

# **SIGN ON LETTER TO ILLINOIS MEMBERS OF CONGRESS ON CARE ACT REAUTHORIZATION**

**Deadline: 3:00 p.m., Monday, September 12, 2005**

Email Jim Pickett at [jpickett@aidschicago.org](mailto:jpickett@aidschicago.org) to join.

Please provide the following information: Organization name (if any), address, city, zip code, contact person with email address and phone number

Dear Member of Congress:

As individuals impacted by HIV/AIDS throughout the state of Illinois, and as organizations serving people living with and at risk for HIV/AIDS in rural, suburban, and urban communities, we write to express our deep concern regarding the President Bush's Ryan White CARE Act reauthorization principles. The CARE Act is the nation's flagship response to the domestic HIV/AIDS epidemic, having provided comprehensive medical and social services to poor, uninsured people who have no other options for healthcare since 1990. We wish to see the CARE Act continue in its role of "safety net" by providing these lifesaving services to all individuals in need, regardless of where they live.

HIV/AIDS remains a life threatening infectious disease and a significant public health emergency. According to the Centers for Disease Control and Prevention, over one million people in the United States are living with HIV, including more than 405,000 with AIDS. Over 1,900 people languish on AIDS Drug Assistance Program waiting lists around the country. The Institute of Medicine estimates that over 314,000 people with HIV/AIDS in the United States lack consistent care and treatment. Meanwhile, the demand for services grows steadily. Each year, more than 40,000 new infections occur in the U.S., 1,600 of those in Illinois. More than 30,000 AIDS cases and over 16,400 deaths due to AIDS have been reported in Illinois since 1981.

After five years of flat funding and cuts for essential HIV/AIDS prevention and care services, and without a commitment for new funding, the administration proposes to shift significant CARE resources away from hard-hit states to address HIV/AIDS in less populous and rural states.

Rural areas, especially in the South, are struggling against longstanding healthcare access problems, which are exacerbated by increasing rates of HIV in their communities. While all individuals living with HIV/AIDS should have the ability to access quality care and treatment, disparities in healthcare experienced by poor people in one part of the country should not be addressed at the expense of poor people in another part of the country. Stealing from Peter to pay Paul — and dismantling lifesaving services for vulnerable populations with no other means to access health care — is unacceptable. Illinois will withstand significant cuts in funding and will suffer diminished infrastructure and service capacity should the administration's principles be enacted. Thousands of Illinoisans with HIV/AIDS will face life-threatening gaps in care if the administration's proposal is enacted.

We call on you to provide the leadership necessary to ensure that geography does not determine access to essential medical and social services. We call on Congress to increase

CARE Act funding by \$594 million and to devise a plan to distribute the resources in a way that is fair and equitable to every American living with HIV/AIDS in need of healthcare, rejecting the administration's faulty principles. We also ask for the maintenance of local control to determine the appropriate mix of vital medical and supportive social services in every jurisdiction that receives funding.

Since its inception in 1990, the CARE Act has enjoyed strong bipartisan support because of its ability to reach those in greatest need in both urban and rural communities. We look to you to continue the CARE Act legacy by reauthorizing the program, appropriating sufficient funding, and ensuring geographic equity so that Americans with HIV/AIDS—wherever they may live—can receive the rational and cost-effective out-patient services they need to survive.

Sincerely,

*List in formation*

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