

The NAPWA/TAEP HIV/AIDS POLICY REPORT

FY 2008 Appropriations

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Congress and President Bush have finalized the 2008 fiscal year federal appropriations, setting funding levels for the care and treatment of people living with HIV/AIDS in the United States at an all-time low.

Overall, HIV/AIDS programs did not receive increases in funding, despite the fact that new government estimates of the total number of people infected with HIV each year in the U.S. are reported to be 50 percent higher than previous calculations suggested. For the past decade, epidemiologists at the Centers for Disease Control and Prevention (CDC) estimated 40,000 new cases of HIV each year. They now believe that number is closer to 55,000 to 60,000. Reports continue to show very high (and growing) rates of new HIV infections among racial and ethnic minorities, particularly African-American women and younger men who have sex with men. HIV also continues to disproportionately impact those with low incomes and without access to adequate health care—two groups most in need of the life-saving support that can only be provided through adequately funded government programs.

Advocates who had hoped for larger increases in domestic AIDS spending in FY 2008 are disappointed with Congress's inability to influence the Bush administration's budget priorities. They argued that a significant budget increase is needed to slow new infections and support the range of programs that people living with HIV and AIDS depend on to survive.

During the current budget negotiations process, President Bush threatened to veto any funding increases beyond his budget requests. This put Congressional leaders on the defensive, forcing them to drastically scale back health and human services funding bills. In FY 2008, the president sought increased funding for the war in Iraq while simultaneously rejecting domestic spending for health and human service programs. He has vetoed such proposals as the State Children's Health Insurance Program (SCHIP) bill—a bill intended to provide health care coverage for 10 million low-income children in the U.S. over the next five years. Meanwhile, the administration petitioned Congress for and received an additional \$192 billion for the Iraq war.

Advocates fear that HIV/AIDS funding increases will also not take place in FY 2009, as the administration will continue to prioritize funding the war over much-needed domestic programs.

The Treatment Access Expansion Project (TAEP) and National Association of People with AIDS (NAPWA) assert that if Congress is to meet the diverse challenges posed by the U.S. HIV/AIDS epidemic, Congressional leaders and the president must make adequate funding available. It is essential to fund further research in order to find an effective microbicide, vaccine and cure. Until such time, prevention and education efforts must be strengthened. We must fund initiatives to mitigate AIDS-related stigma and increase access to publicly funded voluntary counseling and testing services to help reduce new infections. We must also ensure access to care and treatment, support services, adequate housing and treatment for substance abuse and mental health disorders. If we are going to continue making progress against HIV, we need the federal government to properly fund the fight against AIDS in America.

What you can do:

- Vote for political candidates who best address an agenda that speaks to you and your community's needs. To learn more about the AIDS-related position of presidential candidates, visit aidsvote.org.
- Hold all elected officials accountable for appropriate and comprehensive strategies against HIV/AIDS.
- Get to know your elected officials, and become a reliable resource for providing them with up-to-date information on the needs of people living with HIV and AIDS in your community.
- Register today to attend AIDS Watch—April 28–30 in Washington, DC—to educate members of Congress on the needs of the HIV/AIDS community. To register, go to napwa.org.
- Join NAPWA at napwa.org to lend your voice to the fight against AIDS.

