# Congress of the United States
## Washington, DC 20515

October 6, 2015

Dr. Eugene McCray, Director
Centers for Disease Control & Prevention
Division of HIV/AIDS Prevention
1600 Clifton Rd
Atlanta, GA 30329

Mr. Douglas Brooks, Director
Office of National AIDS Policy
The White House
1600 Pennsylvania Ave NW
Washington, DC 20502

Dear Dr. McCray and Mr. Brooks:

We write to you concerning research recently published by the Southern HIV/AIDS Strategy Initiative (SASI) at Duke University. The report highlights that the CDC's High Impact HIV Prevention Policy may have created an approach that fails to fully address HIV prevention needs in large rural and suburban areas of our states.

CDC's recent funding announcement, PS15-1502, was designed to maximize funding effectiveness by reaching those areas with the greatest need for HIV prevention services, targeting the selected population. While we support the allocation of significant HIV prevention resources to the large urban areas where the HIV burden is highest, we are concerned about going too far in a one-size-fits-all approach that leaves insufficient funding to address critical prevention needs in other, less urban areas of our region. When the data is examined on a state level, several Deep South states have a significantly higher percentage of their HIV burden in rural and suburban areas. Overwhelmingly, these are areas that are ineligible for direct community-based organization (CBO) funding under PS15-1502. In South Carolina, that left out 70% of the HIV epidemic; in Alabama, 69%; in North Carolina, 63%, in Mississippi, 57%; in Georgia, 33%, in Louisiana, 32%; in Tennessee, 27%; in Texas, 21%; and in Florida, 21%.

PS15-1502 will have a disparate impact on prevention funding in the Deep South states, creating a funding shortfall that is not sufficiently counterbalanced by increased prevention funding to state health departments.

This restriction will result in reduced funding to a region with the highest HIV diagnosis rates and the highest death rates in the country. Recent research by SASI and the CDC found that living outside a large urban area at the time of diagnosis significantly predicted greater death rates among persons living with HIV in the Deep South region. The recent Morbidity and Mortality Weekly Report (MMWR) from the CDC shows the high rates and numbers of persons living with undiagnosed HIV in the Deep South states. All nine Deep South states were in the top 25 states in terms of rate and number of persons living with undiagnosed HIV infection. Reduced prevention funding for CBOs, groups that are uniquely positioned to reach communities at risk for HIV, will only serve to increase the HIV burden in regions outside the large urban areas where the HIV diagnosis rates and death rates are high.

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While we continue to support the targeting of significant resources to heavily impacted large urban jurisdictions, we also want to be sure that areas with more dispersed epidemics, high diagnosis rates and numbers, high prevalence of undiagnosed HIV, and high death rates also receive prevention resources targeted to the HIV profile of the state and tailored geographically. We support SASI's call for an immediate funding mechanism for CBOs in the Deep South region that targets the HIV epidemic outside the metropolitan statistical areas (MSA) eligible for funding under PS15-1502 and for a long-term broadening of the eligibility for CBO prevention funding in future HIV prevention funding announcements.

We look forward to working with you and to your response to the important issues raised in this letter.

Sincerely,

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