

January 27, 2012

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW - Room 120 F  
Washington, DC 20201

Dear Secretary Sebelius:

We the undersigned organizations thank you for your leadership in making health reform a reality. The new law makes significant strides in expanding access to care and prevention and modernizing our health system. A 21st Century U.S. health system must include universal access to public health services that protect the health of all Americans throughout their lives, including infectious disease prevention services and treatment. As you begin implementation of the law we strongly urge you to include infectious diseases prevention activities as eligible for the Prevention and Public Health Fund beginning this year. Specifically we seek to ensure that HIV, viral hepatitis, STD and TB prevention efforts have an opportunity to be enhanced.

As you are aware, infectious diseases programs did not receive any of the \$650 million in prevention and wellness funding authorized under the American Recovery and Reinvestment Act of 2009. As such we have significant concerns that in an effort to obligate the \$500 million by September 30, 2010, the Department will limit funding to existing grant applications for the ARRA chronic prevention grants. This would be unacceptable to our communities. Ignoring the burden of these infectious diseases will further limit the ability of the nation's public health system including state and local health departments and community-based organizations to turn the tide in preventing new infections for these serious, costly and life-threatening conditions.

HIV, viral hepatitis, STDs and TB are communicable infections that cause significant public health, economic, and social burdens for the nation. The infections are preventable through effective evidence-based public health interventions and strategies. Eligibility and access to these funds is critical to addressing the chronic underinvestment in infectious disease prevention that has resulted in sustained transmission, severe health disparities, and spiraling healthcare costs.

The Obama Administration has prioritized the importance of reenergizing the governmental response to the HIV epidemic in our nation through the development of a National HIV/AIDS Strategy (NHAS). This strategy, which we expect to be released this spring, will provide a roadmap for drastically cutting the number of new HIV infections in our nation. We also expect the NHAS to provide input on decreasing common co-infections that occur with HIV, such as many STDs and viral hepatitis. However, it will be necessary to ensure that adequate resources are available for implementation. The Prevention and Public Health Fund provides an opportunity to ensure that additional resources are available. Infectious diseases continue to disproportionately impact racial and ethnic minorities due to a complex set of social determinants including stigma related to infection and related risk behaviors, poverty, unemployment, and a lack of access to care. These disparities demand immediate attention.

- Seventy-one percent of AIDS cases diagnosed in 2007 were among African American and Hispanic communities. The rate of AIDS diagnoses among African American women was 22 times higher than that of 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.
- In 2007, the rate of syphilis among African American women was more than 14 times higher than among white women.
- In 2007, eighty-one percent of TB cases were in communities of color.

Investments in infectious disease prevention will reduce healthcare costs, improve the health of Americans, and reduce health disparities. Undiagnosed infections drive up medical care costs due to disease complications and ongoing transmission. It is imperative that we make individuals aware of their infections to increase quality of life and decrease costs. The data is clear:

- The cost of HIV treatment and lost productivity is largely borne by the public sector and can reach \$1 million per infection. Individuals who are aware of their HIV infection are far less likely to transmit the virus; in fact 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 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.
- For every dollar spent on STD prevention, \$43 is spent each year on STD related treatment costs.
- Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000, which can cause a significant strain on state public health budgets.

At a time when our nation is facing new public health threats, governmental public health agencies are struggling to carry out their core responsibilities with a workforce that has lost over 11,000 employees in the last year and will likely lose thousands more this year. Health departments across the nation are experiencing budget shortfalls and in addition to being forced to reduce staff are providing fewer public health services. Investments in training, information systems, laboratories, and new technologies would increase efficiency, ensure program effectiveness and protect the health of future generations. Our nation's public health infrastructure must be shored up to adequately address the prevention of new HIV, hepatitis, STD and TB infections.

We thank you for your continued leadership on the implementation of the health reform law and support for prevention of infectious disease. We welcome the opportunity to work with you on the implementation of this critically important law.