Dear Chairman Obey and Ranking Member Walsh:

We would ask that you please consider the following funding requests for domestic HIV/AIDS programs in the FY 2009 Labor, Health and Human Services, Education, and Related Agencies subcommittee allocation:

**Centers for Disease Control and Prevention** Data from the Centers for Disease Control and Prevention (CDC) indicate that over one million individuals are living with HIV in the United States and the annual incidence rate is rising. At the same time, HIV prevention funding for comprehensive programming has faced significant budget cuts over the past six years; sadly, in those same six years over 240,000 people have become infected with HIV. To sufficiently fund new testing initiatives and to provide comprehensive HIV prevention programs, CDC prevention funding must be increased by at least **$608 million for a total of $1.3 billion in FY 2009.**

**Ryan White HIV/AIDS Programs**
Ryan White HIV/AIDS Programs provide life extending healthcare, drug treatment, and support services to approximately 577,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year. **It is critical in FY 2009 to increase appropriations for the entire Ryan White Program by $614.5 million.** These increases include $213 million in Part A (Title I), $95 million in Part B (Title II) Base, $134.6 million for ADAP, $100.5 million for Part C (Title III) programs, $48.8 million for Part D (Title IV) programs, $15.9 million for the AIDS Education and Training Centers (AETCs) and $6 million for the Dental Program.

**Minority AIDS Initiative (MAI)**
Racial and ethnic minorities account for a disproportionate amount of people living with HIV/AIDS. According to the CDC, African-Americans account for less than 15 percent of the population, but account for 50 percent of persons living with HIV/AIDS in the United States; Hispanics represent about 14 percent of the U.S. population, but account for 20 percent of the total number of new AIDS cases. Due to the disproportionate impact of HIV/AIDS on minority communities, and to continue to build capacity in minority community based organizations we are requesting an additional $223 million, for a total of $610 million, for the MAI in FY 2009.

**Office of AIDS Research, National Institutes of Health (NIH)**
If the United States is to remain the global leader in HIV/AIDS research for better drug therapies, evidence-based behavioral and biomedical prevention interventions, and vaccines, Congress must adequately invest in the National Institutes of Health. I encourage you to increase NIH funding by
$4.38 billion, including a $450 million increase for the Office of AIDS Research, for an NIH Total of $33.58 billion in FY 2009.

Community-Based Abstinence Education (CBAE)
Abstinence is an important and core component of comprehensive sexuality education and comprehensive HIV prevention programs; however, there is abundant evidence that it is ineffective, unrealistic, and potentially harmful to advocate abstinence as the sole option. We encourage the Congress to show its support for evidence-based sexuality education or HIV prevention programs by eliminating funding for the Community-Based Abstinence Education (CBAE) programs. All such funds should be re-directed to evidence-based prevention and educational programs.

Thank you for your consideration of these requests.

Sincerely,

Edolphus "Ed" Towns
Member of Congress

Sheila Jackson-Lee
Sheila Jackson-Lee
Member of Congress

Joseph Crowley
Member of Congress

Maxine Waters
Maxine Waters
Member of Congress

Emanuel Cleaver
Member of Congress

Eleanor Holmes Norton
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Maurice D. Hinchey
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Al Green  
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