February 2, 2009

United States Senate
Washington, DC 20510

Dear Senator:

We are writing on behalf of the more than 8,500 physicians and scientists that are members of the Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) to strongly urge you to support provisions of S 336, The American Recovery and Reinvestment Act of 2009, that are critical to shoring up our country’s public health and scientific workforce and infrastructure. In particular, we urge you to support the $5.8 billion in funding for prevention and wellness, including $400 million for the National Center for HIV/AIDS, Viral Hepatitis, STDs and Tuberculosis Prevention, and at least $3.5 billion in biomedical research at the NIH.

The prevention and research funding proposed in the economic recovery bill will help states, institutions, medical programs and community-based organizations across the country retain and hire thousands of workers in a broad range of fields, including nurses and nurse’s aides; community outreach workers; medical assistants; allied health professionals; laboratory technicians; information technology specialists and clerical staff. We commend Congress for investing in prevention and biomedical research. It is an effective and wise way to realize a healthier America and in the process create jobs, modernize and strengthen our public health infrastructure and lay the foundation for the reform urgently needed to rescue our health care system, improve health outcomes and reduce overall health care costs.

- Investing in HIV and STD prevention now will contribute to a robust public health workforce and stimulate the economy, while saving money through a dramatic reduction in the number of Americans affected by HIV and STDs. Support funding for HIV and STD prevention.

Every 9.5 minutes a new HIV infection occurs in the U.S., with a disproportionate number occurring among minority populations. At least 21 percent of people living with HIV in the U.S. are not aware of their HIV status. Despite the ongoing impact of HIV on communities across the country, our investment in preventing the spread of HIV disease has eroded. With an infusion of funding, we have the power to reduce the number of new HIV infections by 50 percent in just a few years through the scale up of routine HIV testing, surveillance and community-based prevention programs, among other activities. The funding will support and train the cadre of outreach, prevention and public health workers critical to
achieving this goal. Many of the newly trained workers will be from the urban areas and the minority communities most heavily impacted by the economic downturn and the HIV epidemic. The cost of HIV care averages $22,500 per year/per person and can be as high as $1,000,000 per infection in lifetime costs making this an investment that will save the overall health system money, while preventing countless Americans from contracting a serious, chronic condition that remains deadly if untreated.

- **Invigorating the states’ capacity to monitor and respond to tuberculosis outbreaks is critical to sustaining our public health workforce and controlling the spread of TB. Authorize funding for TB and viral hepatitis for the discretionary prevention and wellness funds.**

Nearly 1,100 jobs have been lost in state TB control programs over the last three years, ranging from doctors and nurses to lab personnel and outreach workers. An estimated 11 million Americans have latent tuberculosis infection and this number will only grow if we fail to sustain the public health workforce and infrastructure to control this highly contagious infectious disease. A recent assessment by the Centers for Disease Control and Prevention (CDC) demonstrates that $170 million could responsibly be utilized to restore program capacity that has eroded in recent years. It is critical that language relevant to the funds for prevention and wellness subject to the discretion of the HHS Secretary identify tuberculosis activities as eligible for funding. TB is the second leading infectious disease killer in the world. The continued global pandemic, including the rapid spread of drug resistant TB, poses a serious public health threat to the U.S. The high costs associated with treating drug resistant TB are straining many state public health budgets. Border states such as California and Texas are grappling with the challenge of rising numbers of TB cases with fewer public health staff. In addition to identifying TB as a priority for discretionary funds, we urge you to ensure that funding slated for the National Center for HIV/AIDS, Viral Hepatitis, STDs and Tuberculosis Prevention (NCHHSTP) can be utilized for all of the important programs at the Center, including TB and viral hepatitis.

- **Investing in antimicrobial resistance and emerging infectious diseases is vital to our public health. Authorize funding for antimicrobial resistance and emerging infectious diseases for the discretionary prevention and wellness funds.**

An ongoing explosion of antimicrobial-resistant infections is plaguing the health of Americans, and the nation is ill-equipped to adequately track and respond to emerging infections. An increase of $300 million at the Centers for Disease Control and Prevention (CDC) to bolster the nation’s public health infrastructure for infectious diseases would be a down payment on creating a robust national capacity to prevent, monitor and control the spread of emerging infectious diseases. This would include $180 million for expansion of the Epidemiology and Laboratory Capacity (ELC) program and the Emerging Infections Programs (EIP) collaborations, $60 million for Antimicrobial Resistance programs, and $30 million each for National Healthcare Safety Network and the Other Emerging Infectious Diseases budget line. Increased funding for these important programs will not only prevent serious public health outbreaks but will create and preserve more than 1,000 jobs, promote cost savings, and pave the way toward additional innovations and investments in the context of health reform. We urge you to include language that authorizes funds for the prevention and wellness subject to the discretion of the HHS Secretary for antibiotic resistance and emerging infectious diseases.
- Funding biomedical research at NIH supports a robust research and scientist workforce and is an investment in our future. Support any amendment to increase funding for biomedical research at NIH.

We urge you to support any amendment to increase the investment in biomedical research at the National Institutes of Health (NIH). An increase in biomedical research funding is a crucial component of future investment, job creation, and improvements in human health in the U.S. Our past investment has led to numerous medical discoveries improving the health of Americans and saving countless lives. Funding to the NIH goes to prevent diseases as well as treat common and rare illnesses. In addition to its contributions to human health, NIH supports discoveries that enable critical advances in other aspects of Americans’ daily lives, including energy, environmental protection, agriculture, homeland security and even law enforcement. NIH funding directly supports quality employment for Americans, making it an excellent choice for the stimulus package. In fact, each grant approved by NIH goes to create or sustain seven high-skilled jobs and will help us achieve long-term economic recovery. According to the FamiliesUSA report In Your Own Backyard, in 2007 $22.8 billion in NIH spending generated more than $50 billion in related economic activity and created more than $350,000 jobs nationwide.

We strongly urge you to ensure that these critical provisions are included in S 336, The American Recovery and Reinvestment Act of 2009. Our nation’s public health depends on it.

Sincerely,

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Chair, HIV Medicine Association

Anne Gershon, MD  
President, Infectious Diseases Society of America