED-HIV Health and Beyond (MI)                       |
| Shelter Resources - Bele Reve (LA)                  | University of Minnesota Youth and AIDS Project (MN)      |
| Sierra Foothills AIDS Foundation (CA)               | U.S. People Living with HIV Caucus (DC)                  |
| Silver State Equality-Nevada (NV)                   | Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) (DC) |
| SisterLove, Inc. (GA)                               | VillageCare (NY)                                         |
| Southern HIV/AIDS Strategy Initiative (NC)          | Volunteers of America Greater Baton Rouge (LA)          |
| Southwest Louisiana AIDS Council (LA)               | Washington Heights CORNER Project (NY)                  |
| START at Westminster (DC)                           | Wellness AIDS Service, Inc. (MI)                        |
| Tennessee Association Of People With AIDS (TN)      | Whitman-Walker Health (DC)                               |
| Test Positive Aware Network (IL)                    | Williams & Associates, Inc. (MO)                        |
| The AIDS Health Education Foundation, Inc. (FL)      | Women at Work International                              |
| The AIDS Institute (DC & FL)                        | Women With a Vision, Inc. (LA)                           |
| The Promises Project (AL)                           |                                                            |